

FEEDING TUBES

What you need to know

Feeding tubes are often given to those who have trouble swallowing or cannot take food or medicine by mouth. Methods of tube feeding can be:

- Nasogastric tube (NG tube): inserted into a nostril, down the throat and esophagus and into stomach
- Gastrostomy tube (G-tube /PEG tube): inserted through a surgical opening in the abdominal wall to the stomach
- Gastro-jejunum tube (G-J tube): inserted through surgical opening in the abdominal wall into the upper small intestine

The information provided here will concentrate on **awareness** of what to do if there is a problem with a feeding tube.

Prevention of tube dislodgment:

- Secure tube by using specific abdominal binders for g-tubes (with a doctor's prescription)
- Secure tube with gauze covering over the site and tape 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 the tube:

- is pulled out: cover the opening with a clean dressing and tape, take the person *and the tube* to the emergency room, (so physician is aware of the type of tube being used). The tube should be replaced within 4 hours so the opening does not close. **An x-ray needs to be done to confirm placement before the newly-placed tube can be used.**
- feels loose, or the size of the abdominal stoma is too large to fit snugly around the tube.
- becomes clogged or blocked or cannot be cleared/flushed.
- Or if there is blood around the tube, in stool, or in the stomach contents.

Notify the physician if the any of the following should occur:

- Vomiting or coughing during feeding
- Bloated or rigid abdomen (belly feels hard when gently pressed)
- Fever over 100°F, shaking, or chills
- Redness, swelling, leakage, sores, or pus around the tube
- Red, rough, or encrusted tissue around the tube site
- Respiratory distress during feeding, flushing the tube, or giving medication
- Constipation that lasts more than 48 hours, or episodes of diarrhea.

Aspiration: Be aware that when a person has a feeding tube he/she can aspirate, which means the feedings and medications he/she is receiving can go into the respiratory tract and into the lungs. Proper positioning of the person during and after tube feeding and medication administration are very important in preventing aspiration. The person's head should be raised at least thirty degrees during feeding and medication administration and for at least thirty minutes after. **Follow the physician's orders for each person.** Contact the physician immediately or call 911 for any of the following signs or symptoms:

- Coughing
- Shortness of breath, rapid or effortful breathing
- Chest pain
- Respiratory distress during feeding, flushing the tube, or giving medication
- Wheezing
- Bloated or rigid abdomen (belly feels hard when gently pressed)
- Fever or Chills
- Vomiting, coughing, or choking during feeding