

Tube Feeding Protocol: Supporting an Individual with a Feeding Tube

Introduction

Some people may be unable to take foods or fluids by mouth due to dysphagia. Others may require supplementation because they are unable to take sufficient foods or fluids by mouth, and formula delivered through a feeding tube may provide them with much needed additional nutrients.

It is helpful if guidelines (A Tube Feeding Protocol) are in place prior to the need for this intervention. Below are some suggested guidelines for supporting an Individual with a feeding tube.

Information to be documented by the physician

- ✓ The reason (medical diagnosis) requiring feeding tube insertion
- ✓ Type of feeding tube inserted

Types of feeding tubes

The Nasogastric Tube (NG tube): Passed into either nostril, down the esophagus and into the stomach. This is used for short term feedings.

The Gastrostomy tube (G - tube or PEG): Surgically placed through the abdominal wall into the stomach. The tube will be located below the rib cage and to the left.

The Jejunostomy tube (J - tube or PEJ): Surgically implanted in the upper portion of the jejunum (Part of the small intestine.) The tube will be located lower in the abdomen and more toward the center than the G – tube. Feedings through a J – tube must always be by pump.

The Gastrostomy-Jejunostomy (GJ - tube): Surgically placed in the stomach, like the G – tube, but the tubing is longer, the end is in the jejunum, and there are two ports.

- ✓ Feeding technique

Feeding techniques

Bolus: A set amount of formula is given over a short period of time via syringe.

Gravity drip: A set amount of formula is placed in a tube feeding bag and delivered via gravity. The rate may be controlled via a clamp on the tubing.

Pump: Formula is placed in a tube feeding bag, and the line going from the feeding bag to the tube is connected to a feeding pump. The pump is set to deliver a specified amount of formula over a specific time frame.

- ✓ Type of nutritional supplement to be given

- ✓ Rate for nutritional supplementation (If given by pump)
- ✓ Frequency and amount of flushes
- ✓ Guidelines for feeding tube care
- ✓ Guidelines for daily care (cleaning solutions, ointments, etc.)
- ✓ Guidelines for when to call the physician
- ✓ Whether food and/or fluids are allowed by mouth, quantity, consistency, and special feeding instructions
- ✓ Frequency of monitoring required for the feeding tube
- ✓ Any conditions which may arise which would indicate a need for medical intervention
- ✓ Any other information provided by the physician.

Information to be documented by the person/caregiver

- ✓ Daily administration of feeding
- ✓ Daily maintenance and monitoring
- ✓ Intake and Output (I & O)

Intake and Output (I&O)

***Intake and Output** should be followed for anyone on tube feedings in order to monitor their fluid status and prevent complications such as dehydration or constipation.*

***Intake** should include the amount of any tube feedings, flushes, liquid medications, etc.*

***Output** should include urine, stool, and vomitus (estimates may have to be made of any or all). A bowel chart should also be used to track frequency and character of stools, e.g., formed, watery, diarrhea.*

- ✓ Weight

***Weight** should be measured and documented as specified by the physician.*

- ✓ Bowel charts
- ✓ Stoma Care
- ✓ Mouth Care

***Mouth care** should be provided every shift. Ask the dentist or health care provider for specific guidelines.*

- ✓ Any other information requested by the physician.

Person/Caregivers Training

Initial training should be provided by the agency nurse. If no agency nurse is available, education may be provided by a hospital based, or home health care agency nurse.

Those who have been trained will have a training checklist signed by a nurse prior to initial client care, and at yearly review of the tube feeding protocol by the nurse.

Periodic observation of the person/caregiver demonstrating competency of skills will be completed and documented.

Preparation for Administration of Tube Feeding

Prior to initiating tube feedings, adding formula to a continuous running tube feeding, administering medications, flushing the tube, or changing dressings, person/caregivers will adhere to the following guidelines:

- ✓ Assemble all equipment needed
- ✓ Wash hands thoroughly
- ✓ Put gloves on
- ✓ Make sure that the head of the bed is elevated to at least 45 degrees, unless otherwise specified by the physician. If on a feeding pump, this elevation must be continuous 24/7. If on bolus or gravity feedings, keep the head of the bed elevated for at least 30 – 60 minutes after feeding or medication administration, or longer as directed by the physician.
- ✓ Observe for complaints or signs of nausea or cramps (take appropriate action if present)
- ✓ Observe for vomiting and/or diarrhea (take appropriate action if present)
- ✓ Observe for abdominal distension ((take appropriate action if present)
- ✓ Observe for tube placement (that the tube has not become dislodged from the insertion site in the skin and take appropriate action if present)
- ✓ Observe that the tube is anchored per protocol (e.g., with tape or safety pin)
- ✓ Observe the dressing for blood, drainage, or leakage (take appropriate action if present)
- ✓ Observe for bleeding or irritation at insertion site (take appropriate action if present)

Flushing the tube

- ✓ Follow steps in monitoring of client (See above)
- ✓ The feeding tube should be flushed per physician's orders: This will include the frequency, type, and amount of each flush

- ✓ Unless otherwise specified by the physician, the tube should be flushed:
 - At least once per shift
 - Before and after bolus or gravity administration of formula
 - Before and after medication administration

Administration of Tube Feeding

- ✓ Follow steps in monitoring of client (See above)
- ✓ Check the tube feeding formula for:
 - Correct formula
 - Expiration date
 - If previously opened, that it has been open less than 24 hours, and was refrigerated after opening
- ✓ Determine that pump settings are correct, per physician's order (If applicable)
- ✓ Administer feeding per physician's order
- ✓ Administer amount and type of flush per physician's order
- ✓ If any formula is left over, date and time the container, cover tightly and refrigerate

Medication Administration

- ✓ Follow steps in monitoring of client (See above)
- ✓ Make sure the pharmacy is aware that medications are being administered through a feeding tube, and that all medications being given have been approved for administration through the feeding tube. This is to be done prior to the initiation of feeding tube therapy, and when any new medications are ordered. This step should be done by the agency nurse. Every check with the pharmacy should be documented by the contacting person on the Medication Administration Record (MAR) with the date, time, and the name of the person spoken to at the pharmacy
- ✓ Crush any pills being administered thoroughly
- ✓ Dissolve crushed medications in designated liquid before administering
- ✓ Stop tube feeding, if continuous pump feeding
- ✓ Administer amount and type of flush per physician's order
- ✓ Administer medication through tube
- ✓ Administer amount and type of flush per physician's order

- ✓ Leave pump off for the amount of time designated by the physician
- ✓ Restart tube feeding at designated amount of time following medication administration

Dressing changes

- ✓ Change dressing at least every 24 hours or as needed for presence of blood, drainage, or leakage on dressing, if it becomes damp or loose, or if ordered more frequently by the physician
- ✓ Follow steps in monitoring of client (see above)
- ✓ Clean the area around the tube with the solution recommended by the physician (e.g. sterile water, normal saline solution)
- ✓ Apply ointment as ordered by the physician
- ✓ Apply sterile dressing and tape if ordered
- ✓ Date, time, and initial dressing change
- ✓ Dispose of soiled dressings and dirty gloves in designated container

Equipment changes

- ✓ Any equipment used, such as bags, tubing, etc. must be changed every 24 hours
- ✓ When changing, write date, time, and initials on tape and attach to equipment
- ✓ When equipment is changed, only new formula may be used. Any formula left in the equipment when this change is made must be discarded.