POLICY & PROCEDURE NUMBER:
DEPARTMENT: *Nursing* **SUBJECT***: Enteral Feeding*

APPROVAL DATE: **REVISION DATE: March 2015; Oct. 2019**
REVIEW DATE: Dec. 2020; March 2022; March 2023

PURPOSE:

Enteral feeding (nutritional liquid feed given through a tube surgically placed in the stomach) will be provided through a pump system to provide hydration and nutrition when it cannot be accomplished orally. Registered staff will provide the feeding as ordered by the physician.

All residents that require enteral feeding will be fed by a closed system and will receive appropriate treatment minimizing the potential for complications.

PROCEDURE:

1. Nursing will administer feeding as ordered by the physician. The order will require:
   - Type of formula
   - Quantity to be given in 24hrs
   - Time and rate of administration
   - Direction for flushing tube including ml before and after feeding and administration of medications

2. Nursing will request dietitian consultation to monitor for weight gain/loss, or gastrointestinal intolerance to feeds.

3. Explain the procedure to the resident and provide privacy.

4. Position resident in Semi-Fowlers or Fowler's position.

5. Check solution and date of expiry. Label with residents' name, date and start time and registered staff initial.

6. Solution and flush are hung according to the directions of the closed feeding system using a pre-programmed pump.

7. Prior to starting feed, check feeding tube position and any obstruction by injecting 20cc of air from a large syringe into the gastric tube, listen with a stethoscope for the "swooshing" sound into the upper left quadrant of the abdomen; or gently aspirate for residual fluid with a large syringe.

8. Elevate the head of the bed 30-40 degrees during administration of the tube feeding and at least 30-40 minutes after the feeding is completed to allow for normal digestive process.

9. Start pump, monitor resident closely. Record procedure and resident response in Point Click Care (PCC) and intake on Point of Care (POC).

10. Report any symptoms of distress such as nausea, vomiting, aspiration, unexplained pain or coughing to physician and stop feeding.

11. Formula is changed after 48 hours or when the bottle is empty.

12. Gastric tubes can become blocked with retained feeding, improperly administered medications or insufficient flushing following medication administration. If feeding does not flow adequately attempt to irrigate with 100 ml of tap water. If unable to pass fluid or aspirate contents, notify attending physician and obtain direction/order.

13. If tube is pulled out or becomes dislodged, cover stoma with gauze and notify physician immediately as the stoma begins to contract within 2-4 hours.

14. The feeding tube (a latex or silastic catheter) will be replaced by the physician or another designated person who has been trained, skilled and directed to perform the procedure.

ADMINISTERING MEDICATIONS:

1. Whenever possible, administer liquid forms of medications through the feeding tube via the medication port.

2. If tablets are used, crush finely and mix with 20- 30cc of lukewarm water.

3. Do not mix medications if possible. Dilute viscous medications with 20-30cc of lukewarm water.

4. Using a piston 60 cc syringe, administer medication directly through the adapter. Never add medication to the tube feeding formula. Flush the tube with 20-30cc of lukewarm water before and after administering medication.

SPECIAL CONSIDERATIONS:

- Antacids — administer directly to stomach – tubing cannot be smaller than #10 French
- Antibiotics — some are given with food and some on empty stomach
- Bulk-forming Agents — AVOID as they quickly congeal when mixed with water
- Dilantin — stop feeds one to two hours before and after administration to enhance absorption
- Theophylline — may be poorly absorbed with continuous feedings
- Warfarin — tube feeding solutions contain Vitamin K, which is an antagonist to warfarin, therefore requires careful monitoring of blood levels
- KCL elixir — mix with at least 15ml water because it is irritating and a hypertonic solution

Reference:

Potter P. & Perry A.(1999). Basic Nursing. A Critical Thinking Approach, 4th Edition. Mosby Inc. USA. Page 966-967.