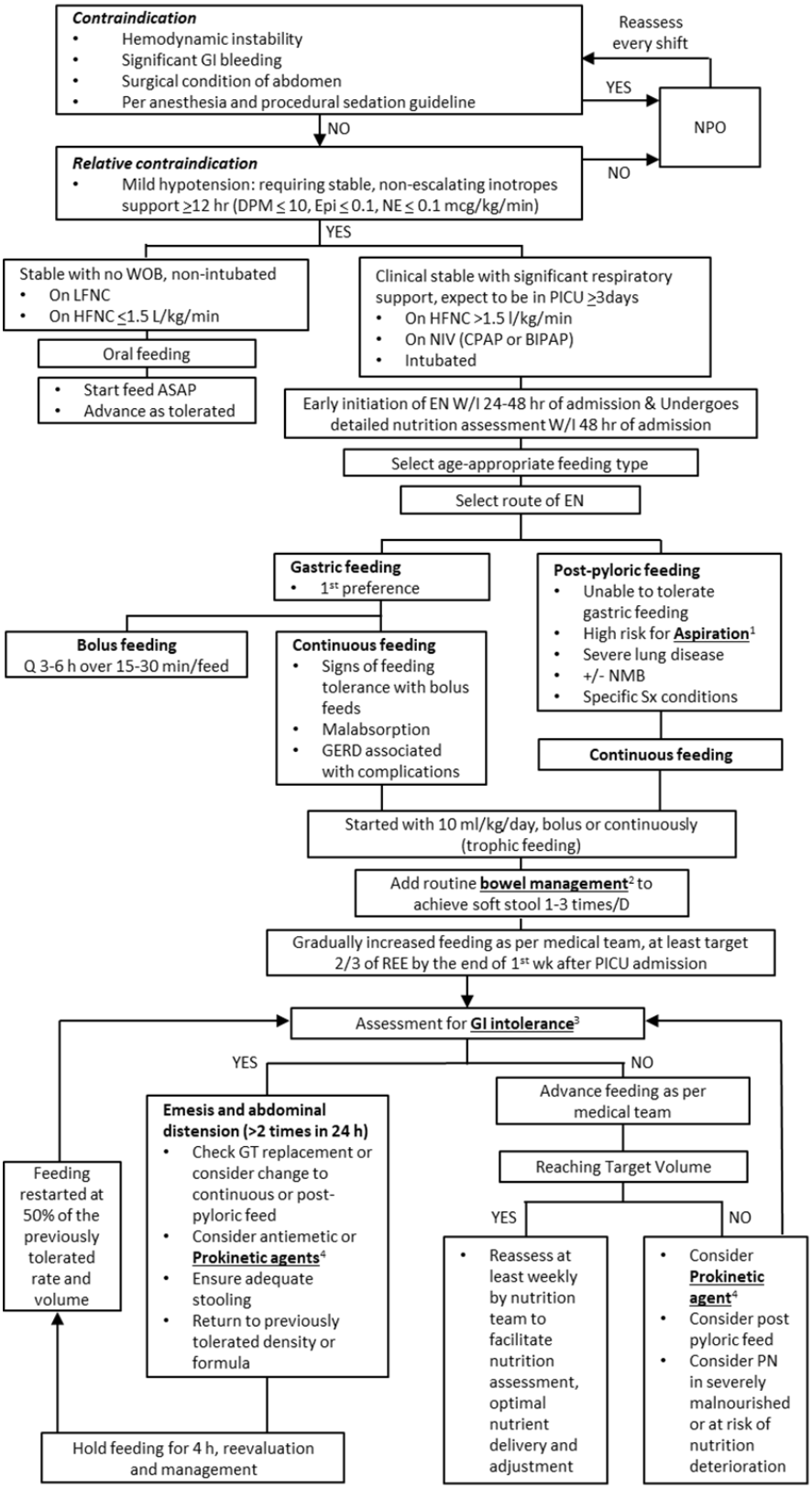
Supplement 1 The Enteral Nutrition Support Guideline



1. Risk of aspiration
- Known case of GERD
- Severe WOB
- Abdominal distension

2. Bowel management
Infants, children
- *Lactulose* (3.3g/5ml): 1-2 g/kg, OD bid
- *PEG 4000* (10g/sachet): 1-1.5 g/kg/D, PO OD, max 100g/day with maximum of 6 consecutive days

Children > 2 y
- *Senokot: 1-2 tab/D, PO q 12-24 h*
- *Magnesium hydroxide* (400 mg/5ml)
  - 2-5 y: 5-15 ml/D, PO q 12-24 h
  - 6-11 y: 15-30 ml/D, PO q 12-24 h
  - >12 y: 30-60 ml/D, PO q 12-24 h
- *Unison enema* (133 ml/dose):
  - 1-18 y: 2.5 ml/kg (max 133 ml/dose)

3. GI intolerance
- Abdominal distension or emesis > 2 consecutive times
- Residual gastric content >50% of previous feeding volume in bolus feeding or total 2 hourly infusion rate in continuous feeding

4. Prokinetic agent
- *Domperidone*: 1.2-2.4 mg/kg/D, PO q 6-8 h, ac and hs, max 10 md/dose (may prolong QTc interval: consider close clinical and ECG monitoring – baseline ECG and 48 h after starting)
- *Erythromycin*: 3-10 mg/kg/D, PO q 6 h (assess risk-benefit in full term infant < 14d of age due to association of infantile hypertrophic pyloric stenosis)
- *Ondansetron*: 0.1 mg/kg/d, IV or PO q 8 h prn, max 4-8 mg/dose

Targeted Indirect calorimetry
Who are at high risk for metabolic alteration
- Underweight, or obese
- Children w/>10% Wt change during ICU stay
- Failure to consistently meet prescribed energy goals
- Failure to wean or need to escalate respiratory support
- Neurologic trauma
- Oncologic diagnosed
- Children w/ thermal injuries or amputations
- Children requiring MV > 3 days
- Children suspected to be severely hypermetabolic (SE, hyperthermia, SIRS, dysautonomic storms, eat) or hypometabolic (hypothermia, hypothyroidism, pentobarbital or midazolam coma, etc)

*Suggest to start PN if not reaching target energy goal by EN after first week