Development and Implementation of an Inpatient Feeding Plan for Nasogastric Tube Fed Neonates

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Introduction:

- Nasogastric (NG) tube feeding is common in the cardiac neonatal population given medical comorbidities, procedural complexity, and efforts to limit the hospital length of stay.
- Despite this, NG tube feeding adds additional burden for families in terms of complexity of home care and follow-up requirements.
- At baseline, our center underperforms in terms of rates of oral feeding at discharge and rates of oral and tube feeding combined compared to other small volume centers, especially for surgical admissions.
- Our project sought to take initial steps toward lowering our rates of tube feeding at discharge by developing and tracking individualized feeding plans.

Methods:

- After review of our current process for initiation of oral feeding, we recognized gaps in speech and occupational therapy (ST/OT) consultation, consistency of application of ST/OT recommendations, and variable rates of attempting PO feeds.
- In addition, current documentation in the EMR provides insufficient detail on oral feeding attempts.
- To address these gaps, we implemented a patient-specific bedside feeding plan, detailing type of bottle, nipple, length of feed, feeding position, and frequency of oral feeding attempts for NG tube fed patients.
- This was combined with a bedside feeding log to detail feeding cues, amounts, and length of feeding.

Aim:

- 80% compliance with these interventions for eligible patients by Feb 2026.


Name: _____

Hello! I have a feeding plan:

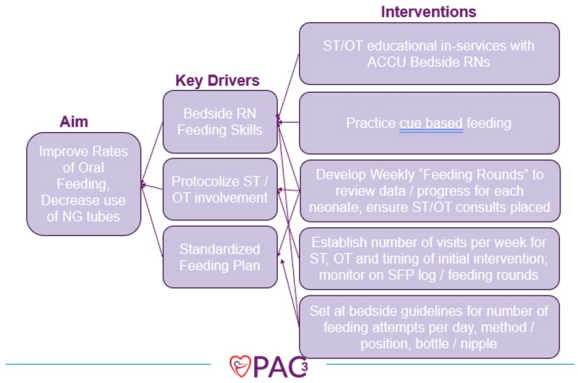
- Bottle: _____
- Nipple: _____
- Feeding Position: _____
- Length of Feed: _____
- Frequency: _____

Questions?
Please contact speech therapy at pager V2163120607
or occupational therapy via Vocera or pager 50654

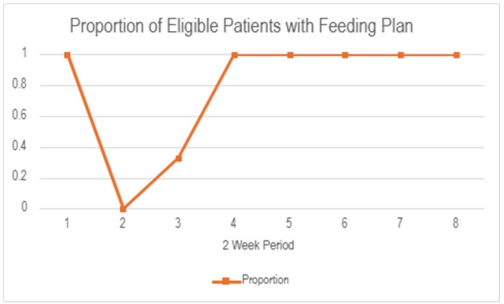

My Feeding Log

Name: _____

Date / Time	Feeding Cues?	Amount Taken	Length of Feeding	Nipple Used



Results:



- We achieved greater than 80% compliance for use of an up to date feeding plan at bedside for all eligible patients by our target goal of February 2026.
- Due to challenges with collection of feeding logs, additional interventions have been implemented to include discussion of percent oral intake to the daily provider rounding template.

Conclusion:

- Development and implantation of an inpatient feeding plan has provided readily accessible information for oral feeding trials.
- Additional interventions to add prompts to our daily rounding template will add additional focus to oral feeding volumes and progress to our daily rounds.
- Future work includes development of inpatient feeding rounds to track progress in these areas more longitudinally.

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