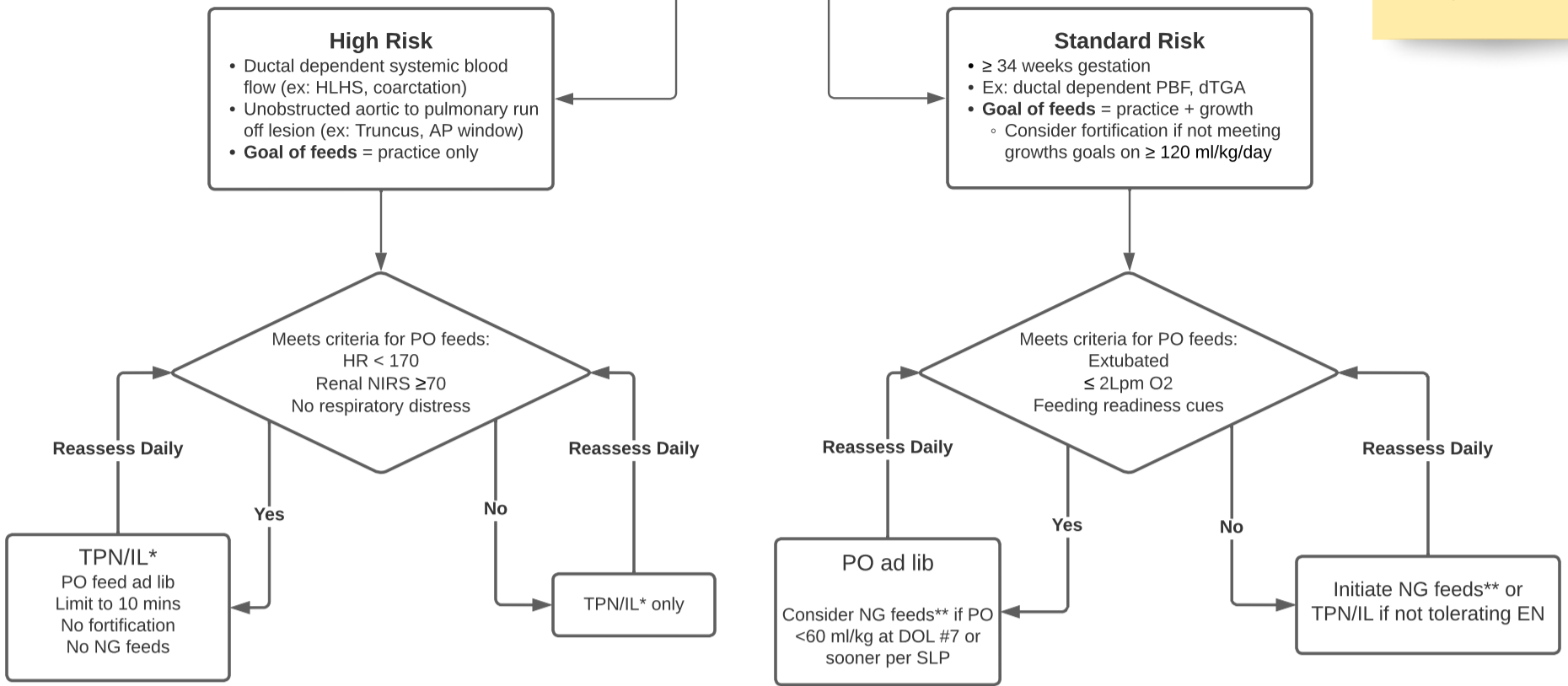


SLP Evaluation

- Goal for eval by DOL #2
- Assess suck, voice/ cry
- Parent counseling re: feeding expectations
- Cue based feeding plan developed and in EPIC

HHI Pre-operative Enteral Feeding Pathway

- All infants who require neonatal cardiac surgery
- SLP evaluation on admission for all infants
- Clinical nutrition consult



***Goal total IV fluids:**
 DOL #1: 80 ml/kg/day
 DOL #2: 100 ml/kg/day
 DOL #3: 120 ml/kg/day
 May advance further for nutrition goals in standard risk patients if needed.

****NG Feed Advancement**

- If NG only: start at 30-40 ml/kg/day
- If PO + NG: start at 30-40 ml/kg/day above PO volume
- Advance by 30-40 ml/kg/day to goal 120-150 ml/kg/day
 - No limit to PO volume if meets criteria for PO
- Criteria for initiation/ advancement: acceptable AVO2 gradient, reasonable inotropic support, tolerance of enteral feeds (see Supplement)

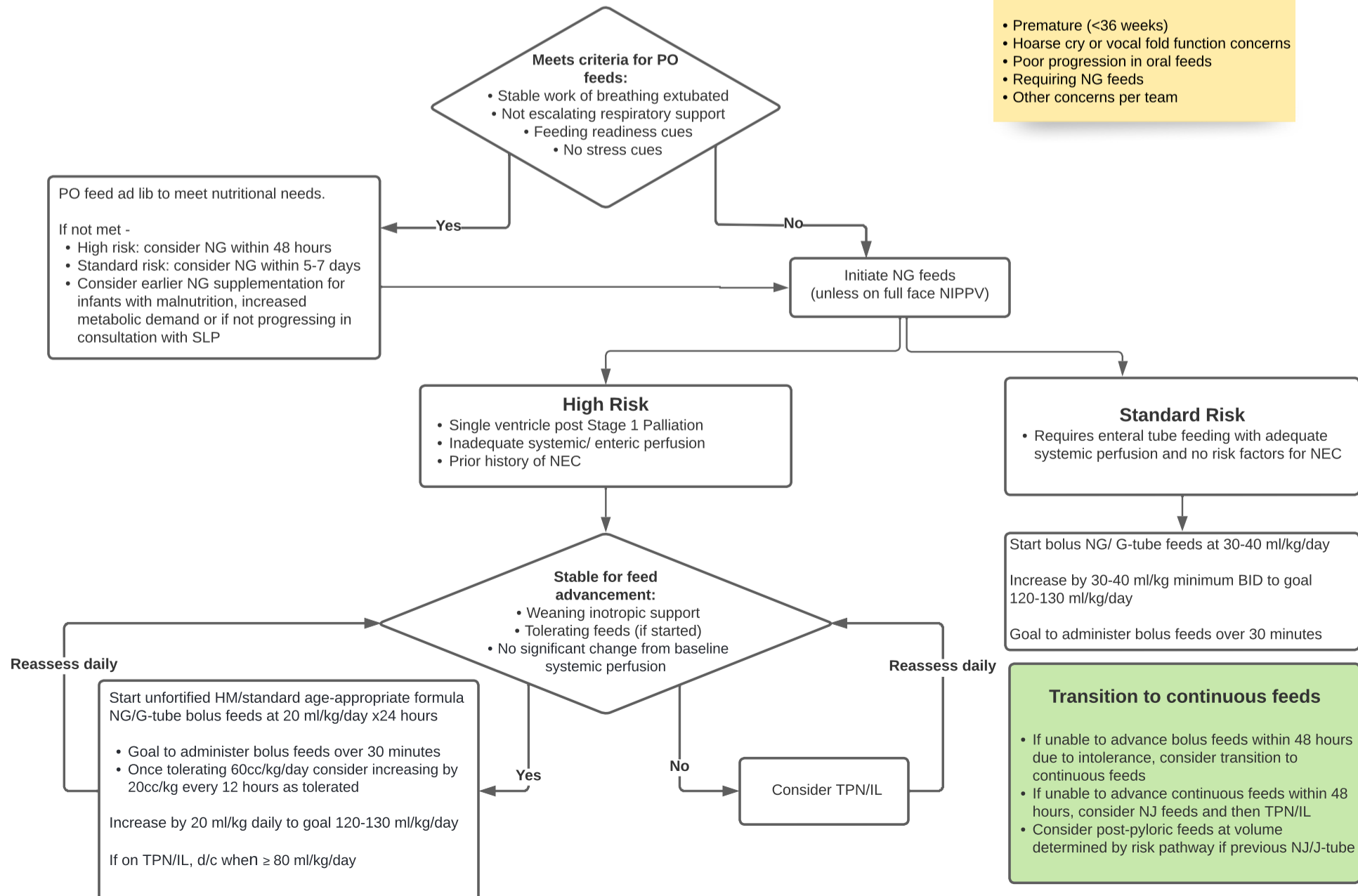
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HHI Post-operative Enteral Feeding Pathway

- Implement post-operative standard feeding advancement in infants with cardiac disease following palliation or repair
- Consider use for infants who will be discharged home before surgery and infants admitted for medical management if enteral tube feeding is necessary

SLP Evaluation

- Premature (<36 weeks)
- Hoarse cry or vocal fold function concerns
- Poor progression in oral feeds
- Requiring NG feeds
- Other concerns per team



Transition to continuous feeds

- If unable to advance bolus feeds within 48 hours due to intolerance, consider transition to continuous feeds
- If unable to advance continuous feeds within 48 hours, consider NJ feeds and then TPN/IL
- Consider post-pyloric feeds at volume determined by risk pathway if previous NJ/J-tube

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