


PRACTITIONER PRE-PRINTED ORDERS
NICU Initiation and Advancement of Feeds

To complete the order form, fill in required blanks and/or check the appropriate boxes.
 Bulleted items will be initiated automatically.
 To delete orders, draw one line through the item and initial.

Allergies: See Allergy / Intolerance Record	Weight _____ kg CGA _____ weeks _____ Day of Life _____
--	---

Posted Initial	ORDERS AND SIGNATURE	Page 1 of 2
----------------	-----------------------------	--------------------

Nutrition

- Trophic feeds should be initiated as soon as possible
- Use pasteurized donor human milk for trophic feeds in absence of mother's own milk once parental consent obtained
- Do not stop trophic feeds for bilious aspirates less than 2 mL
- Use a lower weight category for infants who are/have:
 - intrauterine growth restriction and/or small for gestational age (SGA)
 - preterm large for gestational age
 - disturbed prenatal circulation (reverse diastolic blood flow, chronic asphyxia)
 - perinatal asphyxia
 - other as clinically indicated _____
- Continuous Milk Drip (CMD) may be used as needed

Weight	Include in Total Fluid Intake (TFI)			
	Step 1		Step 2	Step 3
	Initial Trophic Volume	Feed Interval	Advance	Advance*
<input type="checkbox"/> 500g or less	5 mL/kg/d x 5 days	q4h	10 mL/kg/d q2h x 24h	10 - 15 mL/kg/d*
<input type="checkbox"/> 501 - 750g	10 mL/kg/d x 3 days	q4h	15 mL/kg/d q2h x 24h	10 - 15 mL/kg/d*
<input type="checkbox"/> 751 - 1000g	10 mL/kg/d x 24h	q2h	Advance per Step 3	10 - 15 mL/kg/d*
<input type="checkbox"/> 1001 - 1250g	10 mL/kg/d x 24h	q2h	Advance per Step 3	15 - 20 mL/kg/d*
<input type="checkbox"/> 1251 - 1500g	15 mL/kg/d x 24h	q2h	Advance per Step 3	15 - 20 mL/kg/d*
<input type="checkbox"/> 1501 - 1750g	15 mL/kg/d x 24h	q3h	Advance per Step 3	20 - 30 mL/kg/d*
<input type="checkbox"/> 1751 - 2000g	20 mL/kg/d x 24h	q3h	Advance per Step 3	30 - 40 mL/kg/d*
<input type="checkbox"/> 2001g – 2500g	30 mL/kg/d x 24h	q3h	Advance per Step 3	30 - 40 mL/kg/d*

Rationale/Suggestions

The presence of umbilical arterial/venous catheter(s) does not contraindicate initiation of trophic feeds in stable infants

Do not stop trophic feeds for bilious aspirates less than 2 mL

Abdominal distention alone is not a sign of feeding intolerance

Advance feeds only if current feed tolerated for 12 hours or greater

***Divide the daily volume advancement by two and increase feeds by this volume twice a day (q12h):**

$$\frac{\text{wt (kg)} \times (\text{mL/kg/d})}{\# \text{ of feeds per day}} = \text{___ mL/d}$$

Date & Time	Practitioner Signature:
	Practitioner Name (printed):

**PRACTITIONER PRE-PRINTED
ORDERS**

NICU Initiation and Advancement of Feeds

To complete the order form, fill in required blanks and/or check the appropriate boxes.
Bulleted items will be initiated automatically.
To delete orders, draw one line through the item and initial.

Allergies: See Allergy / Intolerance Record	Weight _____ kg CGA _____ weeks _____ Day of Life _____
--	---

Posted Initial	ORDERS AND SIGNATURE	Page 2 of 2
----------------	-----------------------------	--------------------

	<p><u>Fortification of breast milk with Prolact H²MF[®] for infants less than or equal to 1000g or less than 28 weeks:</u></p> <ul style="list-style-type: none"> Fortify with Prolact +6 H²MF[®] once tolerating a TFI of 60 mL/kg/d Do not advance both feed volume and Prolact H²MF[®] concentration on the same day If total fluid intake cannot advance greater than 130 mL/kg/d, notify physician/NNP to consider Proact +10 H²MF[®] At 33 weeks gestational age, begin transition from Prolact+ H²MF[®] to Similac[®] Human Milk Fortifier Hydrolyzed Protein Liquid (HMFHPL) <p><u>Steps to Transition off Prolact+ H²MF[®] to Similac[®] HMF Hydrolyzed Protein:</u></p> <p>Day 1: two feeds of 2 packets of HMF HPL to 100 mL human milk and 6 feeds of Prolact+ H²MF[®]</p> <p>Day 2: alternate 2 packets of HMF HPL to 100 mL breast milk with Prolact+ H²MF[®]</p> <p>Day 3: alternate 4 packets of HMF HPL to 100 mL breast milk with Prolact+ H²MF[®]</p> <p>Day 4: all feeds 4 packets of HMF HPL to 100 mL breast milk</p> <p><u>Fortification of breast milk with Similac[®] HMF Hydrolyzed Protein for preterm infants greater than 1000g or greater than or equal to 28 weeks:</u></p> <ul style="list-style-type: none"> Add two packets of liquid HMF HP to 100 mL of breast milk once tolerating a TFI of 100 mL/kg/d If two packets liquid HMF HP to 100 mL breast milk tolerated for 24 hours, increase to four packets <p><u>Transition off q2h feeds to q3h once at 32 weeks gestational age:</u></p> <ul style="list-style-type: none"> Continue same pump time but as a q3h feed <p><u>Steps to transition from CMD to Intermittent Feeds:</u></p> <p>Step 1: Change to q3h feeds and run feeds over 2 hours and vent for 1 hour x 24 – 48 hours</p> <p>Step 2: Change to 1 hour pump and vent for 2 hours x 24 – 48 hours</p> <p>Step 3: Change to q3h bolus feeds</p>	<p><u>Rationale/Suggestions</u></p> <p><u>Additional criteria for Prolact H²MF:</u></p> <ul style="list-style-type: none"> Gestational age less than or equal to 34 weeks AND less than or equal to 3rd percentile for weight Feeding intolerance not resolved while receiving expressed breast milk or pasteurized donor human milk fortified with hydrolyzed HMF or extensively hydrolyzed formula AND not resolved on amino acid based/ elemental infant formula Growth failure defined as less than or equal to 10g/kg/d despite providing maximum prescribed volume and fortification with hydrolyzed HMF, extensively hydrolyzed infant formula, and elemental infant formula for the clinical situation
	<p><u>Medication</u></p> <p><input type="checkbox"/> FloraBaby[™] probiotic 0.5 g once daily by mouth when trophic feeds initiated</p>	

Date & Time	Practitioner Signature:
	Practitioner Name (printed):