

Table of Contents

Introduction v

Policies are in the book in alphabetical order, with title and page number in bottom right corner of each page.

Abuse

Activities of Daily Living ADLs

Admissions

Advance Directives

Airborne Precautions

Ambulation

Blood Glucose Monitoring

Bowel Movement Protocol

Care Area Assessments

Care Plan Completion

Care Plan Conferences

Contact Precautions

Covid-19 Virus Prevention

Dental Care

Director of Nursing Job Description

Discharges

Droplet Precautions

Fall Prevention Program

Falls, Post-Fall Protocol

Feeding Residents

Feeding Tubes

Glasses

Hearing Aids

Hydration

Incident Reports

Incontinence Care

Infection Control Nurse Job Description

Influenza Immunization

Informed Consent

Intravenous Therapy

Laboratory Services

Linens

MDS Coordinator Job Description

Meals and Dining Room

Medication Administration

Medication Errors

Medication Orders

Medication Storage and Handling

Medications, Adverse Consequences

Medications, Narcotics

Medications, Pharmacy Consultant

Medications, Psychotropics

Medications, Self-administration

Needles and Sharps

Nursing Documentation

Nursing Reports

Nursing Staff

Oxygen

Pain Care

Physician Services and Medical Director

Pneumonia Vaccine

Pressure Ulcers

Professional Communication and Sexual Harassment

Quality Assurance Director Job Description

Range of Motion

Resident Assessments

Resident Rights

Restorative Nurse Job Description

Restraints Program

Skin Care

Smoking

Staff Development Director Job Description

Standard Precautions

Suctioning

Therapeutic Environment

Toileting Programs

Tracheostomy Care

Transfers and Lifts

Tuberculosis Testing

Turning and Positioning

Urinary Catheter Care

Urinary Catheter Insertion

Wandering

Weight Loss

Workplace Violence

SKILLED CHARTING GUIDELINES

Skilled Charting Guidelines are in Alphabetical Order

Behavior

Cardiac Care

Cognitive Impairment

Dehydration

Depression

Diabetes

Dialysis

Fever

IV Feeding

IV Medication

Occupational Therapy

Oxygen Use

Paralysis

Physical Therapy

Respiratory Therapy

Restorative Nursing

Speech Therapy

Suctioning

Tracheostomy Care

Tube Feeding

Vomiting

Weight Loss

Wound Care

References vi

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.
2. There must be a **Physician's Order** for insertion of a new feeding tube that states:
 - Type and size of tube
 - Feeding formula
 - Total calories per day
 - Amount, rate, and frequency of formula
 - Type, amount, and frequency of flushes
3. Every resident with a feeding tube must be monitored by a registered **Dietician**.
4. **Registered Nurses** are the only staff members authorized to insert feeding tubes.
5. **Licensed Nurses** are the only members authorized and will not delegate any other staff members to:
 - Administer fluids and medications into feeding tubes
 - Disconnect or reconnect feeding tubes
 - Identify and set up equipment and formula administration
 - Monitor and adjust flow rates
 - Flush feeding tubes
 - Set or change any settings on formula pumps
 - Remove feeding tubes or disconnect tubing
6. **Residents receiving tube feedings must have:**
 - The head of the bed elevated 30 degrees at all times unless contraindicated.
 - Oral care every shift
 - Weekly weights
7. To safely administer feeding tube **Formulas**, the licensed nurse will:
 - Check the manufacturer's expiration date before use.
 - Cover and refrigerate formula after it is opened as recommended by the manufacturer.
 - Date and initial the container.
 - Discard opened formula not used within 24 hours.

8. Formulas given as continuous feeding must be administered by an **Infusion Feeding Pump**. The licensed nurse will:

Refer to the pump's manufacturer instructions in the policy and procedure manual.

Instruct the unit's staff members that they must Inform the Unit Nurse whenever the :
Pump alarms sound.

Resident must be moved or needs a procedure that would require the tubing or pump to be disconnected.

Instruct the unit's staff members that they must Not:

Disconnect or reconnect any tubing from the pump

Change any settings on the pump

Turn the pump alarm off

Turn the pump on or off

9. the licensed nurse will **Change Tubing, Bags, and Syringes** at least every 24 hours, and label all with date and initials.

10. The licensed nurse will **Verify Tube Placement** every shift and before administering medications or formula and before flushing.

11. The licensed nurse will **Flush the Tube** per physician's orders. The tube should be flushed:

At least once every shift

Before and after bolus administration of formula

Before and after administration of medications

12. To administer **Medications and Formulas** safely, the licensed nurse will:

Check to make sure they are compatible, as certain combinations will cause clotting of formulas.

Medications should be in liquid form whenever possible.

If the medication is in tablet form, check that it is permissible to crush it.

Dissolve crushed medications in water before administering.

Do not crush enteric coated tablets.

13. Steps for **Administering Medications safely**:

Stop the feeding.

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.

Flush the tube with 30 cc of water unless the physician's order states otherwise.

Administer the medication.

Flush with 30 cc of water.

Continue the feeding.

14. The licensed nurse will **Change Feeding Tube Dressings** at least every 24 hours unless the physician's order states otherwise.

Replace dressings when they become damp, loose, or soiled.

Use sterile or non-sterile clean gloves during dressing changes.

Clean the tube insertion area with normal saline or other solution prescribed by the resident's physician.

Apply ointment as prescribed by the physician.

Apply sterile, dressing and tape.

Date, time, and initial the dressing when it is applied or changed.

Document the dressing change in the resident's chart.

15. The licensed nurse will **Monitor and Document** in the resident's record every shift:

Placement and patency of tube and bag

Pump running correctly

Type of formula and medications are as ordered

Flow and rate as ordered

Insertion site and dressing intact, free of blood or drainage

Hydration assessment

Gastrointestinal assessment which includes evaluation of :

Bowel sounds

Abdominal distention

Nausea or vomiting

Cramps or diarrhea

Constipation

16. the licensed nurse will keep Strict **Intake and Output** for any resident receiving tube feeding.

A log of formula administration must be included in the resident's Medication Administration Record (MAR).

At the end of each shift, record exactly how much of the formula, flushes, and medications the resident received.

These amounts should be added for totals at the end of night shift.

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