Patients with Complex Needs Working Group

COMMUNIQUÉ NOVEMBER 2015

Recommendations for Stroke Patients on Enteral Feeding

Background:

According to Quality-Based Procedures: Clinical Handbook for Stroke (Acute and Postacute)[1], target admission time to inpatient stroke rehabilitation is 5 days for ischemic strokes and 7 days for hemorrhagic strokes. Through the Toronto Stroke Networks' Referral and Transition Reporting Form and other forums, clinicians have been reporting challenges in timely access to inpatient rehabilitation for stroke patients with enteral feeds. These delays have been associated with inconsistencies in expectations related to enteral feeding schedules from inpatient stroke rehabilitation. A working group was formed to develop standard definitions and recommendations to support patients requiring enteral feeds to access inpatient stroke rehabilitation in a timely manner.

Standard Definitions:

Continuous:
Feeding that is scheduled in one block of time once per day either by gravity drip or feeding pump.

- If the patient is on a continuous feed but has breaks in his/her schedule for care (e.g., bathing, tests, etc.), the patient would still be considered on a continuous feeding schedule.

Intermittent:
Feeding that is scheduled 2 or more times per day by gravity drip or feeding pump.

- If the patient has a scheduled overnight feed, and is given a feed during the day as a nutritional supplement, this would be considered an intermittent feed.
- If the breaks are due to therapy, this is considered an intermittent feed.

Bolus:
Feeding that involves rapid administration over a short period of time that is usually administered by gravity or syringe.

- Bolus feeds are shorter, faster, and more frequent with 3 to 4 feeds per day.

[1] Health Quality Ontario; Ministry of Health and Long-Term Care. Quality-based procedures: clinical handbook for stroke (acute and postacute). Toronto: Health Quality Ontario; 2015 February. 148 p. Available from: http://www.hqontario.ca/evidence/evidence-process/episodes-of-care#community-stroke.

Recommendations for the transfer of patients on enteral feeds from acute care to inpatient stroke rehabilitation are as follows:

- Patients on either intermittent or continuous enteral feed schedules should be off feeds for a minimum of 4 hours between 8 am - 4 pm. The 4 hours off feeds can be broken up.
- If the above schedule is not achieved, transfer to rehabilitation should not be delayed. Rehabilitation facilities should accept the patient and establish the schedule as soon as possible.
- To ensure timely access to inpatient stroke rehabilitation and safe transitions for patients, ongoing communication (prior to the patient's transfer to rehabilitation) is encouraged between acute care and rehabilitation facilities.
- Rehabilitation team members with access to E-Stroke information should share patient feeding schedules and dietary information with dietitians and nursing to ensure that advance notice is provided (see box to right for specific details).
- All feeding information (including updates) should be included in the discharge package sent with the patient when the patient is discharged to inpatient stroke rehabilitation.

The following information should be included in the Safety & Special Needs section of the E-Stroke Referral:

- Formula name
- Feed rate and feeding times
- Amount and timing of water flushes
- Addition of any supplements such as protein powder
- Reasons for why the ideal schedule was not achieved
- Contact details (dietitian and speech-language pathologist)

- Please share this information with all team members within your organization.

We would like to hear from you:

If you have any questions or feedback related to this work, please e-mail Sylvia Quant at sylvia.quant@sunnybrook.ca.

For other initiatives, please visit our Toronto Stroke Networks' website www.tostroke.com and Virtual Community of Practice www.strokecommunity.ca.

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