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FELINE

GASTROINTESTINAL

GASTROINTESTINAL KITTEN

GASTROINTESTINAL

MODERATE CALORIE

GASTROINTESTINAL

FIBRE RESPONSE

GASTROINTESTINAL

HAIRBALL

HEPATIC

RECOVERY

GASTROINTESTINAL
HYDROLYSED PROTEIN

RECOVERY
LIQUID



CANINE

GASTROINTESTINAL

GASTROINTESTINAL PUPPY

GASTROINTESTINAL

MODERATE CALORIE

GASTROINTESTINAL

LOW FAT

GASTROINTESTINAL

LOW FAT

SMALL DOGS S

GASTROINTESTINAL

HIGH FIBRE

HEPATIC

GASTROINTESTINAL
LOW FAT +
HYPOALLERGENIC

RECOVERY

RECOVERY
LIQUID

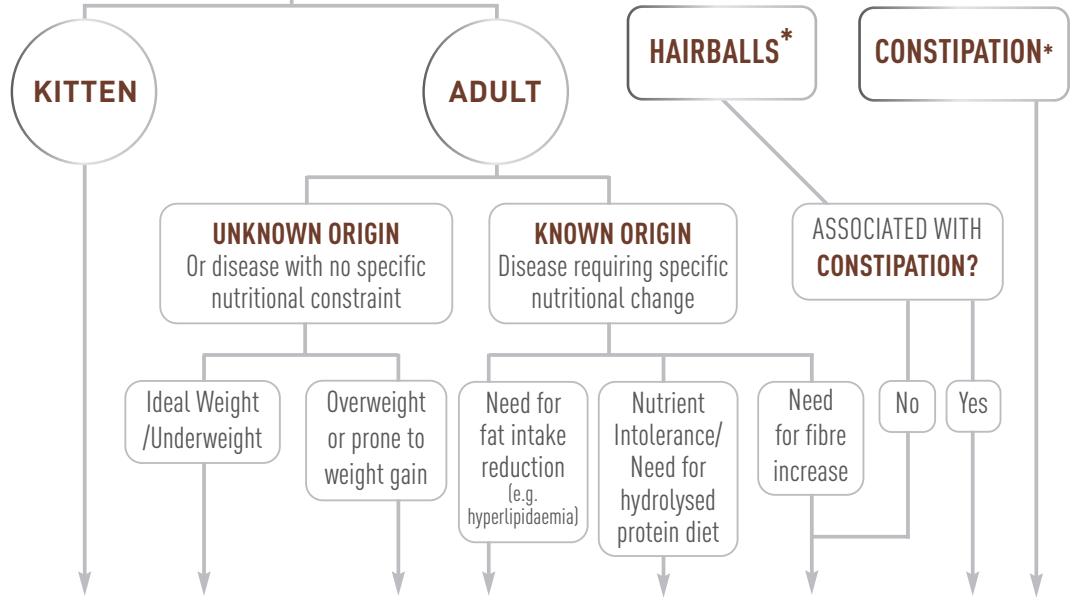
GI HIGH ENERGY
LIQUID

GI LOW FAT
LIQUID

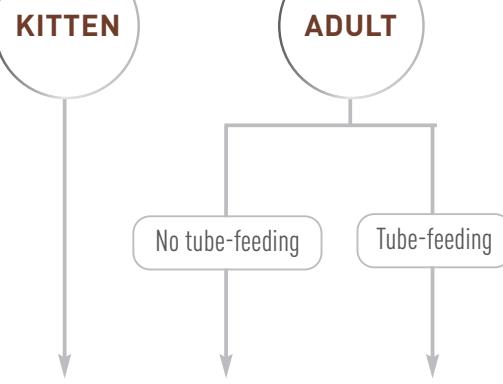
FELINE NUTRITIONAL MANAGEMENT DECISION TREE



DIARRHOEA / VOMITING*



EMACIATION, MALNUTRITION, ANOREXIA, NEED OF TUBE-FEEDING*



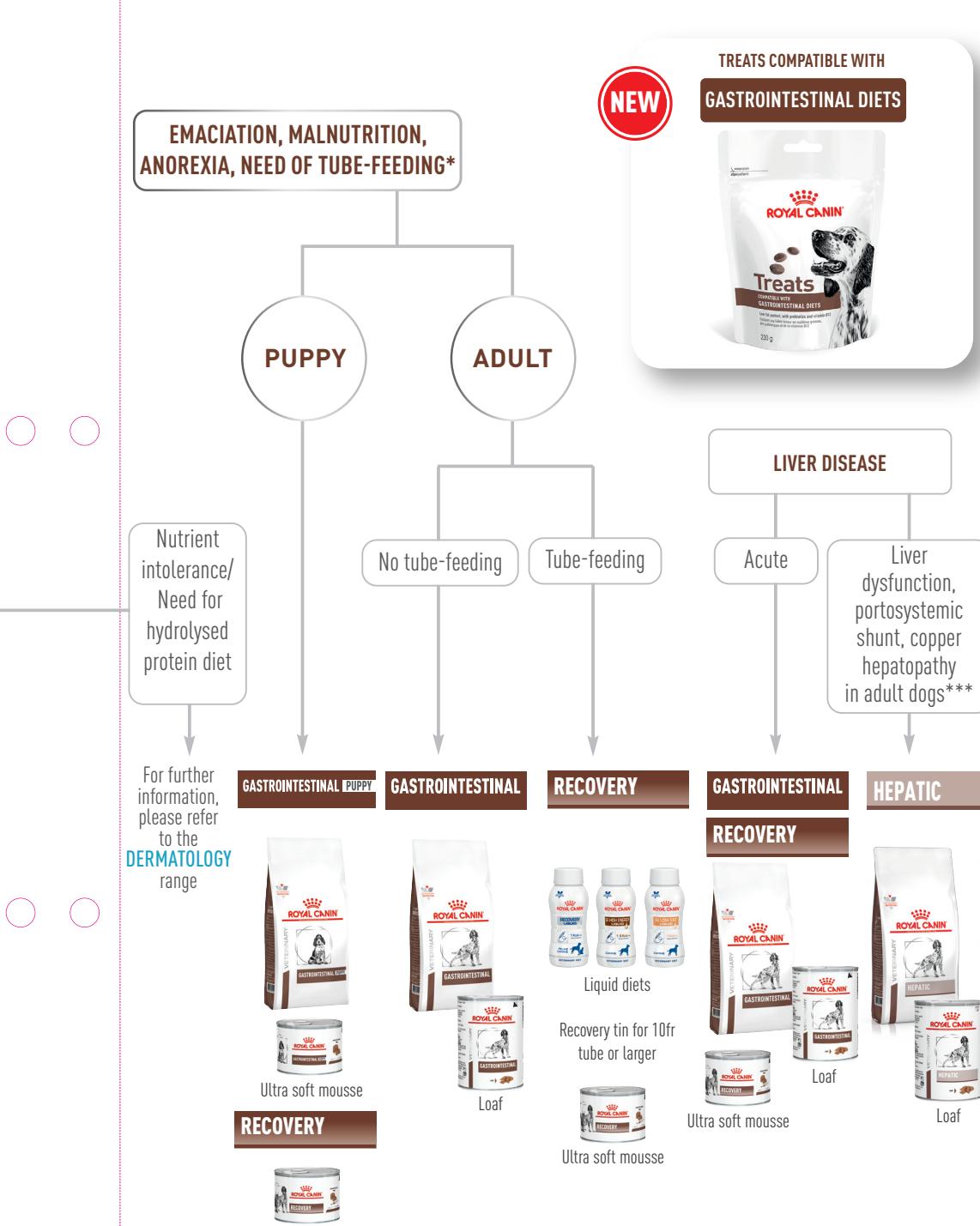
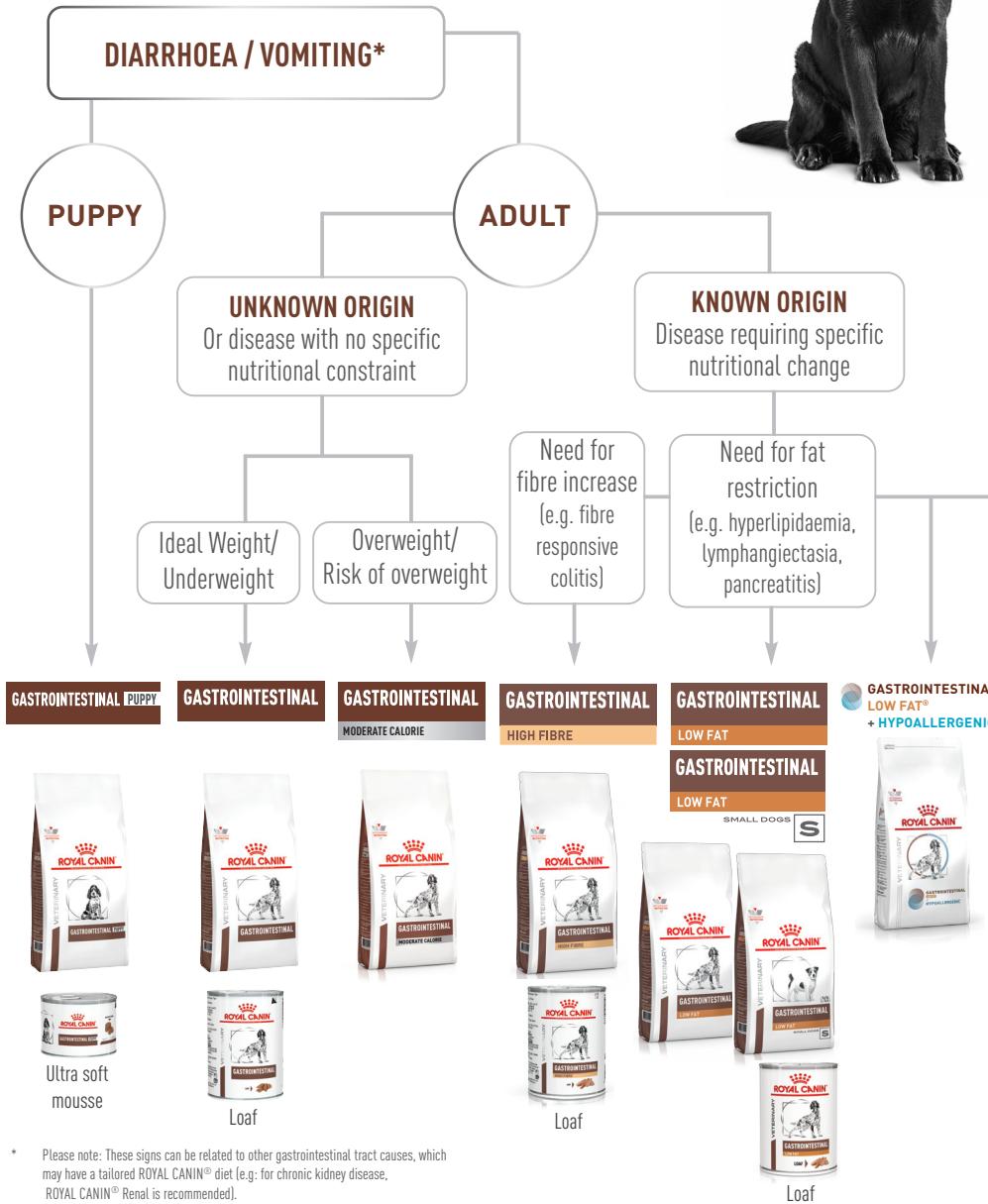
* Please note: These signs can be related to other gastrointestinal tract causes, which may have a tailored ROYAL CANIN® diet (e.g. for chronic kidney disease, ROYAL CANIN® RENAL is recommended).

** In cases where kittens are diagnosed with liver dysfunction, contact the Royal Canin Nutritional Helpline for advice.

*** In cases of tube feeding kittens, ROYAL CANIN® RECOVERY cans are recommended.



CANINE NUTRITIONAL MANAGEMENT DECISION TREE




GASTROINTESTINAL PUPPY DRY + WET

Puppy's age in months	ADULT WEIGHT		
	2kg	5kg	10kg
CAN	1/4+	1/2+	1+
	Dry (g)	Dry (g)	Dry (g)
1 - 2	27 - 35	42 - 66	43 - 93
3 - 4	40 - 42	77 - 82	118 - 128
5 - 6	41 - 34	82 - 72	131-130
7 - 8	27 - 26	63 - 53	113 - 97
9 - 10	26	52 - 51	81 - 80
11 - 12			79
CAN	20kg	30kg	40kg
	1+	1+	1+
	Dry (g)	Dry (g)	Dry (g)
1 - 2	81 - 178	95 - 200	109 - 222
3 - 4	224 - 245	263 - 291	302 - 337
5 - 6	253	359 - 331	400 - 456
7 - 8	232 - 213	360 - 332	457 - 426
9 - 10	191 - 169	305 - 274	396 - 366
11 - 12	166 - 165	244 - 242	340 - 316
Gestation in weeks	MOTHER'S WEIGHT*		
CAN	2kg	5kg	10kg
	1/2+	1/2+	1+
	Dry (g)	Dry (g)	Dry (g)
1 - 5	20	39	99
6 - 7	24 - 29	48 - 57	113 - 128
8 - 9	33 - 37	65 - 74	142 - 157
CAN	20kg	30kg	40kg
	1+	1+	1+
	Dry (g)	Dry (g)	Dry (g)
1 - 5	198	285	366
6 - 7	223 - 247	319 - 352	403 - 439
8 - 9	272 - 296	385 - 419	490 - 531

1 can is equivalent to 45g of GASTROINTESTINAL PUPPY dry product

LACTATION > ad libitum.

* Weight at mating.


MIX: HIGH FIBRE DRY + WET


Dog's weight (kg)	CAN 	BODY CONDITION		
		THIN	NORMAL	OVERWEIGHT
2	1/4	33	25	17
4	1/4	77	64	51
6	1/2	84	66	48
8	1/2	120	97	75
10	1/2	153	127	101
15	1	166	130	94
20	1	237	193	149
25	1	304	252	200
30	1	368	308	248
35	1	429	362	295
40	1	489	414	340
45	1	546	465	383
50	1	601	514	426
55	1	656	561	467
56	1	666	571	475
57	1	677	580	483
58	1	688	589	491
59	1	698	599	499
60	1	709	608	507
70	1	812	699	585
80	1	911	786	661

1 can is equivalent to 124g of GASTROINTESTINAL HIGH FIBRE dry product.





GUIDELINES

NUTRITION OF CRITICALLY ILL PATIENTS

When managing a critical care patient, the delivery of adequate and appropriate nutrition is key. Below are some guidelines for assessing your feline and canine cases and implementing a feeding plan.



STEPS TO ESTABLISHING A FEEDING PROTOCOL

1

CALCULATE DAILY RESTING ENERGY REQUIREMENTS (RER) DURING HOSPITALISATION

for adult dogs/cats: RER (Resting Energy Requirements)

- RER (in kcal) = $70 \times (\text{body weight in kg})^{0.75}$

2

ASSESS INDICATIONS FOR ASSISTED FEEDING:

- Inability to eat (e.g. jaw fractures, neuro cases)
- Hepatic lipidosis
- Anorexia > 3 days and/or hyporexia (consumption < 80% RER) > 5 days



CHOOSE A TUBE

3	Nasoesophageal/ Nasogastric tubes	Short term (<5 days)	Inexpensive Easy to place No general anaesthesia required	Requires a completely liquid diet, limiting choice. Some animals will not eat with these tubes in place.
4	Oesophagostomy tubes	Long term	Inexpensive Easy to place Can use calorically dense diets	Requires general anaesthesia for placement. Cellulitis and infection can develop at the stoma site

REFEEDING SCHEDULE

Anorexia duration	Recommendation	Application*
No anorexia	Assess tolerance 1st day	D1: 1/2 RER; D2: RER
Anorexia < 3 days	Reach RER over 3 days	D1: 1/3 RER; D2: 2/3 RER, D3: RER
Anorexia ≥ 3 days	Reach RER over 5 days	D1: 1/4 RER; D2: 1/2 RER, D3: 2/3 RER, D4: 3/4 RER, D5: RER

* To be adjusted according to the patient's tolerance

ENCOURAGING SPONTANEOUS FEEDING

- Offer the patient its usual food (in a familiar format)
- Warm food to enhance flavours
- Avoid medications in food or painful procedures (to avoid food aversion)
- Weigh food before and after meals to check calorie consumption (goal: > RER if not combined with tube feeding)

TUBE FEEDING TOP TIPS

- Check tube placement prior to use**
- Warm all food to room or body temperature prior to use
- Administer the feed over 15-20 minutes. Stop feeding if the patient begins to retch, vomit or regurgitate and reassess
- Flush the tube before and after feeding with warm water to clear the tube of any food. Recap the tube securely
- Tube blockage – instill 5-20mls of carbonated drink and leave for 1-2 hours to dissolve blockage. If the blockage is still present, the tube position may need to be checked

** Check tube position prior to use: use the lines on the tube to detect a possible migration. For naso-oesophageal tubes and oesophagostomy tubes, the following may help ensuring the right position of the tube:

- Instill 2-5mls of sterile saline solution – no cough response should be seen
- Aspirate the tube using an empty syringe – a vacuum should be present
- Radiography

Check the stoma site for signs of pain, swelling or discharge. This should be done at each feed.







UK

WWW.ROYALCANIN.COM/UK

NUTRITIONAL HELPLINE

0800 717800

ROI

WWW.ROYALCANIN.COM/IE

NUTRITIONAL HELPLINE

1800 936074

