

PROCEDURES FOR PROVIDING NUTRITION BY TUBE

NUTRITION PROVIDED BY TUBE:

- CONSUMERS WHO REQUIRE NUTRITION, MEDICATION AND HYDRATION VIA A VARIETY OF TUBE DEVICES ARE IMMEDIATELY CONSIDERED AT SEVERE RISK FOR ASPIRATION AND RELATED ASPIRATION PNEUMONIA. In light of this fact, it is vital to ensure the highest standards of care and monitoring factors to minimize complications.
 - Medical Staff evaluates all nutrition, medication and hydration for consumers who require tube intervention and orders are given for each consumer to ensure individualized treatment is provided. Dietary assessments and evaluations are requested as needed to ensure nutritional and hydration needs are met.
 - Nourishment, medication and hydration via tube are delivered by trained and competent Licensed Nurses.
 - Consumer positioning should be with head of bed elevated between 30 to 90 degrees at all times, preferably around 45 degrees during feedings, unless contraindicated by Medical Staff order or poor tolerance of the consumer.
 - Consumer must remain in as upright position as tolerated (ordered) for at least one hour after feedings due to high risk for aspiration. Those consumers receiving continuous feeding should remain at a 30 to 90 degree elevation, adjusting pressure points by alternating degrees of elevation.
 - Consumers with tubes of any sort must NEVER lie flat on a bed or bath unless required for completion of procedures/treatments/care or other wise ordered by medical staff. If a position with the head of the bed lower than 30 degrees is required for procedures/treatment/care, bolus feeding and medication administration must be completed at least ONE hour prior to the change in position and continuous feedings must be stopped/held at least ONE hour prior to the change in position.
 - Specific and unique procedures are required for various tube devices. Consistent care mandates uniform and standard procedures that are listed in the next section.
- All procedures are per Reference: Delmar's Fundamental & Advanced Nursing Skills Handbook, Gaylene Bouska Altman, Copyright 2004 by Delmar Learning, division of Thomson Learning.

1. PROVIDING NOURISHMENT VIA NASO-GASTRIC TUBE:

NOTE: Continuous feeding pumps are not to be used with Nasogastric Tubes.

Equipment Required:

- Gloves (non-sterile)
- 4 oz cup of water or order amount
- Ordered amount and type of formula for feeding
- Gravity flow/ready to hang container (for large volumes as ordered)
- Asepto syringe
- Stethoscope

Preparation:

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- Verify formula, amount, time per medical record/MAR.
- Wash hands, gather equipment, formula.
- Greet consumer, explain procedure.
- Ensure consumer's head of bed is elevated 30-90 degrees.
- Check two forms of identification, per policy, to verify correct consumer.
- Provide privacy.

Procedure:

- Take the formula, water, and/or ready to hang container to bedside.
- If the formula is cold, warm to room temperature unless otherwise instructed by medical staff.
- Put on clean non-sterile gloves.
- Expose tubing, if covered.
- Check proper placement of the nasogastric tube by pushing 15 cc of air through the tube with the syringe, auscultate over stomach via stethoscope (epigastric area, upper left quadrant) for bubbling or whooshing sounds as air is pushed in; aspirating a small amount of gastric contents and observing contents for color/quality may also be performed, if needed.
- Always trace tube to check for point of origin.
- Observe the consumer's tolerance to the procedure. Talk to the consumer.
- Pour formula, water or medication into asepto syringe.
- Allow contents to flow into the stomach by gravity. Do not force the contents in by using bulb of the syringe.
- When nourishment has been delivered flush tube with 30-50 ml or ordered amount of room temperature water.
- After administration of nourishment and tube has been flushed, plug the nasogastric tube to prevent contents leaking out of tube.
- Secure tubing under consumer's clothing.
- Remove the equipment from bedside and dispose of properly.
- Remove gloves, wash hands.
- Document on Medication Administration Record (MAR).
- In the event feeding will not flow through tube by gravity, make efforts to clear tube including:
 - ✓ Unclog tube by securely holding base of tube with one hand and pulling tube tightly through thumb and index finger of other hand, or
 - ✓ Pour carbonated beverage into tube, unless contraindicated by Medical Staff order, or
 - ✓ If above methods fail, consult with Medical Staff immediately for further orders.

2. PROVIDING NOURISHMENT VIA GASTROSTOMY TUBE:

Equipment Required:

- Liquid Formula - Ordered amount and type
- Asepto Syringe

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- Clean towel
- 4 oz cup of water or ordered amount (for flushing tube)
- Non-sterile gloves
- Stethoscope

Preparation:

- Verify formula, amount, time per medical record/MAR.
- Wash hands, gather equipment, formula.
- Greet consumer, explain procedure.
- Ensure consumer's head of bed is elevated 30-90 degrees.
- Check two forms of identification, per policy, to verify correct consumer.
- Provide privacy.
- Take the formula, water, and/or ready to hang container to bedside. If the formula is cold, warm to room temperature unless otherwise instructed by physician.
- Put on clean non-sterile gloves.

Procedure for Intermittent Bolus Feeding:

- Expose tubing, if covered.
- Ascertain proper placement of tube by visual inspection - black mark on the tube at skin level should be visible.
- If tube appears to be pulled into the stomach, gently pull the tube outward until round disc of the gastrostomy is flush against the wall of the stomach.
- If placement appears improper or black mark is not visible, proceed to check placement by injecting 10-30 cc's air into the stomach while auscultating over the abdomen.
- Mark tube with indelible ink marker and record tube measurements once proper placement is verified.
- Attach syringe portion of the asepto syringe to the gastrostomy tube.
- Pinch the gastrostomy tube by bending it back onto itself to prevent air going into stomach.
- Pour formula and/or water into the asepto syringe, release the tubing, and allow contents to flow into stomach by gravity, holding the syringe 6 to 12 inches above the stomach level.
- Do not force contents in by pushing on bulb of syringe.
- Continue slowly adding formula to syringe until prescribed amount has been administered.
- Flush tubing with 30-60 ml or prescribed amount of water and close tube.

Procedure for Intermittent Gavage Feeding:

- Expose tubing, if covered.
- Ascertain proper placement of tube by visual inspection - black mark on the tube at skin level should be visible.
- If tube appears to be pulled into the stomach, gently pull the tube outward until round disc of the gastrostomy is flush against the wall of the stomach.

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- If placement appears improper or black mark is not visible, proceed to check placement by injecting 10-30 cc's air into the stomach while auscultating over the abdomen.
- Mark tube with indelible ink marker and record tube measurements once proper placement is verified.
- Hang bag on IV pole so that is 18 inches above the consumer's head.
- Attach distal end of tubing to feeding tube adapter and adjust drip to infuse over prescribed time.
- When bag empties of formula, add 30 to 60 ml or prescribed amount of water, close clamp.
- Change bags every 24 hours.
- Document as per hospital policy.

3. PROVIDING CONTINUOUS NOURISHMENT VIA GASTROSTOMY TUBE AND ENTERAL INFUSION PUMP (CONTINUOUS GAVAGE):

Note: This procedure is utilized, when ordered by a physician, when a consumer is unable to tolerate large intermittent tube feedings.

Equipment:

- Liquid formula (room temperature)
- 60 cc Asepto or irrigating syringe (for checking tube placement)
- Stethoscope
- Enteral Infusion Pump
- Enteral Feeding Set
- Gloves

Preparation:

- Check physician's order for formula, rate of infusion, amount of formula and time feeding is to start.
- Wash hands.
- Assemble equipment.
- Greet the consumer and explain procedure.
- Provide privacy.
- Check two forms of identification, per policy, to verify correct consumer.
- Elevate the head of the bed at least 30-90 degrees, to the highest position tolerated by the consumer to prevent gastric reflux and possible aspiration.

NOTE: Consumer should be maintained at this elevation at all times unless contraindicated by necessary ordered procedures/treatment/care/ or Medical Staff order. Supine positioning requires feeding to be held one hour prior to position change.

Procedure:

- Wash hands and put on gloves.

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- Place consumer on right side in high Fowler's position to reduce risk of pulmonary aspiration in event consumer vomits or regurgitates formula.
- Observe for abdominal distention; auscultate for bowel sounds.
- Check feeding tube - insert syringe into adapter port, aspirate stomach contents, and determine amount of gastric residual.
- If residual is greater than 50 to 100 ml (or per hospital protocol), hold feeding until residual diminishes. Instill aspirated contents back into feeding tube. Notify Medical Staff and administer feeding as per order.
- Check tube placement at least every 4 hours.
- Check residual at least every 8 hours - if residual is about 100 ml, stop feeding. Notify Physician/ APRN.
- Pour prescribed amount of formula for a 4 hour period into infusion container (ready to hang bag, if indicated); dilute with water if ordered.
- Label container to include type of formula, amount of formula, infusion rate, and time formula started, and nurse initials or signature.
- Hang gavage bag on IV pole.
- Prime tube.
- Thread tubing through feeding pump and attach distal end of tubing to feeding tube adapter. Keep tubing straight between bag and pump.
- Program the pump as specified by the manufacturer, turn on pump and adjust drip rate.
- Monitor infusion rate and signs of respiratory distress or diarrhea.
- Flush tube with water every 4 hours as prescribed or following administration of medications.
- Replace disposable feeding bag at least every 24 hours, or per hospital policy or manufacturer guidelines.
- Elevate head of bed at least 30 degrees at all times and turn consumer every 2-4 hours to prevent aspiration, promote digestion and reduce skin breakdown.
- Provide oral hygiene every 2-4 hours.
- Administer water as prescribed and between feedings.
- Keep pump clean and dry.
- Document on Medication Administration Record.

4. PROVIDING NUTRITION VIA STOMATE OR BUTTON DEVICES:

Equipment:

- 4 oz. Cup of water or amount ordered
- Ordered amount and type of formula for feeding
- Gravity flow/ready to hang container
- Asepto syringe
- Stethoscope

Preparation:

- Verify formula, amount, time per medical record/MAR.

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- Wash hands, gather equipment, formula.
- Greet consumer, explain procedure.
- Ensure consumer's head of bed is elevated 30-90 degrees.
- Check two forms of identification, per policy, to verify correct consumer.
- Provide privacy.

Procedure:

- Ascertain proper placement of enteral feeding tube by visual inspection to ensure feeding tube remains in stomach.
- Attach the feeding tube connector to the button/stomate by aligning line on connector with that on the button/stomate then rotate the connector so that the lines are no longer aligned.
- Check that connector is firmly attached to button/stomate before feeding.
- Attach syringe portion of asepto to connector tube and pinch connector tube by bending it back on itself to prevent air from entering stomach.
- Pour formula or water into the asepto syringe then release tubing to allow contents to flow into consumer by gravity.
- Hold the syringe 6" to no more than 12" above the stomach level. Holding syringe too high increases flow rate.
- Do not force the contents in by the bulb of the syringe.
- Make sure there is no leakage from the connection site or gastrostomy stoma while feeding.
- Large volumes of formula may be given by pump at the ordered rate.
- Attach primed bag tubing to gastrostomy tube.
- Set machine at ordered rate to prevent vomiting/aspiration due to overfilled stomach.
- When nourishment has been delivered flush tube with 30-50cc or ordered amount of room temperature water.
- Disconnect connector tube after feeding is finished and tube has been flushed.
- After administration of nourishment and tube plugged, plug gastrostomy tube with a stopper, disconnect the button/stomate from the connector and plug the opening with the attached male adapter on the stomata/button.
- Secure tubing under the consumer's clothing.
- Remove equipment from bedside and dispose of properly.
- Remove gloves, wash hands.
- Document on MAR.
- In the event feeding will not flow through tube by gravity, efforts should be made to clear tube including:
 - ✓ Unclog tube by securely holding base of tube with one hand and pulling tube tightly through thumb and index finger of other hand.
 - ✓ Pour carbonated beverage into tube, unless contraindicated by physician's order.
 - ✓ If efforts fail, consult with physician for further orders.

5. PROVIDING NOURISHMENT VIA JEJUNOSTOMY TUBE:

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Equipment:

- 4 ounce cup of water or ordered amount
- Formula: Type/Amount (Ready to hang may be utilized)
- Enteral Infusion Pump
- Enteral feeding bag (if necessary)
- Enteral Tubing
- Asepto Syringe
- Gloves

Preparation:

- Check physician's order of Medication Administration record for formula amount, type and frequency of feedings.
- Wash hands.
- Assemble equipment.
- Take formula, water, ready to hang formula and/or feeding bag to bedside.
- If formula is cold, warm to room temperature (to prevent stomach cramping) unless otherwise ordered by Medical Staff.
- Greet the consumer and explain procedure.
- Check two forms of identification, per policy, to verify correct consumer.
- Provide privacy.

Procedure:

- Maintain consumer head elevation at 30-90 degrees while on continuous feeding to minimize risk for vomiting and/or aspiration.
- Put on gloves.
- Expose tubing if covered.
- Always trace tube to check for point of origin.
- Placement does not need to be verified for a jejunostomy tube.
- Flush jejunal tube slowly with 20 ml warm tap water or as ordered by Medical Staff.
- If tube is clogged and gentle flush does not clear tube, notify Medical Staff.
- Attach primed feeding bag tubing to patent jejunostomy tube feeding port and set infusion pump to ordered rate and start the feeding. Or, administer bolus amount ordered slowly by gravity, by holding syringe 6-12 inches above abdomen.
- Stop jejunostomy tube feeding and notify Medical staff if any complications arise, i.e. tube displacement, tube obstruction, vomiting, abdominal cramps/pain, or other abnormality.
- When feeding is complete, flush the jejunostomy tube slowly with 20 ml warm tap water or as ordered by Medical Staff.
- Remove gloves, wash hands.
- Document on Medication Administration Record.