

## Shock Trauma ICU Physician Driven Catch-Up Feeding Protocol

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### Introduction:

Frequent operations and procedures limit escalation and maintenance of feeding goals in trauma ICU patients. The physician driven catch-up feeding protocol is designed to optimize enteral nutrition (EN) delivery to trauma patients in the ICU.

If patients receive <90% of their daily EN volume goal, a new EN rate is calculated to include the deficit plus the daily volume. The new EN catch-up rate is administered over the following 24 hours.

### To Calculate the EN Catch-up Rate:

#### % of EN Volume Received=

$$\frac{\text{EN Volume Received in the past 24hours}}{\text{24-hour EN Volume Goal}} \times 100\%$$

$$\text{EN Catch-Up Rate} = \text{Base EN Rate} \times \{100\% + (100\% - \% \text{ of EN Volume Received})\}$$

e.g. EN base order is 100 mL/hr, and a patient receives 1350mL of EN in the past 24 hours

$$\% \text{ of EN Volume Received} = 1350\text{mL}/2400\text{mL} \times 100\% = 56\%$$

$$\text{EN Catch-Up Rate} = 100 \text{ mL/hr} \times (100\% + 44\%) = 144\text{mL/hr}$$

### Guidelines:

- Order catch-up rate only if patients tolerate EN at goal rate
- Order catch-up rate only if patients received < 90% of EN goal volume
- Do not order catch-up rate if patients have any signs of GI intolerance
- Do not order catch-up rate if patients' serum phosphorus < 2.0
- Do not order catch-up rate if patients' serum blood sugars >200 mg/dL
- Maximum catch-up rate is 150 mL/hr
- Follow Shock Trauma ICU EN feeding protocol