

Tube Feedings Tips and Tricks

Enteral feeding tubes are used when patients are unable to eat or cannot get enough nutrition on their own. Tubes can be inserted through the nose or through surgical incisions in the abdomen.

Position patient

Patients should be upright at least 30–45 degrees during feedings and for 1hr after to prevent aspiration and regurgitation.



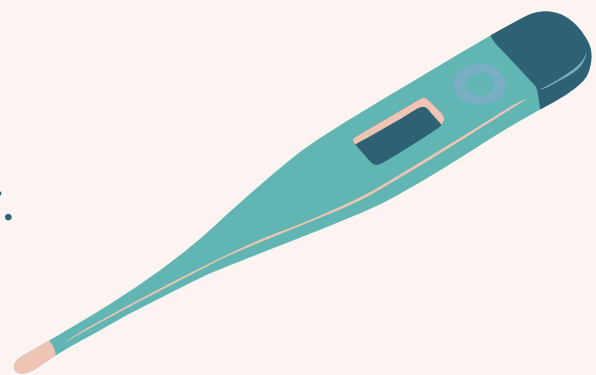
Wash your hands

Poor hygiene amongst other reasons (spoiled formula, fast rate) can cause diarrhea in the patient.



Check fluid temperature

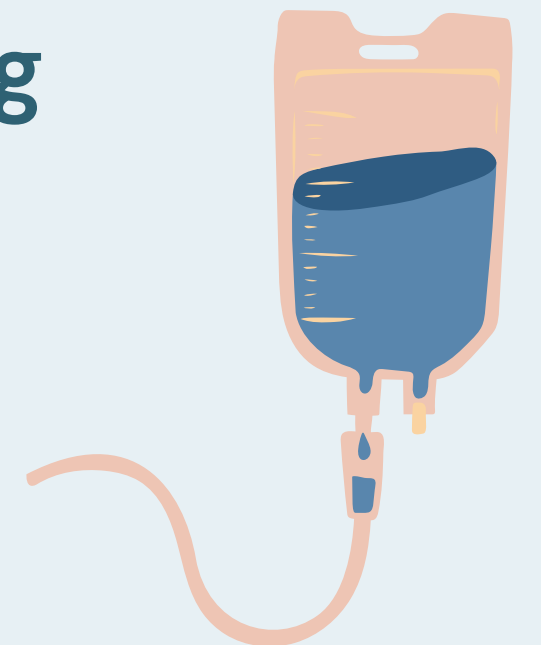
Instilling cold water or cold formula into a patient can cause abdominal cramping. Fluids should be room temperature.



Clamp the tubing

The pressure inside the body can cause the contents of the tube to shoot out when opened.

If the tube does not have a clamp, pinch the tubing with your fingers.



Perform oral care

Keeping oral membranes clean helps prevent infections and reduces irritation. Some hospitals have throat sprays that can help with NGT soreness.

Leave a gap

Drawing up some air in the syringe will allow you to push the last bit of fluid stuck in the tip at the end.



Unclogging tubes

The #1 reason tubes get clogged is that they are not flushed properly. Flush with 60mL of lukewarm water before and after all feedings and medications.

Other ways to unclog tubes:

- draw meds up with a filter needle
- let warm water sit in the tube for 10 mins, then apply strong pressure
- alternate between pushing and pulling the syringe

If tube still remains clogged, the provider may order an activated pancreatic enzyme solution to be administered.

Other tips • Make sure meds can be crushed, never mix formula with meds, shake formula well, wipe the opening of the formula container, discard any opened formula after 24hrs