Name:
Hospital No: DOB:
NHS No:

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NHS
Ashford and St. Peter's Hospitals
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EXTREMELY HIGH RISK FEEDING PATHWAY

First 24 hours

First MEBM (DEBM)* by 6 hours

Give extra MEBM at 10ml/kg/d

See reverse for feed tolerance assessment

24 - 48 hours

Increase by 10ml/kg/d as extra if tolerated

After 48 hours

RISK FACTORS

- CRP >4 ☐
- Ventilation ☐
- Transfusion ☐
- Feed Intolerance ☐
- Hyperglycaemia ☐

1 RISK FACTOR

Increase by 15ml/kg BD

2 RISK FACTORS

Increase by max 10ml/kg BD

3 or more RISK FACTORS or clinical judgement

Consider stopping feeds, holding or

Increase only by 10ml/kg OD

Include feeds from 20ml/kg/d

Continue to increase at this rate until 150ml/kg/d as tolerated

Commence 2% BMF 24 hours after achieving full feeds

- **Maternal milk is superior to donor milk. Give DEBM if no MEBM available at 6 hours*
- *Support maternal expressing immediately after birth and ensure correct settings are on their expressing kit. Seek extra support early.*

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Assessment of Feed Tolerance

Continuous assessment via observations of clinical status – heart rate, saturations etc
6 hourly nursing assessment, including consideration of:

- Full gastric aspirate
- Abdominal distension
- Passing stool
- Vomiting

Gastric aspirate is clear/milky and volume is less than volume of last two feeds → Continue feeding

Increase feeds as per plan

Gastric residual is clear/milky and volume is greater than volume of last two feeds → Return aspirate

Omit one feed and reassess with aim to continue feeding

Do not increase feeds until volume of residuals reduced

Gastric residual is light green/mixed with milk but small volume → Hold feed until medical review, including examination of abdomen

Feeding may continue if infant well, review prior to increasing feed volume

Infant is vomiting

Significant bilious aspirates (green and large volume) → **Stop feeding**

Urgent medical review

Abdominal distension

Passing blood PR or via NGT

New lactic acidosis