Figure 1

START HERE

If no contraindications:
- Start feeds as soon as possible, preferably within 24 hours
- Increase feeds as per unit protocol
- Aim for full feeds by approximately 10 days

→

Monitor for feed intolerance:
- Vomiting
- Abdominal distension/tenderness

Do not measure gastric residual volumes

↑

If clinical indication or concern such as:
- Abdominal tenderness
- Abdominal discolouration
- Bloody stool
- Clinical deterioration
- Bilious/bloody vomiting

→

Urgent senior review
- Manage as clinically indicated
- Measure gastric residual volumes if indicated

→

If feed intolerance agreed
- Stop feeds for a minimum of 2–3 hours and then reassess clinical signs
- If signs resolved – restart feeds at previous rate and quantity

Do not measure gastric residual volumes

↓

If signs of feed intolerance reassess/consider senior review
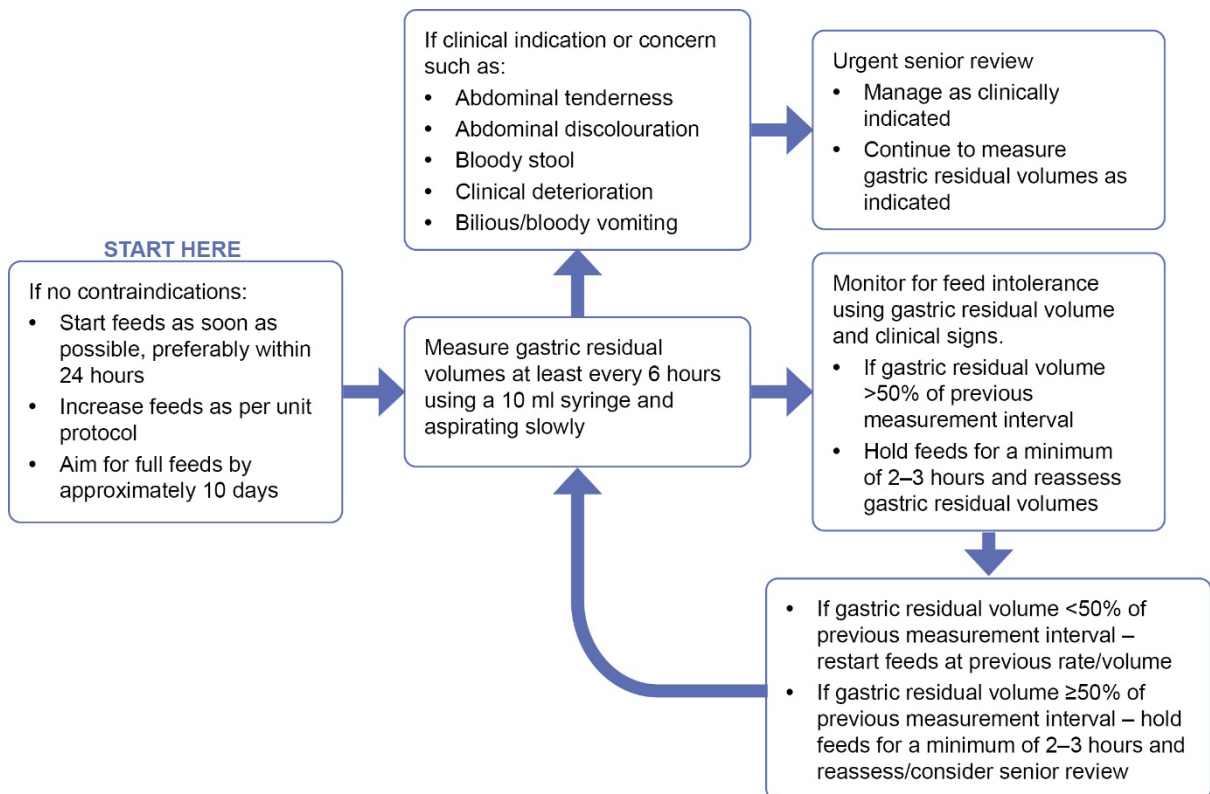
Figure 1 - Suggested management No routine GRV_v3.0 19.04.2024

Figure 2

START HERE

If no contraindications:
- Start feeds as soon as possible, preferably within 24 hours
- Increase feeds as per unit protocol
- Aim for full feeds by approximately 10 days

→

Measure gastric residual volumes at least every 6 hours using a 10 ml syringe and aspirating slowly

↑

If clinical indication or concern such as:
- Abdominal tenderness
- Abdominal discolouration
- Bloody stool
- Clinical deterioration
- Bilious/bloody vomiting

→

Urgent senior review
- Manage as clinically indicated
- Continue to measure gastric residual volumes as indicated

→

Monitor for feed intolerance using gastric residual volume and clinical signs.
- If gastric residual volume >50% of previous measurement interval
- Hold feeds for a minimum of 2–3 hours and reassess gastric residual volumes

↓

- If gastric residual volume <50% of previous measurement interval – restart feeds at previous rate/volume
- If gastric residual volume ≥50% of previous measurement interval – hold feeds for a minimum of 2–3 hours and reassess/consider senior review

Figure 2 - Suggested management Routine GRV_ v3.0 19.04.2024