

Date/Time: _____

Weight: _____ **KG**

☐ Infants < 1 KG

Trophic Feedings (Colostrum is preferred for initial feedings)

- MBM or Donor Breast Milk or Similac Special Care with Fe 20 cal or Enfamil Premature 20 cal
 - Feed _____ ml every 3 hours orogastric/nasogastric for 5 days (5ml/kg/day)

Advancement:

- Initially advance by _____ ml every ____ hours (10ml/kg/day)
- When feeds reach _____ ml every 3 hours (60 ml/kg/day), advance by _____ ml every _____ hours (15 ml/kg/day) to max _____ ml q 3 hours (150 ml/kg/day)

☐ Infants 1 – 1.5 KG

Trophic Feedings (Colostrum is preferred for initial feedings)

- MBM or Donor Breast Milk or Similac Special Care with Fe 20 cal or Enfamil Premature 20 cal
 - Feed _____ ml every 3 hours orogastric/nasogastric for 2 days (10ml/kg/day)

Advancement:

- Initially advance by _____ ml every ____ hours (15ml/kg/day)
- When feeds reach _____ ml every 3 hours (60 ml/kg/day), advance by _____ ml every _____ hours (20 ml/kg/day) to max _____ ml q 3 hours (150 ml/kg/day)

☐ Infants > 1.5 – 2 KG

Trophic Feedings (Colostrum is preferred for initial feedings)

- MBM or Donor Breast Milk or Similac Special Care with Fe 20 cal or Enfamil Premature 20 cal
 - Feed _____ ml every 3 hours orogastric/nasogastric for 1 day (20ml/kg/day) and advance by _____ ml every _____ hours (20ml/kg/day) to max _____ ml q3 hours (150ml/kg/day)

☐ Calorie Advancement

- When feedings reach _____ ml (90ml/kg/day), increase to 22 cal/oz
- When feedings reach _____ ml (120ml/kg/day), increase to 24 cal/oz

Aspirates

- Refeed all undigested/partially digested aspirates- give current feeding volume in addition to residual volume.
- If aspirate is <20% - Continue advancement
- If aspirate is 20-40% for 2 consecutive feedings, notify MD/NNP. Continue feedings in the absence of abnormal findings, but hold advancement
- If aspirate is >40% - notify MD/NP, hold feedings and obtain KUB (indication: feeding intolerance)
- Notify MD/NP for emesis if infant is <1.5 kg

Phone/Verbal	MD		RN		
Order entered by:	Time	Non Rx Orders verified by:	Time	Rx Orders verified by:	Time



**Department: Neonatology
Intensive/Special Care Nursery
Feeding Orders**

Lawson # 76925 OS-D-N-16507A R 6/1/2010



OD0010

patient label/ addressograph