CLINICAL PRACTICE GUIDELINE
Guideline coverage includes NICU KEMH, NICU PMH and NETS WA

Feed Intolerance

This document should be read in conjunction with the Disclaimer

The decision whether the feeds should be continued, reduced or stopped will be at the discretion of the attending neonatologist. Feeds are usually stopped if there is bile-stained or large gastric residuals and vomiting and/or abdominal distension and/or blood in the stools. Investigations are carried out and an assessment is made after 24 hours. Feeds can generally be restarted when the infant has stabilised and has had a 12-24 hour absence of any significant clinical signs of feed intolerance.

Signs of Feed Intolerance

Gastric Residuals

A large gastric residual is defined as a gastric residual > 30% of the total feeds given over the previous four hours or greater than a 1 hour volume if on CMF. Following such a residual, the aspirate is returned to the stomach and the next feed omitted. If the gastric residual prior to the next feed is normal, feeds are resumed. If the gastric residual remains large, a medical review of the feeding schedule is required.

Bilious Aspirates

Bile can be a sign of ileus or obstruction and should be investigated. For isolated bile aspirates, continue enteral feeds if the aspirates are clearing or not worsening. Feeds are stopped for 24 hours if such aspirates are “persistent” and/or “worsening” over 24 hours. The decision whether the feeds could be **continued but not upgraded** will be at the discretion of the attending neonatologist.

Vomiting

Vomiting may be the result of an over distended stomach, poorly positioned feeding tube, GOR, overstimulation in a LBW infant or may be more sinister - infection, obstruction or a metabolic or neurological disorder.

Abdominal Distension

Distension with or without visible loops can be due to poor gastric motility, ileus, constipation or ‘gas’. If the abdomen remains soft / non tender it may resolve with prone positioning or glycerine.

A finding of a tense or tender abdomen with or without visible loops of bowel is abnormal and requires investigation for obstruction, infection or NEC.

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