POLICY NUMBER: 1-R-56

Section: Gastroenterologic and Ostomy Care

P&P – **Gastrostomy Tube Feeding**

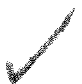
Policy:

The patient/caregiver will be taught to perform G-tube feeding independently as soon as they are able.

Instruct the patient/caregiver in the management of the G-tube and its care. There must be a physician's or dietician's order for the formula, rate, route and frequency.

Special Information:

- Do not give medications with feedings. Use liquid form of medications whenever possible. Crush pills into a fine powder and mix with 5 ml of water. Administer with a syringe. (There are some medications that must not be crushed such as slow release or enteric coated. Check with the pharmacist if you are unsure). Multiple medications should be given one at a time and the tube flushed with water between medications.
- Flush the tube with 50 ml warm water before and after feeding, after medication administration, several times a day with continuous feedings, and when checking residuals.
- Always keep the tube closed when not in use. Use the port cap or a clamp.
- If the gastrostomy tube is accidentally dislodged, replace it or have it replaced as soon as possible to prevent tract closure. **Nurses may replace G-tube if the tract is well formed and a physician's order is in place.** A jejunostomy tube must be replaced in hospital.
- When assessing the patient, auscultate the abdomen for bowel sounds. Palpate the abdomen for distension of discomfort. **Do not** administer a feeding if no bowel sounds are audible or if nausea, vomiting, unusual coughing or if abdominal discomfort is present.
- Evaluate the tube fed patient for complications such as tube blockage, aspiration, nausea, vomiting, diarrhea, constipation, fluid and electrolytes imbalances, tube migration and the condition of the exit site.
- If the tube becomes clogged, use a 50 cc syringe and 25 ml of warm water, or what the physician may of prescribed for the blocked tube. Attach the syringe to the tube, undo the clamp, and use a back and forth motion of the plunger to gradually erode the plug. This process may take 10 – 20 minutes. If the tube cannot be unplugged, arrange for the patient to be seen by the physician in the hospital. If the patient is dehydrated and has no oral intake, arrange for the physician to see the patient as soon as possible.
- A 50-cc syringe should always be used to unplug a tube as a smaller syringe may generate too much psi and rupture the tube.
- Consult with the physician regarding frequency of changes of tube. Generally, tubes are replaced every 6 weeks, unless otherwise ordered by the physician.
- Teach the patient not to tug on the tube. The tube may need to be secured to the abdomen to prevent tension on the tube.



- Check the expiration date of the gastrostomy feedings. Discard the feeding solution 24 hours after the refrigerated container has been opened. Discard the old, continuous feedings after 8 hours and administer fresh feeding. **Do not mix old and new feeding.** Administer feedings at room temperature. Store the feeding solution in the refrigerator.
- Offer the patient frequent mouth care being that they are having little to nothing by mouth.

Procedure:

Feeding Pump:

1. Explain the procedure to the patient/caregiver.
2. Wash hands
3. Assemble equipment.
4. Assist the patient to sit up with his head elevated at least 45 degrees. Instruct patient/caregiver the importance of sitting up to prevent the risk of aspiration.
5. Verify tube placement before feeding by listening with a stethoscope over the left upper quadrant while injecting 10 to 15 cc of air into the tube. A bubbling or "whooshing" sound should be present. Assess the amount of gastric residual before feeding. Reinstall the gastric aspirate.
6. Expose the G or J tube. Place a towel under the tube.
7. Unclamp the tube and gently irrigate the tube with 50 cc (or the amount of water ordered) of warm water using a catheter tip syringe. If the patient coughs or appears to be choking, do not administer the feeding and notify the physician.
8. Suspend the container from the feeding pump and thread the tubing through the pump. (See Manufacturer's Manual for specific instructions).
9. Make sure the pump is turned off and put the feeding into the container.
10. Turn the pump on and allow the feeding to flow through the tubing. Turn the pump off again.
11. Connect the free end of the feeding bag tubing to the gastric tube; unclamp the tube and turn on the pump. Ensure that the pump has been set at the prescribed flow rate.
12. Intermittently, observe the flow to make sure that the tubing is not blocked or kinked, in which case the pump alarm will sound.
13. Add 50 ml of warm water to the bag to clear the tube when the last of the formula has reached the feeding tube or flush the feeding tube with 50 ml of warm water in a syringe.
14. Close the clamp on the tube to prevent a return flow of formula when you are changing the bag or when the feeding is near completion.
15. Clean the feeding bag every 24 hours for continuous feeds and intermittent feeds. Change the complete bag in a closed system. Clean the bags by washing it in warm water and dish washer detergent. Rinse with a 1:4 mixture of vinegar and water and then water and air dry. The container is replaced every 3 days unless the patient has been instructed otherwise.
16. Change the G-tube exit site dressing as needed (please refer to P&P 1-R-55), and inspect site every visit.
17. Dispose of supplies and wash hands.

18. Evaluate and document patient's tolerance of the tube feeding, patency of the tube and any adverse effects on the "Tube Feeding Flow Sheet".
19. **Please note tubing is changed every 24 hours.**