

Policy / Procedure	Facility:
Subject: Feeding Tubes	Effective:
Approved by:	Date:
Revision:	Date:

1. For any new order to insert a feeding tube, there must be documented evidence in the resident's chart that the facility was not able to maintain or improve the resident's nutritional status through oral intake.

- a. There must be a physician's order for insertion of a new feeding tube.
- b. Registered Nurses are the only staff members authorized to insert feeding tubes.

2. Physician's orders for a feeding tube must state:

- a. Type and size of tube
- b. Feeding formula
- c. Total calories per day
- d. Amount, rate, and frequency of formula
- e. Type, amount, and frequency of flushes

3. Every resident with a feeding tube must be monitored by a registered Dietician.

4. Licensed Nurses are the only members authorized to:

- a. Administer fluids and medications into feeding tubes
- b. Disconnect or reconnect feeding tubes
- c. Identify and set up equipment and formula administration
- d. Monitor and adjust flow rates
- e. Flush feeding tubes
- f. Set or change any settings on formula pumps
- g. Remove feeding tubes or disconnect tubing

5. Licensed Nurses will not delegate any of the above tasks to any other staff members.

6. Residents receiving tube feedings must have:

- a. The head of the bed elevated 30 degrees at all times unless contraindicated.

- b. Oral care every shift
- c. Weekly weights

7. Formulas

- a. Check the manufacturer's expiration date before use.
- b. Cover and refrigerate formula after it is opened as recommended by the manufacturer.
 - i. Date and initial the container.
 - ii. Discard opened formula not used within 24 hours.

8. Infusion Feeding Pumps

- a. Formulas given as continuous feeding must be administered by an infusion feeding pump.
- b. Refer to the pump's manufacturer instructions in the policy and procedure manual.
- c. Instruct the unit's staff members that they must:
 - i. Inform the Unit Nurse whenever the pump alarms sound.
 - ii. Inform the Unit Nurse whenever the resident must be moved or needs a procedure that would require the tubing or pump to be disconnected.
- d. Instruct the unit's staff members that they must Not:
 - i. Disconnect or reconnect any tubing from the pump
 - ii. Change any settings on the pump
 - iii. Turn the pump alarm off
 - iv. Turn the pump on or off

9. Tubing, Bags, and Syringes

- a. Change bags, tubing, and syringes at least every 24 hours.
- b. Label all bags, tubing, and syringes with date and initials.

10. Verify tube placement:

- a. Every shift
- b. Before administering formula
- c. Before administering medications
- d. Before flushing

11. Flush the tube per physician's orders. The tube should be flushed:

- a. At least once every shift
- b. Before and after bolus administration of formula
- c. Before and after administration of medications

12. Medications

- a. Check medications and formulas to make sure they are compatible, as certain combinations will cause clotting of formulas.
- b. Medications should be in liquid form whenever possible.
- c. If the medication is in tablet form, check that it is permissible to crush it.
- d. Dissolve crushed medications in water before administering.
- e. Do not crush enteric coated tablets.
- f. Administering medications:
 - i. Stop the feeding.
 - ii. Confirm tube placement by aspirating a small amount of gastric contents. Placement may also be confirmed by injecting 5-10 cc of air into the tube, and listening to air entering the stomach.
 - iii. Flush the tube with 30 cc of water unless the physician's order states otherwise.
 - iv. Administer the medication.
 - v. Flush with 30 cc of water.
 - vi. Continue the feeding.

13. Dressings

- a. Change dressings at least every 24 hours unless the physician's order states otherwise.
- b. Replace dressings when they become damp, loose, or soiled.
- c. Use sterile or non-sterile clean gloves during dressing changes.
- d. Clean the tube insertion area with normal saline or other solution prescribed by the resident's physician.
- e. Apply ointment as prescribed by the physician.
- f. Apply sterile, dressing and tape.
- g. Date, time, and initial the dressing when it is applied or changed.
- h. Document the dressing change in the resident's chart.

14. Monitoring and Documentation

- a. Check every shift the:
 - i. Resident
 - ii. Placement and patency of tube
 - iii. Insertion site and dressing
 - iv. Tubing
 - v. Bag
 - vi Pump
- b. Monitor for the following, and document in the resident's chart:
 - i. Tube intact and patent
 - ii. Gastrointestinal assessment which includes evaluation of :
 - Bowel sounds
 - Abdominal distention
 - Nausea or vomiting
 - Cramps or diarrhea
 - Constipation
 - iii. Hydration assessment
 - iv. Pump running correctly
 - v. Type of formula and medications are as ordered
 - vi. Flow and rate as ordered
 - vii. Dressing intact, free of blood or drainage

15. Intake and Output

- a. Keep strict intake and output for any resident receiving tube feeding.
- b. A log of formula administration must be included in the resident's Medication Administration Record (MAR).
- c. At the end of the shift, record exactly how much of the formula, flushes, and medications the resident received.
- d. These amounts should be added for totals at the end of night shift.

16. The resident's physician must be notified if the tube becomes clogged or displaced.