

Safe Feeding Assessment Tool for Infants on Dinoprostone

Full Name:
 Address: *Addressograph*
 HCR:

Date of Assessment:

	Higher Risk Yes	Lower Risk No
<i>Please tick</i>		
Is this infant preterm (<37 weeks gestation)?		
Is this infant <2.5kg?		
Has this infant had an episode of low perfusion/shock?		
Does this infant have Hypoplastic Left Heart Variant or Truncus Arteriosus?		

YES
to ANY of the above



This infant should **NOT** be fed orally or enterally.
 Start Parenteral Nutrition (PN).
 When infant is haemodynamically stable, the Cardiology Consultant on-call, may consider trophic breastmilk feeds (12-24ml/kg/day, maximum volume)

 Tick for PN and **No** feeds
 Tick for PN plus trophic feeds
Consultant to Tick

No
to ALL of the above



This infant **CAN** start feeding on demand as normal (breastfeeding/ bottle-feeding).

 Tick if **Yes** infant can feed
Consultant to Tick

 If infant cannot be fed orally low volume nasogastric feeds should be worked up slowly as per consultant only.

Comment Box (Opt out reason or specific instructions related to feeding)

Consultant on Call

Name:	Signature:
Date:	IMC No:

IMPORTANT NOTES

- 1 **Who fills out this form**
 The Cardiac Consultant on call or Intensivist fills out this form on Day 1 of the infants admission
- 2 **What if feeding plan is reviewed at a later stage?**
 Any changes to feeding plan, should be updated / documents in the infants medical notes
- 3 **Fluid**
 Observe feeding and outputs closely. When calculating fluid requirements, consider weight, urine output and overall fluid balance as well as clinical condition (Koletsko 2005). Depending on the above, IV fluids may be required to supplement oral intake. For breastfed infants, refer to the Breastfeeding Assessment Tool)
- 4 **Type of Feed**
Lower Risk Group
 Discuss feeding preference with infant's mother (standard infant formula or breastmilk feeds). If using standard infant formula, use ready to feed bottles.
Higher Risk Groups
 All infants at high risk of Necrotising Enterocolitis, should receive breastmilk (maternal breastmilk or donor breastmilk). Preterm infants, should only receive breastmilk (AAP.Pediatrics 2012 vol.129). If donor breastmilk is required, please refer to the Nurse Practice Guidelines and consult with the Neonatal Team
- 5 **Parental Nutrition**
 When prescribing PN, start all neonates (requiring Dinoprostone) on 2mg acid per kg day 1 PN (if normal renal function) and at least 1g fat / kg / day. Use birthweight as working weight for first 7 days (Karpen HE Clinics in Perinatology, 2016). Consult with dietitian regarding macronutrient content.
- 6 **Monitor closely for Feeding Intolerance**
 Monitor closely for signs of feeding intolerance (abdominal distention, vomiting, retching, bilious residuals and bloody stools.
- 7 **Tropic Feeds**
 Is the process by which small volume of milk (12-24ml / kg/ day) are provided enterally to facilitate gut adaption and maturation rather than for nutritive gain (Clinical Paediatrics Dietetics, 4th Edition 2015)

Developed by CHC

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