

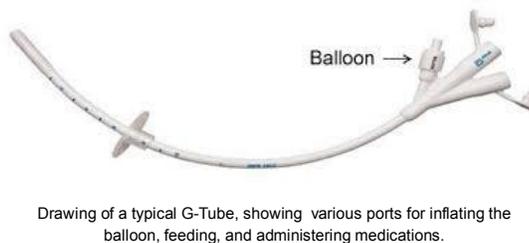
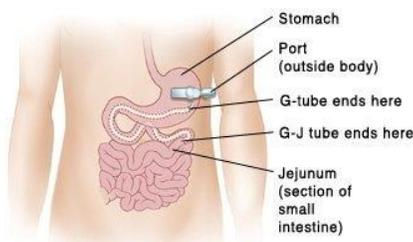
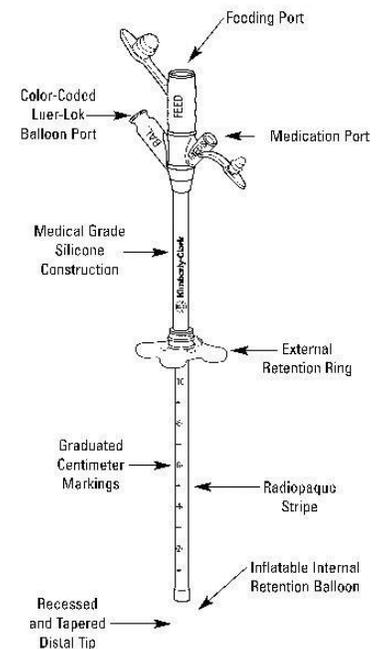
Introduction

Feeding tubes are often given to those who have trouble swallowing or cannot take food or medicine by mouth. Possible reasons for placement of a feeding tube may be due to any of the following:

- Dysphagia
- Central Nervous System problems
- Severe cerebral palsy
- Burns
- Head trauma
- Inherited metabolic disorders
- Gastrointestinal diseases
- Severe gastro-esophageal reflux (GERD)
- Disorders of the esophagus
- Cancer
- Abnormalities of the GI tract

Tube Feeding Methods

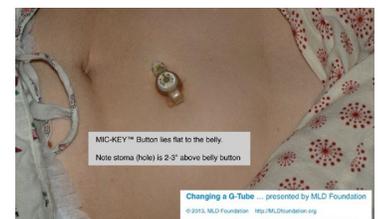
- Nasogastric tube (NG Tube) is inserted into a nostril, down the throat and esophagus and into the stomach. It is used for short-term therapy only.
- Gastrostomy tube (G-tube /PEG tube) is inserted through a surgical opening in the abdominal wall to the stomach.
- Gastro-jejunum tube (G-J tube) is inserted through a surgical opening in the abdominal wall into the upper small intestine.



The information provided here will concentrate on the G-tube/PEG tube or the G-J tube. The G-Tube remains in place at all times and is clamped between feedings. There are many names for G-tubes such as PEG tubes, Buttons, and Mic-key skin level gastrostomy tubes.

Reasons for choosing a g-tube are:

- The ability to provide additional calories
- No nasogastric tubes are needed
- Less time is spent giving feedings
- Feedings can be done at night when the person is sleeping



Gastronomy Tube Care (follow physician's instructions)

Common practice for G-Tube care is as follows:

- wash your hands with soap and water
- apply gloves
- remove the old dressing, if any (some styles of G-tubes may need a dressing inserted between the skin and the G-tube, while other types of G-tubes do not require a dressing. Ask your health care provider if a dressing is needed.)
- check the area where the tube enters the skin (insertion site) for redness, swelling, or pus-like drainage (a small amount of clear or tan liquid drainage is normal)
- check to make sure scar tissue (skin) is not growing around the insertion site - this could have a raised, bumpy appearance
- use a cotton swab to clean the skin around the tube (when the G-tube is first put in, a normal saline solution or water can be used to clean the skin; mild soap and warm water can be used when the skin around the G-tube site has healed) - roll the cotton swab around the G-tube insertion site to remove any drainage or crusting at the insertion site; dry the area well with clean gauze

Notify the physician if the skin is red, swollen, warm to touch, or any sores or pus is noted around the tube.

Aspiration

Be aware that when a person has a feeding tube they can aspirate, which means the feedings and medications they are receiving can go into the respiratory tract and



into the lungs. **Proper positioning of the person during and after tube feeding and medication administration is very important in preventing aspiration.** The

person's upper-body should be raised at least thirty degrees during feeding and medication administration and at least thirty minutes after.

Follow the specific physician's orders for each person. If any of the following signs or symptoms are observed, contact the physician immediately!

- coughing
- chest pain
- wheezing
- shortness of breath, rapid or effortful breathing
- fever
- respiratory distress during feeding, flushing the tube, or giving medication
- chills
- bloating or rigid abdomen (belly feels hard when gently pressed)
- vomiting or coughing during feeding

If the physician is not available, take the person to the emergency room.

Stomach Residuals

Feeding tube residuals are the amount of liquids that are in the stomach at any given time. Residuals may be checked before giving feedings or medications, or as instructed by the physician. Ask the physician if there are instances when you would not start tube feedings, depending on the amount or type of con-

tents withdrawn from the stomach. Check residuals by attaching a syringe to the G-tube and pull back on the syringe plunger. Note the amount and return the residual back into the stomach. **(only check for residual if ordered by physician)**

Flushing the G-Tube

The G-tube should be flushed with **warm water** to keep it from clogging. Flushing the G-tube before and after feeding is very important to keep the tube open. Follow the physician's orders for the amount of flush to use. The average amount to be flushed is 50 to 100cc's of water before and after the feedings and before and

after medication administration. Draw up the amount of warm water in a syringe. Connect the syringe to the G-tube and slowly push the water into the tube. Do not push feedings, medications, or flushes rapidly. Flush the G-tube gently and slowly. Only use syringes made for G-tubes to flush medications or feedings. The physician

may want the G-tube flushed more often or with more water. If this is the case, follow your health care provider's instructions. If you start then stop a feeding for any reason, you should flush the tube. Be sure to **avoid using cold water** for flushing. Instilling cold fluids can be very painful to the person.

Feeding

The physician will determine whether feedings are given as a bolus (a certain amount given at one time and at scheduled times) or whether feedings will be given continuously via feeding pump. Formulas should be given at room temperature. If feedings are continuous, no more than four hours' worth of feedings should be placed in the feeding bag. This helps

prevent spoilage or accidental excess infusion. Cover and place unused formula in the refrigerator. If feedings are continuous, stop the feedings when medications or flushes are given. Be sure to restart the feedings. Feeding bags and syringes should be replaced as instructed by the health care provider.

Giving Medication

It is best if all medications are in a liquid form for G-tube administration. Liquid medications are less likely to clog the G-tube. Flush the tube prior to medication administration per the physician's orders. Mix the liquid medication with the amount of warm water ordered by the physician. Draw up the medication into the syringe. Attach the syringe to the G-tube and slowly

push the mixture into the G-tube. After giving the medication, draw up the amount of warm water ordered by the physician in the syringe and slowly flush the G-tube. For pills, check with the physician first before crushing any medications, as some pills are not effective if they are crushed. If appropriate, crush the pill and mix with the amount of warm water

ordered by the physician. Contact the pharmacist if you are concerned whether a pill can be crushed, or a capsule can be opened, or to see if the medication is available in liquid form. Using the syringe, slowly push the medication through the tube. Flush the tube with the amount of warm water ordered by the physician.

Common complication of tube feeding:

A clogged feeding tube that can't be opened must be replaced, which is costly to the client both physically and financially. Preventing the clog can head off any potential problems.

Possible causes include: calorically dense formulas: when a dense formula is delivered in a slow, uneven infusion (such as via gravity) formula coagulation (clotting) is more likely; small-bore (opening) feeding tubes: the smaller the opening of the feeding tube the greater the risk of clogging; and medications that have not been properly crushed.

Prevention is the best policy:

Flushing well before and after feeding and before and

after medication administration is the most important prevention. If the tube is beginning to run slowly there are a few things that may be tried but **must have a doctor's order:**

- Infusing a carbonated beverage through the tube helps to clean out the tube
- ¼ tsp of meat tenderizer mixed with 10cc of water can be injected into the tube to dissolve the clog
- Flush a continuous feeding with water every four hours during the feeding

Never try to forcibly open a clogged tube. If the tubing is clogged and the above does not open it CALL THE PHYSICIAN!!!

Prevention of tube dislodgment:

- Secure tubes using specific abdominal binders for g-tubes (with a doctor's prescription)
- Secure tubes with gauze covering over the site and taping the tubing to the abdomen (with a doctor's order)
- Use safety measures and awareness during activities of daily living

Take the person to the emergency room if:

- Tube is pulled out. Cover the opening with a clean dressing and tape and take the person to the emergency room, along with the tube that was pulled out (so physician is aware of the type of tube being used). The tube should be replaced as soon as possible (within four hours) so the opening does not close. **An x-ray needs to be done to confirm placement before the tube can be used again.**
- Tube feels loose, or the size of the opening where the tube enters the skin increases
- There is blood around the tube, in stool, or in contents of the stomach
- Tube becomes clogged or blocked and you cannot clear it

Notify the physician if the following occurs:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Vomiting or coughing during feeding • Bloating or rigid abdomen (belly feels hard when gently pressed) • Diarrhea • Fever of 100 degrees or higher (or as directed by physician) • Shaking chills • Redness, swelling, leakage, sores, or pus around | <ul style="list-style-type: none"> • the tube • Red, rough tissue around the tube site • Coughing • Respiratory distress (rapid or labored breathing, shortness of breath, noisy breathing) during feeding, flushing the tube, or giving medication • Constipation that lasts more than 48 hours • Skin that is red, warm, or tender around the tube |
|---|--|

Mouth care is a priority, not just a comfort measure, for someone who can't eat or drink by mouth. Mouth care improves the person's quality of life and decreases the risk of pneumonia. The gums need to be exercised in order to maintain good health. Plaque

can cause destruction of tooth enamel and infection of the gums, which can progress into a systemic infection and ultimately cause death. Regular mouth care should be done at least twice a day.

Feeding Tubes Test

Name: _____

Role/Title: _____

Agency: _____

Date: _____

Please provide contact information (email address, fax number, or mailing address) where you would like your certificate to be sent:

You must submit your completed test, with at least a score of 80%, to receive $\frac{1}{2}$ **hour** of training credit for this course.

- * To submit via fax, please fax the test and evaluation to 814-728-8887. Please fax only the test and evaluation, not the entire training packet.
- * To submit via email, please send an email to HCQUNW@MilestonePA.org. Please put “Feeding Tube Test” in the subject line, and the numbers 1—10 along with your answers, job title, and agency in the body of the email, OR scan the test and evaluations pages and email as attachments.
- * To submit via mail, send the test and evaluation pages to Milestone HCQU NW, 247 Hospital Drive, Warren PA 16365.

Knowledge Assessment:

1. It is very important to flush the G-Tube before and after each feeding. True False
2. You should flush the G-Tube with cold water. True False
3. Oral hygiene is very important for the person receiving tube feedings. True False
4. If the tube is clogged you should forcibly flush it to open it. True False
5. The person should be lying flat during feedings. True False
6. If the G-Tube becomes dislodged you should take the person and the tube to the emergency room.
True False
7. A possible reason for a clogged feeding tube is improperly crushed medications. True False
8. If a tube needs to be replaced an x-ray needs to be done to confirm placement before the tube can be used again. True False
9. Feedings should be at room temperature. True False
10. Using safety measures and awareness during activities of daily living can help prevent tube dislodgment.
True False

Home Study Evaluation

Training Title: Feeding Tubes

Date: _____

- | | |
|--|---|
| <input type="checkbox"/> Direct Support Professional | <input type="checkbox"/> Provider Administrator/ Supervisor |
| <input type="checkbox"/> Program Specialist | <input type="checkbox"/> Provider Clinical Staff |
| <input type="checkbox"/> Consumer/Self-Advocate | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Support Coordinator | <input type="checkbox"/> Support Coordinator Supervisor |
| <input type="checkbox"/> PCH Staff/Administrator | <input type="checkbox"/> County MH/MR/IDD |
| <input type="checkbox"/> FLP/LSP | <input type="checkbox"/> Other (please list): _____ |

Please circle your PRIMARY reason for completing this home-study training:

It's mandatory interested in subject matter need training hours convenience

Please circle the best response to each question.

5 = Strongly Agree 4 = Agree 3 = Undecided 2 = Disagree **1 = Strongly**

- | | | | | | |
|---|---|---|---|---|---|
| 1. As a result of this training, I have increased my knowledge. | 5 | 4 | 3 | 2 | 1 |
| 2. I learned something I can use in my own situation. | 5 | 4 | 3 | 2 | 1 |
| 3. This training provided needed information. | 5 | 4 | 3 | 2 | 1 |
| 4. The training material was helpful and effective. | 5 | 4 | 3 | 2 | 1 |
| 5. Overall, I am satisfied with this training. | 5 | 4 | 3 | 2 | 1 |
| 6. I am glad I completed this training. | 5 | 4 | 3 | 2 | 1 |

Suggestions for improvement: _____

Additional information I feel should have been included in this training: _____

I would like to see these topics/conditions developed into home-study trainings: _____