If patient is in need of immediate tube feedings & dietitian is unavailable (example- weekends):

1. Consult nutrition for tube feeding recommendations – purpose is to notify dietitian.
2. Use the following information for formula selection:

\[ \text{A} = \text{No Trauma} \quad \text{D} = \text{Diabetic} \quad \text{RF} = \text{Renal Failure} \quad \text{T} = \text{Trauma}^* \quad \text{S} = \text{Sepsis diagnosis} \quad \text{EA} = \text{Electrolyte abnormalities**} \]

\[
\begin{align*}
\text{A} & : \text{Jevity 1.5} \\
\text{A} + \text{D} & : \text{Glucerna 1.5***} \\
\text{A} + \text{RF} & : (\text{Hemodialysis}): \text{Nepro***} \\
\text{A} + \text{RF} & : (\text{No hemodialysis}): \\
& \text{Suplena***} \\
\text{EA} & : \text{Nepro***} \\
\text{A} + \text{S} & : \text{Vital 1.2} \\
\text{T} & : \text{Pivot 1.5} \\
\text{T} + \text{S} & : \text{Vital 1.2} \\
\text{T} + \text{RF} & \text{or} \quad \text{T} + \text{D} & : \text{Pivot 1.5}
\end{align*}
\]

Follow appropriate titration protocol. Goal rate will be 50ml/h.

Nursing to monitor and report any clinical signs of intolerance with tube feeding. Dietitian to communicate formula and goal rate changes.

*Trauma may include fractures, TBI, MVC/MCC, etc.

**Electrolyte abnormalities include elevated potassium, phosphorus, and/or magnesium in the absence of IV electrolyte repletion

***Suitable for diabetes / elevated blood glucose