



ieMR Advanced


# Infant Feeding – documenting expressed breast milk (EBM) feeds and top-ups via NGT/OGT/PEG

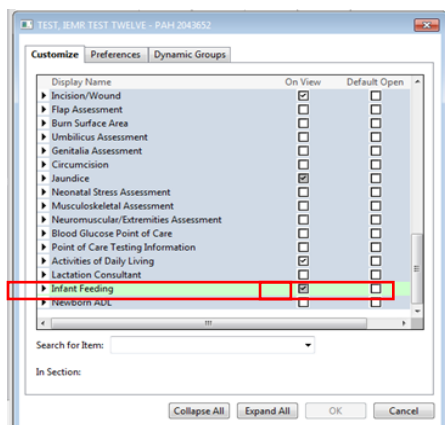
## Care Delivery

### Quick reference guide

## Documenting Nasogastric EBM Feeds

### Signing for the feed

1. Navigate to *iView, Paediatric Systems Assessment*.
2. Select the *Customise* icon .
3. Select *Collapse All* to collapse the bands.
4. Select the Infant Feeding *on view* checkbox.

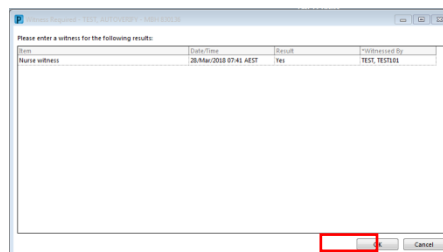


5. Select *OK*.
6. Enter in the clinically appropriate data into the required fields.

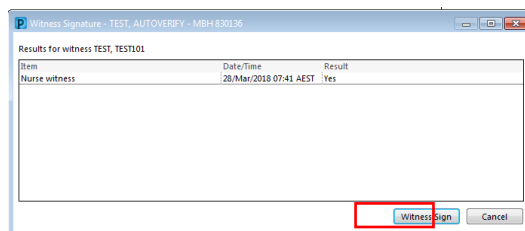
Note, only enter a volume in the *Amount taken* field if the patient had part or all of the feed orally – this will populate on the fluid balance as oral intake.

Infant Feeding	
Feeding method	Bottle
Type of feed	Expressed breast milk/colostrum
Nurse witness	Yes
Duration of feed	minute(s)
Amount offered	mL 120
Amount taken	mL 50
Feeding frequency	
Settled between feeds	
Consent for pacifier (dummy)	
Breastfeed description	

7. Sign using the green tick ✓.
8. Enter the nurse witness and select *OK*.



9. Select the *Witness Sign* field – the nurse witness will then be prompted for their username and password.




10. Navigate to *Paediatric Lines-Devices* and select *Gastrointestinal Tubes* information.
11. Create a dynamic group for the appropriate gastrointestinal tube (if not already done).
12. Document the feed amount in the *Enteral tube intake* field.

Gastrointestinal Tubes Information	
Nasogastric Nostril, left	
Tube indication	
Centimetre marking at lip	cm
Centimetre marking at nare	cm
Method of drainage	
Suction setting	
Output description	
Tube care	
Topical analgesic	
Dressing	
Dressing activity	
Dressing condition	
Site condition	
Activity	
Litmus pH test confirmation	
Present on admission insert date/time	
Radiographic confirmation	
Unexpected event	
Patient indicated response	
Flush	mL
Enteral tube intake	mL 70
Gastric tube output	mL
Residual amount	mL

13. Sign using the green tick ✓.
14. Navigate to the *Fluid Balance Navigator Band*. The feed will pull through to the correct device.



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<sup>Δ</sup> Intake Total		120
<sup>Δ</sup> Oral Intake		50
Amount offered	mL	120
Amount taken	mL	50
Oral intake	mL	
<sup>Δ</sup> Parenteral		
Intravenous intake	mL	
Other intake	mL	
<sup>Δ</sup> Enteral		70
<sup>Δ</sup> Nasogastric Nostril, left		
Enteral tube intake	mL	70
Flush	mL	

8. If desired, right click on the *Duration of Feed* field and add a comment for the feed type, EBM.

Note, if the parent of the child is the second checker, do not enter a nurse witness. Instead, right click on the *Type of feed* field and type "mother/father/carer <insert name> witnessed feed".

