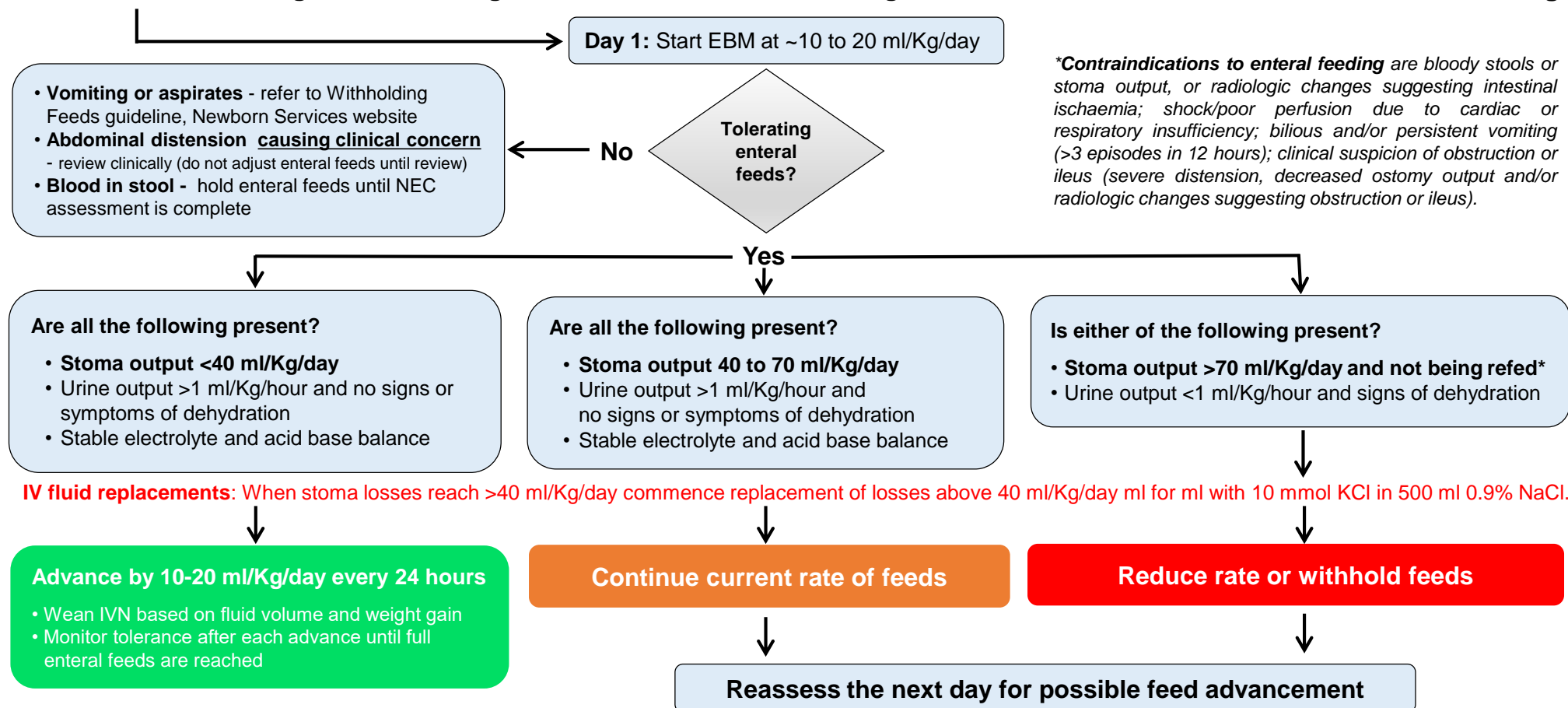


Guideline for advancing enteral feeds in a newborn with a small bowel stoma

Initiate feeds with the agreement of surgical team if stoma is functioning *and* there are no contraindications to enteral feeding*



***Contraindications to enteral feeding** are bloody stools or stoma output, or radiologic changes suggesting intestinal ischaemia; shock/poor perfusion due to cardiac or respiratory insufficiency; bilious and/or persistent vomiting (>3 episodes in 12 hours); clinical suspicion of obstruction or ileus (severe distension, decreased ostomy output and/or radiologic changes suggesting obstruction or ileus).

If not making consistent progress with advancing enteral feed volumes:

- Consider changing to continuous feeds and/or from EBM to extensively hydrolysed (Pepti Junior) or amino acid formula (Alfamino, Elecare or Neocate) depending on stoma location.
- Check reducing substances and if greater than ++ consider changing to a lactose free formula

If stoma output is being reinfused into a distal stoma (recommended)*

- Aim to refeed 100% of the proximal stoma output volume if at all possible
- **DO NOT USE** the stoma output volume guidelines above to assess tolerance. Instead, be guided by stool consistency and frequency to assess feed tolerance

- Stoma output is the combined output from all stomas + stool
- If feeds are withheld for <24 hours, they can be restarted at 75% of previous rate
- Monitor urinary sodium weekly
- Infants with an ileostomy will require additional sodium supplements