**Milk feeding and stoma output chart**

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| **Baby details** | **Surgical details** | | | |
| ***Name***  ***DOB***  ***CHI*** | **Date of surgery** |  | **Gestational age at surgery** |  |
| **Surgical procedure** |  | | |
| **Reason for stoma 1** |  | | |
| **Bowel resected?** |  | | |
| **Base hospital** | **Type of stoma 2** |  | | |
| **Gestational age at birth** | **Remaining bowel (cm)3** |  | | |
| **Birthweight (g)** | **Weight at operation** |  | | |

1. Confirmed NEC / Suspected NEC / SIP / Atresia / Meconium ileus / Anorectal malformation / Other (please state)
2. Type of stoma (eg, mid ileostomy, end ileosotmy, jejunostomy etc)
3. Usually this is stated as length from DJ flexure to the stoma in cm. If not stated on operation note, please record as ‘not stated’

**Practice points:**

* Avoid using feeding regimen C for babies with stomas
* **Increments in milk volume should occur no more frequently than every 48 hours**
* Use this table in conjunction with the ‘Milk feeding in infants with stomas’ flowchart and the ‘Nutritional principles in infants with stomas’ on badger

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| **Day post op & date** | **Stoma output (ml/kg/day)** | **Current milk** | | | **Proposed changes**  *Eg, change of milk, volume or type*  **If no changes planned on any given day leave this box blank for that day** | **Other information**  (eg, recent weight, stoma bag leakage, direct bilirubin, current infection concerns)  **Weigh every Mon Wed Fri – Is growth adequate?**  Consider urinary Na (if >32w and not on diuretics) |
| **Amount (ml/hr), Type of milk**  **Frequency (1 hourly or 2 hourly)**  **Bolus = B or Continuous = C** | | **Total EN volume (ml/kg/day)** |
| **Day** | **Night** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  | Direct Bilirubin |
| **5** |  |  |  |  |  |  |

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| **Amount (ml/hr), Type of milk**  **Frequency (1 hourly, 2 hourly)**  **Bolus = B or Continuous = C** | | **Total EN volume (ml/kg/day)** |
| **Day** | **Night** |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  | Direct Bilirubin |
| **10** |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |
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| **13** |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |
| **15** |  |  |  |  |  | Direct Bilirubin |
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| **22** |  |  |  |  |  | Direct Bilirubin |

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| **Amount (ml/hr), Type of milk**  **Frequency ( eg 1 hourly)**  **Bolus = B or Continuous = C** | | **Total EN volume (ml/kg/day)** |
| **Day** | **Night** |
| **23** |  |  |  |  |  |  |
| **24** |  |  |  |  |  |  |
| **25** |  |  |  |  |  |  |
| **26** |  |  |  |  |  | Direct Bilirubin |
| **27** |  |  |  |  |  |  |
| **28** |  |  |  |  |  | *Discuss with GI team day 28* |
| **29** |  |  |  |  |  |  |
| **30** |  |  |  |  |  |  |
| **31** |  |  |  |  |  |  |
| **32** |  |  |  |  |  | Direct bilirubin |
| **33** |  |  |  |  |  |  |
| **34** |  |  |  |  |  |  |
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| **36** |  |  |  |  |  |  |
| **37** |  |  |  |  |  |  |
| **38** |  |  |  |  |  |  |
| **39** |  |  |  |  |  | Direct Bilirubin |

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| **Amount (ml/hr), Type of milk**  **Frequency (1 hourly or 2 hourly)**  **Bolus = B or Continuous = C** | | **Total EN volume (ml/kg/day)** |
| **Day** | **Night** |
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