# Nutrition algorithm for ALL single ventricle infants

## Post-operative ENTERAL feeding

**Haemodynamic assessment**
? Safe to feed (Table 1)

**Initiate** enteral feeds
- Aim for POD 1

*If unable to start enteral feed by POD 2 consider IVN

**Enteral feeding advance**

PICU enteral feeding guideline "slow start for cardiac infants"
- Start via NGT Q 2 hourly bolus
- Titrate to Q 3 hourly bolus as tolerated

Options:
- Continuous NGT/NJT only if bolus feed not tolerated

**Feed / Formula Options**
- Breast milk
- If formula feed consider 1 kcal/ml formula
- change to standard formula once at 150mls/kg/day

Options:
- all other feed/ formula options as ordered by dietitian

**Feed Tolerated** at the maximum fluid volume allowed (Table 1)

POD 3: Dietitian review
- Consideration for increasing volume or energy supplementation

**Advance volumes**

By POD 6 aim for minimum of 120mls/kg/day
Not achieved = dietitian review

GOAL 150 -180 mls/kg/day*
OR
Norwood/Sano: 150mls/kg/day*

*volume depends on signs of CHF, tolerance, growth

**Add energy**

When tolerating 120mls/kg/day add energy supplements (Table 4)

GOAL
- 120-150 kcal/kg/day to achieve appropriate growth (per anthropometric centiles)
- Individual infant may require more than 150kcal/kg/day to grow

**Gaining weight & growing**

Identify individual infant goals according to anthropometric percentiles

No

**Feed intolerance** (Table 1)
GI/cardiac concerns
Cardiac review
Gastro review
- Anti-reflux / motility meds
- change formula
- maternal diet restriction

Change feeding mode
- continuous NGT/NJT

No

**Inadequate energy intake?**
Dietitian review
- advance volume
- Increase energy supplement to maximum of extra 30kcal/kg/day from calogen

Breast feeding
- Lactation consult
- 24hr test weights
- Encourage maternal milk supply (Table 3)
- Trial bottle /NGT top up