

## **Enteral Nutrition Provider Survey in the CVICU**

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Objective: The initiation of enteral nutrition (EN) in the cardiovascular intensive care unit (CVICU) is dependent upon ordering providers. This study aimed to identify the parameters used by ordering providers that may act as barriers to initiation or delay of EN.

Design: A ten-question survey developed from expert opinion and ASPEN guidelines to assess understanding and knowledge of evidence-based practices delivered via a HIPPA approved assessment program (Redcap®) to thirty-three providers. Deidentified survey results supplemented with ASPEN guidelines and current research were then re-distributed.

Methods and Instruments: Five physicians, two nurse practitioners or physician assistants (NP/Pas) and one upper-level medical resident responded. Variations between providers included: all were comfortable initiating EN at goal during mild targeted temperature management (TTM) and all but one during moderate TTM. Vasopressors offered the most variation by provider type; physicians exclusively monitor mean arterial pressure (MAPs). If paralytics and stable vasopressors are involved; all physicians identified EN at goal, while a NP/PAs and resident identified trophic/trickle feeds. Seven providers were comfortable using EN order sets in the absence of a dietitian. All but one NP/PA recognized whatever access is available for the route of EN initiation. Three providers correctly identified providing 80% or better of goal EN volume, reflecting ASPEN evidence-based practice.

Conclusion: This survey identified parameters used by providers and possible barriers to the initiation or delay of EN when appropriate. Further research is needed in a larger sample size and multiple ICU settings where number and dosage of vasopressors prescribed are stratified.

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