Indications of ↓Gastric Emptying (GE)
- Abd distention
- Abd pain
- Vomiting

Impair GE
- Opiates
- Dopamine
- Electrolyte abnormalities
- Elevated ICP
- Sepsis
- Hyperglycemia
- Constipation
- No BM x 3 days

Aspiration Precautions
- HOB >30°
- Oral care q2°
- Minimize sedation/narcotics
- Tight glycemic control
- Electrolytes WNL

Gastric Residual Volume (GRV) Facts
- Stomach receives 188mL/hr in salivary and gastric secretions
- Holds 1L after meal
- Practice not standardized, pts chronically underfed
- Hold TF for GRV >500 mL
- Cont TF when HOB flat for turns
- Restart TF @ last rate

Aspiration Precautions
- Oral Care
- NGT Placed
- Nutrition Consult
- Begin TF w/I 24-48 hours

Failed Swallow Screen
- NO
  - Advance PO Diet

YES

Failed Swallow Screen
- YES
  - Oral Care
  - NGT Placed
  - Nutrition Consult
  - Begin TF w/I 24-48 hours

Advancing TF as ordered
- Check residuals q4°

GRV<200mL
- Cont feeding

200mL<GRV<500 mL
- Cont feeding

GRV>500mL
- Hold TF

Discuss with MD
- 1st Add Erythromycin
  - 200mg IV BID

Reevaluate with MD
- 2nd Add Reglan
  - 10mg IV QID

Consider KUB, Erythromycin/Reglan
- Check residuals q4, resume when <500mL


