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Specialty Pharmacy & Infusion Solutions

ENTERAL FEEDINGS: GRAVITY CONTROLLED AND PUMP ASSISTED

Section: Nursing
Compliance: ACHC Infusion Pharmacy
ACHC Standards:
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Approved by, Title and Date Approved: Kathleen Patrick, President 1/1/21, 5/1/21

I. POLICY

Gastrostomy, jejunostomy, and nasogastric tube feedings may be given by the nursing staff.

Gravity controlled feeding can be intermittent feedings. Intermittent feedings can be given by syringe or feeding bag. Syringe feedings are usually given over a 20-to-30-minute period; bag feedings are usually given over 30 to 60 minutes. Volume should not exceed 350 ml of formula.

Continuous tube feedings are usually given by pump assistance and should not exceed 125 ml/hr. The bag and tubing should be changed every 24 – 72 hours. A pump must be used with a jejunostomy tube to prevent dumping syndrome. Pump associated feedings can also be used for intermittent or cyclic feedings.

II. PROCEDURES

All patients for enteral nutrition will meet with clinical admission criteria as well as specific criteria for Enteral nutrition.

A. Intermittent (Syringe):

1. Supplies:

   a. Feeding formula at room temperature
   b. Feeding bag with tubing or irrigation syringe (no bag for syringe)
   c. Water at room temperature
   d. IV pole (only if using bag) No pole needed for syringe
   e. Stethoscope
   f. Tape (not necessary for syringe)
   g. Towel
   h. Catheter tip syringe
   i. Gloves

2. Explain procedure to patient.

3. Wash hands and gather supplies on clean, dry surface.
4. Place the patient in a high or semi-Fowler position.
5. Place towel on patient's chest.
6. Confirm placement of the feeding tube.
7. Aspirate stomach content with a syringe. If more than 100 mls. of previous feeding is aspirated notify physician. (Cannot check residuals in jejunostomy tube or skin level gastrostomy tubes.)
8. Assess abdominal status including but not limited to fullness, distention, bowel sounds
9. When using syringe, connect syringe to tube without the plunger. Slowly pour formula into syringe allowing it to flow in by gravity.
10. Observe patient for nausea, stomach cramps or feeling of fullness. Lower syringe to slow feeding.
11. Pour additional formula into syringe until prescribed amount is completed. Do not force feeding into tube.
12. Flush tube with 30-50 mls. (or according to fluid restrictions) of water after feeding to prevent clogging:
    a. Before and after aspirating gastric contents
    b. Before and after each intermittent or syringe feeding
    c. Every 4-6 hours during continuous feeding
    d. Before and after medication administration (5-10 ml) between each dose/medication
    e. Anytime feeding is finished or stopped to prevent clogging

13. Do not mix meds with formula
14. Plug or clamp tube.

B. Intermittent (Gravity):

1. Supplies:

    a. Feeding formula at room temperature
    b. Feeding bag and tubing
    c. Irrigating syringe
    d. Water at room temperature
    e. IV pole
    f. Stethoscope
    g. Tape
    h. Towel
    i. Gloves

2. Explain procedure to patient.
3. Wash hands and gather supplies on a clean, dry surface. Put on gloves.
4. Place the patient in a high or semi-Fowler position.
5. Place towel over patient's chest.
6. Check placement of the feeding tube.
7. Assess abdominal status (including but not limited to bowel sounds, fullness, distention).

8. Flush tube with 30 ml's of water.
9. Close clamp on tubing; attach tubing to bag if not preassembled.
10. Pour feeding solution into bag. Seal bag or container tightly.
11. Open clamp and purge tubing making sure that drip chamber is half full.
12. Connect tubing to the feeding tube using an adaptor, if necessary. Tape tubes at connection site.
13. Open clamp and adjust drip rate as per feeding order. If pump is used, thread tubing as per manufacturer's instructions. Set rate.
14. Pour in additional formula when necessary (or change closed system as directed).
    NOTE: If using closed system, follow manufacturer's instructions.'
15. Irrigate tube every 4-6 hours with 30-50 mls. of water during infusion to prevent clogging and provide adequate water intake or as per fluid restriction.
16. Always flush tube with 30-50 mls. of water if feeding is discontinued or as per fluid restriction.
17. Patient should remain at 30-degree angle during feeding to prevent aspiration.
    NOTE: Continuous feedings is not recommended via a nasogastric tube unless specifically ordered by physician. Due to higher risk of displacement, close monitoring is required.

C. Pump Assisted (Continuous, Intermittent, Cyclic)

1. Supplies:

    a. Feeding formula at room temperature
    b. Feeding bag and tubing
    c. Irrigating syringe
    d. Water at room temperature
    e. IV pole and clamp for pump if needed
    f. Stethoscope
    g. Enteral infusion pump
    h. Tape
    i. Towel
    j. Gloves

2. Explain procedure to patient.
3. Wash hands and gather supplies on a clean, dry surface. Put on gloves.
4. Place the patient in a high or semi-Fowler position.
5. Place towel over patient's chest.
6. Check placement of the feeding tube.
7. Assess abdominal status (including but not limited to bowel sounds, fullness, distention).
8. Flush tube with 30 ml's of water.
9. Close clamp on tubing; attach tubing to bag if not preassembled.
10. Pour feeding solution into bag. Seal bag or container tightly.
11. Prime and thread tubing as per manufacturer's instructions.
12. Connect tubing to the feeding tube using an adaptor, if necessary. Tape tubes at connection site.

13. Open clamp and adjust drip rate as per feeding order. Set rate. Continue to follow pump directions.
14. Pour in additional formula when necessary (or change closed system as directed).
    NOTE: If using closed system, follow manufacturer's instructions.
15. Irrigate tube every 4-6 hours with 30-50 mls of water during infusion to prevent clogging and provide adequate water intake or as per fluid restriction.
16. Always flush tube with 30-50 mls of water if feeding is discontinued or as per fluid restriction.
17. Patient should remain at 30-degree angle during feeding to prevent aspiration.

D. Documentation and Assessment should Include:

1. Type of feeding tube
2. Appearance of tube
3. Amount and duration of feeding administered, method of administration
4. Patient response to feeding, problems experienced, and actions taken, as applicable
5. TPR, BP
6. Patient weight
7. Patient/Caregiver instruction
8. Physician communication, if applicable