

Tube Feeding Guide

Tube feedings can give you all the nutrition you need. This includes calories, protein, vitamins, minerals and water. They can also supplement your meals if you are not able to eat enough. You may receive tube feedings 2 different ways. You may receive feedings intermittently (at intervals) as a bolus feeding or continuously using a special feeding pump. This brochure will guide you on how to set up and give a tube feeding using both methods. It will also cover common problems and what to do about them.

Feeding tubes

There are several different types of feeding tubes.

- **Nasal tube (Dobhoff):** This tube enters through the nose. It passes down into the stomach or further down into the small intestine (duodenum or jejunum).
- **G-tube (gastrostomy tube) or PEG (percutaneous endoscopic gastrostomy) tube:** This tube enters the stomach through a small opening in the abdomen.
- **J-tube (jejunostomy tube):** A J-tube enters the small intestine through a small opening in the abdomen. A flat piece of plastic (anchor) holds the tube firmly against the skin. This helps it stay in place. Some J-tubes have stitches instead of an anchor.
- **GJ-tube (gastrojejunostomy tube):** This tube enters the GI tract through a small opening in the abdomen. It has 2 different parts. The “G” (or stomach) part is for medications or venting. The “J” (or jejunum) part is for feeding.

The Northwestern Memorial Hospital brochure, *Tube Care*, explains more about these tubes and how to care for them at home.

When you are discharged, a home healthcare medical supply company will arrange for the delivery of your supplies. They will also arrange for supplies as needed after that. Your home healthcare nurse will teach you how to administer your tube feedings/formula. Your feedings may be through a pump, syringe, bolus or using gravity. They will also teach you how to care for and flush your tube.

Use the *My Tube Feeding Information* page at the end of this brochure to write down the information that you will use for your tube feedings. If you have any questions about supplies, contact your medical supply company.

Preparing the work area

It is very important to prevent infection when using a tube for feeding. You will need to choose a space that will be your “work area” to do your tube feedings. Your work area should be:

- Away from household traffic and pets.
- Away from where you prepare food.

Before you start each tube feeding, please:

- Wash your hands carefully with antibacterial soap for 1 to 2 minutes.
- Clean the work area. The surface you will use to prepare your tube feeding should be clean and dry. Tables and other surfaces in your home normally have dust and some germs.
 - If the work surface is washable, clean it with soap and water, and dry with a clean towel or paper towel.
 - If the surface is not washable, wipe it free of dust and spread a clean towel or paper towels over the surface.

Formula

- For canned formula, clean the top of the can and shake well before opening. You can cover and refrigerate most opened canned formula for 24 to 48 hours (check the label for your formula). Discard any open, canned formula after that time.
- For powdered formula, mix only enough for 24 hours. You can cover and refrigerate prepared powdered formula for up to 24 hours. Discard prepared powdered formula after 24 hours.
- If you prefer, you may allow cold formula to reach room temperature before using.
- Store unopened formula in a cool, dry place.
- Use formula before the expiration date on the container.

Gravity/intermittent/bolus tube feedings

If you need tube feedings at specific times, please follow these instructions.

Set up:

1. Collect your equipment: formula, water, feeding bag, a 60 milliliter (mL) syringe and an IV pole.
2. Clean the work area and wash your hands.

Prepare the feeding bag:

1. Close the clamp on the feeding bag’s tubing.
2. Slowly pour the correct amount of formula into the feeding bag.
3. Hang the feeding bag on a pole or hook about 1 to 2 feet above your head.
4. Open the clamp and allow the formula to fill the tubing, removing all air.
5. Close the clamp.

Flush the feeding tube:

1. Uncap or unclamp the feeding tube (this is the one that goes into your body).
2. Using the syringe, flush the feeding tube with 60 mL of water, unless otherwise instructed by your physician or advanced practice provider.
3. Clamp to prevent leakage and remove the syringe.

Start the feeding:

1. Connect the tubing end of the bag to your feeding tube.
2. Open the clamp on the feeding tube (nearest your body).
3. Open and adjust the clamp on the feeding bag to let the formula drip into the tubing.
4. Use the roller clamp to control the flow of the formula until it is running at the rate you need. You can make the flow faster by slowly opening the roller clamp. You can slow the rate by partially closing the roller clamp.
5. Keep the height of the feeding bag on the IV pole about 1 to 2 feet above your head.
6. Adjust the clamp and the height of the bag to get the desired infusion rate. The higher the bag, the faster the rate. Follow your care team's order for the length of time and rate of tube feedings.

Finish the feeding:

1. When you finish the feeding, close all the clamps.
2. Remove the feeding bag.
3. Use the syringe to flush the feeding tube with 60 mL of water. Remember to unclamp the tube before and reclamp when done.
4. Finally, clean the feeding bag. Follow the guidelines from the home healthcare medical supply company.

If you use a syringe instead of a bag:

1. To flush the feeding tube, uncap or unclamp the feeding tube (this is the one that goes into your body).
2. Using the syringe, flush the feeding tube with 60 mL of water, unless otherwise instructed by your physician or advanced practice provider.
3. Clamp to prevent leakage.
4. Pull back on the plunger to draw up your prescribed amount of formula into the syringe.
5. Insert the syringe into your feeding tube and hold it above your stomach.
6. Slowly push the plunger to fill the feeding tube with formula.
7. When finished, clamp your feeding tube and remove the syringe.
8. Flush with water. Remember to unclamp the tube before and reclamp when done.

Continuous tube feeding through a pump

Follow your care team's orders for the tube feeding pump rate.

Set up:

1. Collect your equipment: formula, water, feeding bag, pump and a 60 mL syringe.
2. Clean the work area and wash your hands.

Prepare the feeding bag:

1. Close the clamp on the tubing of the feeding bag.
2. Slowly pour the formula into the feeding bag. Use only enough formula for **8 to 12 hours** at a time. If you are using prepared powdered formula, only fill your feeding bag for a **4-hour** time period.
3. Hang the feeding bag on a pole or hook about 1 to 2 feet above your head.
4. Open the clamp and allow the formula to fill the tubing, removing all air.
5. Close the clamp.
6. Connect the feeding bag tubing to the pump and turn the pump on. You may adjust the pump settings as needed.

Flush your feeding tube:

1. Uncap or unclamp the feeding tube (this is the one that goes into your body).
2. Using the syringe, flush the feeding tube with 60 mL of water.
3. Clamp to prevent leakage and remove the syringe.

Start the feeding:

1. Connect the tubing end of the bag to your feeding tube.
2. Open both tubing clamps.
3. Start the pump.

Finish the feeding:

1. When you finish the feeding, stop the pump.
2. Clamp both tubing clamps and disconnect them from each other.
3. Flush your feeding tube with 60 mL of water. Do not forget to unclamp before flushing and reclamp afterwards to avoid leakage. It is very important to flush with 60 mL of water before and after each feeding to prevent clogging.

You may receive a dual chamber pump. This allows water to infuse into your feeding tube from a separate bag. Your home healthcare nurse will help you adjust the pump settings. This will help to give you automatic water flushes throughout the infusion.

Please follow directions from the home healthcare medical supply company for cleaning tube feeding bags.

Possible tube feeding problems

This section talks about some common problems that may happen when you are getting tube feedings.

Clogged tube

Causes: A clogged tube will make it difficult or not possible to flush the tube or infuse the feeding. This can happen if you do not use enough water to flush the tube after feedings or medications. Some medications may also cause a blockage in the tube.

Action: Always flush the tube with 60 mL of water before and after each medication and feeding, as instructed. Use the full amount of water. You may use warm water.

Never use force to flush the tube. Check with your pharmacist before crushing any medications. Do not give medications through a J-tube unless your physician tells you to do so. Contact a member of your care team if the tube remains clogged.

Dehydration

Causes: This can happen when you lose more fluid than what you take in. You can lose fluids by excessive sweating, diarrhea or vomiting, or through a fistula. These things can also cause you to lose important electrolytes (minerals). You need electrolytes to maintain good health.

Symptoms: You may notice a 2- to 3-pound weight loss within 2 days, a decrease in urine output, dark urine, dry mouth, feeling thirsty, dizziness or lightheadedness when you stand up.

Action: Contact your physician or advanced practice provider if you have any of these symptoms. They will tell you how much extra water to take. Keep a daily chart with your weight, amount of formula you receive each day and amount of water you receive in the flushes (see the *My Tube Feeding Monitoring Chart* on the last page).

Aspiration

Causes: Food or fluid that enters the lungs may lead to pneumonia. This can happen if you are not in the right position during tube feedings. It can also happen if your stomach or intestines empty more slowly than usual.

Symptoms: You may have fever, vomiting, difficulty breathing or persistent coughing.

Action: Contact your physician or home healthcare nurse if you have any symptoms or suspect aspiration.

To decrease the risks of aspiration, reflux and heartburn, always keep your head above the level of your heart:

- During a tube feeding or when flushing your tube.
- For 30 to 60 minutes after you finish the tube feeding.

Diarrhea

Causes: You can have diarrhea from many different things, including infection. Your physician will help find the cause if you have a change in your bowel movements.

Symptoms: You may have frequent loose or liquid bowel movements. You may also have pain or cramping in your stomach, fever or lightheadedness. Severe diarrhea may also lead to dehydration.

Action: Contact your physician if you have more than 4 loose or liquid bowel movements a day for more than 2 days. Do not use an anti-diarrhea medication until you have talked with your physician. Some anti-diarrhea medications will clog the feeding tube or may complicate a serious infection. To decrease your risk of infection, thoroughly clean feeding bags between each use and replace them as needed.

Constipation

Causes: You may become constipated a few different ways. Some types of formulas, not enough water intake, and some medications, especially narcotic pain relievers may all lead to constipation.

Symptoms: You may have hard, dry or infrequent bowel movements. You may find yourself straining to have a bowel movement. You might also have stomach or abdominal pain or cramping.

Action: Contact a member of your care team. They will help identify the cause and suggest a course of action.

If you have any questions or concerns, please call your physician or advanced practice provider.

My Tube Feeding Information

Contacts

Home healthcare agency _____

Phone _____

Home healthcare nurse _____

Home healthcare medical supply company _____

Phone _____

Your tube feedings

Feeding tube type _____

Method of tube feeding:

- Continuous (slow drip most of the day)
- Intermittent (slow drip several times each day)
- Bolus (large amounts several times each day)

Tube feeding prescription:

- Formula name _____
- Amount of formula needed each day _____
- Amount of extra water needed each day _____
- Number of feedings each day _____
- Feeding infusion rate _____
- Feeding times _____
- Tube flushes _____ mL of water before and after each feeding.

Special instructions
