

Tube Feeding Guide

Tube feedings may provide you with 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. Tube feedings may be given intermittently (at intervals) as a bolus feeding or continuously using a special feeding pump. This brochure will help you learn how to set up and give a tube feeding using both methods. Common problems are also addressed.

Feeding tubes

There are several different types of tubes. Some may be placed in the nose and passed down to the stomach. These are called NG (nasogastric) tubes. Others may be put directly into the stomach (G-tube or PEG tube) or small intestine (J-tube). Some special tubes may consist of 2 tubes that enter both the stomach and the small intestine (G-J tube). The Northwestern Memorial Hospital brochure, *Tube Care*, explains more about these tubes and how to care for them at home.

A home healthcare medical supply company will arrange for the delivery of your supplies upon discharge and as needed after that. Your home healthcare nurse will teach you how to administer your tube feedings/formula (such as through a pump, syringe, bolus or 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. Before each tube feeding is started, please:

- Choose a work area away from household traffic and pets.
- Choose a work area away from where you prepare food.
- Wash your hands thoroughly 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. Any opened canned formula can be covered and refrigerated 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. Prepared powdered formula can be covered and refrigerated 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 feedings are to be given at specific times, please follow these instructions.

Set up:

- Collect your equipment: formula, water, feeding bag and a 60 milliliter (mL) syringe.
- Then, clean the work area and wash your hands.

Prepare the feeding bag:

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

Flush the feeding tube:

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

Start the feeding:

- Connect the tubing end of the bag to your feeding tube.
- Open the clamp on the feeding tube (nearest your body).
- Open and adjust the clamp on the feeding bag to let the formula drip into the tubing.
- 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 healthcare provider's order for the length of time and rate of tube feedings.

Finish the feeding:

- When the feeding is finished, close all the clamps.
- Remove the feeding bag.

- Use the syringe to flush the feeding tube with 60 mL of water.
- Finally, clean the feeding bag. Follow the guidelines from the home healthcare medical supply company.

If you use a syringe instead of a bag:

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

Continuous tube feeding through a pump

Follow your healthcare provider's orders for the tube feeding pump rate.

Set up:

- Collect your equipment: formula, water, feeding bag, pump and a 60 mL syringe.
- Then, clean the work area and wash your hands.

Prepare the feeding bag:

- Close the clamp on the tubing of the feeding bag.
- Slowly pour the formula into the feeding bag. Use only enough formula for **8 to 12 hours** at a time. If a powder formula has been ordered, only fill your feeding bag for a **4-hour** time period.
- Hang the feeding bag on a pole or hook about 1 to 2 feet above your head.
- Open the clamp and allow the formula to fill the tubing, removing all air.
- Close the clamp.
- 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:

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

Start the feeding:

- Connect the tubing end of the bag to your feeding tube.
- Open both tubing clamps and start the pump.

Finish the feeding:

- When the feeding is finished, stop the pump.
- Clamp both tubings and disconnect them from each other.
- Flush your feeding tube with 60 mL of water. Don't forget to unclamp before flushing and reclamp it 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 be given 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 to provide 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 discusses some common problems that may occur when receiving tube feedings.

Clogged tube

Causes: A clogged tube will cause you to have difficulty with or be unable to flush the tube or infuse the feeding. This may occur if not enough water is used to flush the tube when giving feedings or medications. Some medicines may also cause a blockage in the tube.

Action: Always flush the tube with 60 mL 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. Medications should not be given through a J-tube unless specifically instructed to do so. Contact your healthcare provider if the tube remains clogged.

Dehydration

Causes: This may occur if more fluid leaves the body than is taken in. Fluid may be lost by excessive sweating, diarrhea or vomiting, or through a fistula. You may also have lost important electrolytes (minerals) that are needed to maintain health.

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

Action: Contact your physician or healthcare 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 received each day and amount of water given in the flushes.

Aspiration

Causes: Food or fluid that enters the lungs may lead to pneumonia. This may occur if you are not properly positioned during tube feedings. It may also occur if the stomach or intestines empty more slowly than usual.

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

Action: Notify 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 the tube feeding is completed.**

Diarrhea

Causes: Increased diarrhea may be caused by many different things, including infection. Your healthcare provider 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 for more than 2 days. Do not use an anti-diarrhea medicine until you have spoken to your physician. Some anti-diarrhea medicines 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/or replace them as needed.

Constipation

Causes: Constipation may be caused by some types of formulas, not enough water intake, and some medications, especially narcotic pain relievers.

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

Action: Contact your healthcare provider. They will help identify the cause and suggest a course of action.

If you have any questions or concerns, please call your healthcare 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
