

Responses re: CPAP and Feeding in the NICU

Center	Do you feed infants while on CPAP?	Guidelines for feeding on CPAP
A	No	N/A
B	We currently do not practice nor have any current plans to introduce oral feeding to babies while they are on CPAP. We do feed babies on HFNC, typically if they are on 2L or less although we have had some exceptions where we have introduced small volume oral feeds to a higher oxygen level if they are older babies who are otherwise medically stable.	
C	We do not typically offer feeding when on CPAP as our rationale is that these babies tend to have limited success with this due to working so hard with breathing hence then making feeding a negative experience. Our preference is to hold on feeding until their airway is better managed independently or they receive a trach (if necessary) for greater success as well as promoting positive interaction with feeding.	There are occasional exceptions to this with success but we do not have a protocol for this that we follow at this time.
D	We do not orally feed patients on CPAP support, as we have found it puts them at a higher risk for aspiration. The highest level of O2 support we typically feed patients is 3 L high-humidity nasal cannula. Prior to that, we simply do tastings.	No guidelines...there is no evidence that I am aware of that delineates the exact amount of respiratory support that it is considered safe to orally feed.

Guidelines for physiological readiness for feeding	Standardized assessment tool used
<p>We also struggle with multidisciplinary views on defining baby's readiness for oral feeding, however the recently published NANN guidelines may give you some good information regarding this.</p>	<p>We currently do not use a standardized assessment tool for feeding in our NICU</p>
<p>As stated above, there is not research in this area that we are aware of, thus, no real guideline for physiological readiness. Our typical protocol is to achieve stability on 3L HHNC or less, plus have the infant demonstrate alertness, stability, and interest in feeding... following typical cue-based feeding or oral feeding readiness cues.</p>	<p>We do have a feeding readiness assessment, but does not take into account O2 support.... We assess readiness based on alertness, stability, apnea/brady events related to oral feeding, suck-swallow-breathe coordination, drooling, etc, as we have found most literature suggests.</p>

See attachment, these are our corporation guidelines.	No