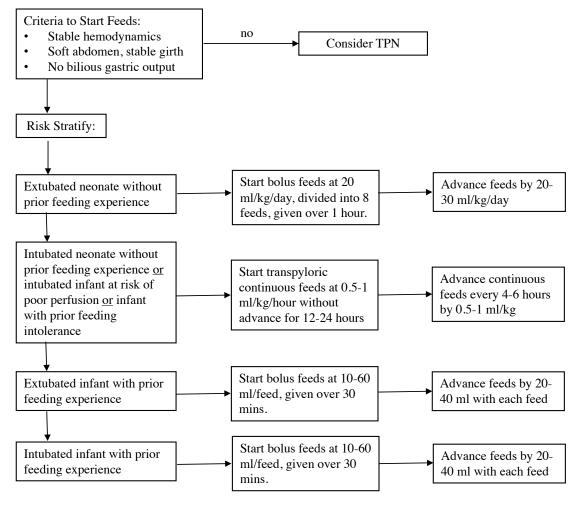
Supplementary Figure S2: Feeding protocol



If High risk of NEC as defined by:

- Single ventricle physiology
- On PGE
- Left-sided obstructive CHD

Add additional monitoring:

- Somatic NIRS
- Daily ABG/Lactate
- Abdominal girth q6 hours
- Occult blood stool q12 hours

Reasons to hold feeds:

- NIRS <35% or trending down
- Increased lactate
- Unexplained acidosis
- Increased abdominal girth, gastric residual
- Blood in stool