













Guide to

ADULT TUBE FEEDING





Contents

	Introduction.....	3
	Finding Community Support.....	4
	Types of Tube Feeding at Home	6
	Understanding the Tube Feeding System	10
	Monitoring Your Response to Tube Feeding ...	12
	Taking Charge of Your Doctor Visits	22
	Tube Feeding Monitoring Checklist.....	24
	Medication Record.....	32
	Notes.....	34
	Glossary.....	36





Introduction

We know that tube feeding brings major changes to your life. But you don't have to face them alone. We hope you find this guide a useful, practical resource that can help you tube feed successfully at home.

You'll find step-by-step instructions on handling issues you face every day, from coping with infections to preparing for a doctor's appointment. The guide includes worksheets (P. 24-35) that make it simple to record important information about your progress. We've also added a helpful glossary (P. 36-37) that you can refer to if you come across any unfamiliar terms.

While technical and medical support form the foundation of tube-feeding success, we believe that emotional support is just as important. Hopefully, you'll find resources in this guide that make your journey easier.



Finding Community Support

With support and guidance, you can take control of the tube-feeding process and adjust successfully to this new lifestyle change. Visit the link below to find educational resources, support groups and the opportunity to connect with others in your situation.

The Oley Foundation

The Oley Foundation is a nonprofit organization for people who depend on home enteral (tube) feeding or parenteral (intravenous) feeding.

Resources include:

- Access to a network of individuals and caregivers who are involved in tube feeding at home
- Education and troubleshooting materials
- Bi-monthly newsletter
- Equipment and supply exchange
- Annual conference for patients, family members and caregivers



www.oley.org





Types of Tube Feeding at Home

Tube Feeding Methods

Your health care provider will determine the delivery method for your tube feeding along with your feeding schedule.

There are three ways to deliver a tube feeding: **syringe feeding**, **gravity feeding**, and **pump feeding**.

Syringe (bolus) feeding

- In syringe (bolus) feeding, formula is placed in a syringe and flows slowly into the feeding tube. The height of the syringe controls the feeding rate.
- In push syringe feeding, the formula can be injected gently into the tube.

Gravity feeding

- In gravity feeding, formula is placed in a container suspended above the patient. Formula flows through the tubing into the patient. A clamp on the feeding set and the height of the bag control the feeding rate.

Pump feeding

- In pump feeding, formula is placed in a feeding container and is pumped through the tubing into the patient. This is the only acceptable method for feeding into the **small intestine** (J- and NJ-tube).

Tube feedings are given on two types of schedules:

- **Continuous feeding**—the formula slowly drips through the feeding tube all day or night (or both).
- **Intermittent feeding**—larger amounts of the formula are given 3 to 8 times a day.



Preparing Your Feedings

Follow these steps to prepare the tube feeding:

1. Wash your hands.
2. Gather all the equipment you need:
 - a. The formula
 - b. A feeding container (A gravity-drip set or pump and pump set)
 - c. An IV pole or wall hook
 - d. A 30-mL to 60-mL syringe
 - e. A clean cloth
 - f. A cup of water.

4. Write the date and time on the feeding container.
5. Attach the gravity drip or pump set to the container (if it is not already attached) and close the clamp.
6. Pour the formula into the feeding container.
7. Hang the container on an IV pole or a wall hook.

DO NOT lie flat during your feeding, and wait for 1 hour after your feeding before you lie down (lying down can cause you to vomit or cough). Vomiting or coughing up small mounts of liquid can be dangerous, causing you to inhale fluid into your lungs.

Always refer to the Feeding Plan recommended by your health care professional.

Hang Time and Storage

Cover any unused formula and write the date on it. Store it in the refrigerator.

For formula that has been hung for a feeding, follow the guidelines below:

- Hang reconstituted powdered formula up to 4 hours.
- Hang ready-to-use formula 8 to 12 hours.

Throw away any open, unused ready-to-use formula that has been stored in the refrigerator after 48 hours. Throw away any open, unused **reconstituted** powdered formula after 24 hours.

Syringe Feeding

In syringe feeding, formula flows slowly into the feeding tube, or it can be injected gently into the tube. Follow the syringe feeding method recommended by your health care professional. You can also use a syringe to give extra water or fluids.

Before each syringe feeding:

1. Wash your hands.



2. Ask your health care professional how often you should check the tube position.
3. Check the residual if recommended by your health care professional.
4. Flush the feeding tube.

Gravity Syringe Method:

1. Remove the plunger from the barrel of the syringe.
2. Place the syringe tip into the feeding tube.
3. Hold the syringe above your stomach.
4. Pour measured formula into the syringe.
5. Slow the flow by lowering the syringe, or speed the flow by raising the syringe.

6. Allow the formula to flow into the feeding tube until gone (about 10 to 15 minutes).
7. If your health care professional has told you to take extra water after feedings, pour the prescribed amount into the syringe.
8. Allow the water to flow into the feeding tube until gone.

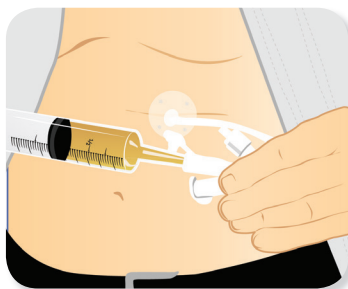
Push Syringe Method:

1. Use the plunger of the syringe to draw the formula from the measuring cup into the syringe.
2. Place the syringe tip into the feeding tube.
3. Inject the formula into the feeding tube slowly and gently until gone (about 10 to 15 minutes).
4. If your health care professional has told you to give extra water after feedings, use the plunger of the syringe to draw the prescribed amount into the syringe.
5. Inject the water into the feeding tube slowly and gently.

After each syringe feeding:

1. Flush the feeding tube.
2. Close the cap on the feeding tube until the next feeding.

Ask your health care professional about care of the container and syringe, and how often the syringe should be replaced.



Gravity Feeding

Before each gravity feeding:

1. Prepare feeding (see page 10).
2. Ask your health care professional how often you should check the tube position.
3. Check the residual if recommended by your health care professional.
4. Flush the feeding tube.

Follow these steps:

1. Hang the feeding container about 2 feet above and to the side of your feeding tube.
2. Remove the cover from the end of the feeding set.
3. Prime the feeding set. Let formula flow until it comes out the end of the tube.
4. Insert the tip of the feeding set into the feeding tube.
5. Slowly open the clamp on the tubing.
6. Set the flow to the gravity drip rate written on your Feeding Plan. Use the clamp to control the flow until you achieve your desired rate. Make the flow faster by slowly opening the clamp. Make the flow slower by partially closing the clamp.

7. When the feeding is complete, close the clamp.
8. If your health care professional has told you to take extra water after feedings, pour the prescribed amount into the container.
9. Open the clamp and let the water drip until gone.
10. Close the clamp and disconnect the feeding set.
3. Check the residual if recommended by your health care professional.
4. Flush the feeding tube.

Follow these steps:

1. Hang the filled feeding container or place it in an ambulatory carrier.
2. Connect the feeding set to the pump.
3. Remove the cap from the end of the feeding set.
4. If your feeding set has a clamp, open it completely.
5. Prime the feeding set.
6. Insert the tip of the feeding set into the feeding tube.
7. Turn on the pump and set the flow rate.
8. Start the pump.
9. After the feeding container is empty or dose has been fed, stop the pump and flush the feeding tube.
10. If your health care professional has told you to take extra water after the feedings, pour the prescribed amount into container. Start the pump.
11. When the water is gone, stop the pump.

After each gravity feeding:

1. Flush the feeding tube.
2. Close the cap on the feeding tube until the next feeding.

For intermittent and continuous feeding, throw away container and feeding set every 24 hours. Ask your health care professional about care of the container and feeding set between feedings.

Pump Feeding

In pump feeding, a pump moves the formula through the feeding tube and into the stomach or small intestine. If you have a feeding tube that goes into the small intestine (NJ or J), you must use a pump to deliver formula at a slow, continuous feeding rate. This is because the small intestine cannot hold as much formula as the stomach.

Before each pump feeding:

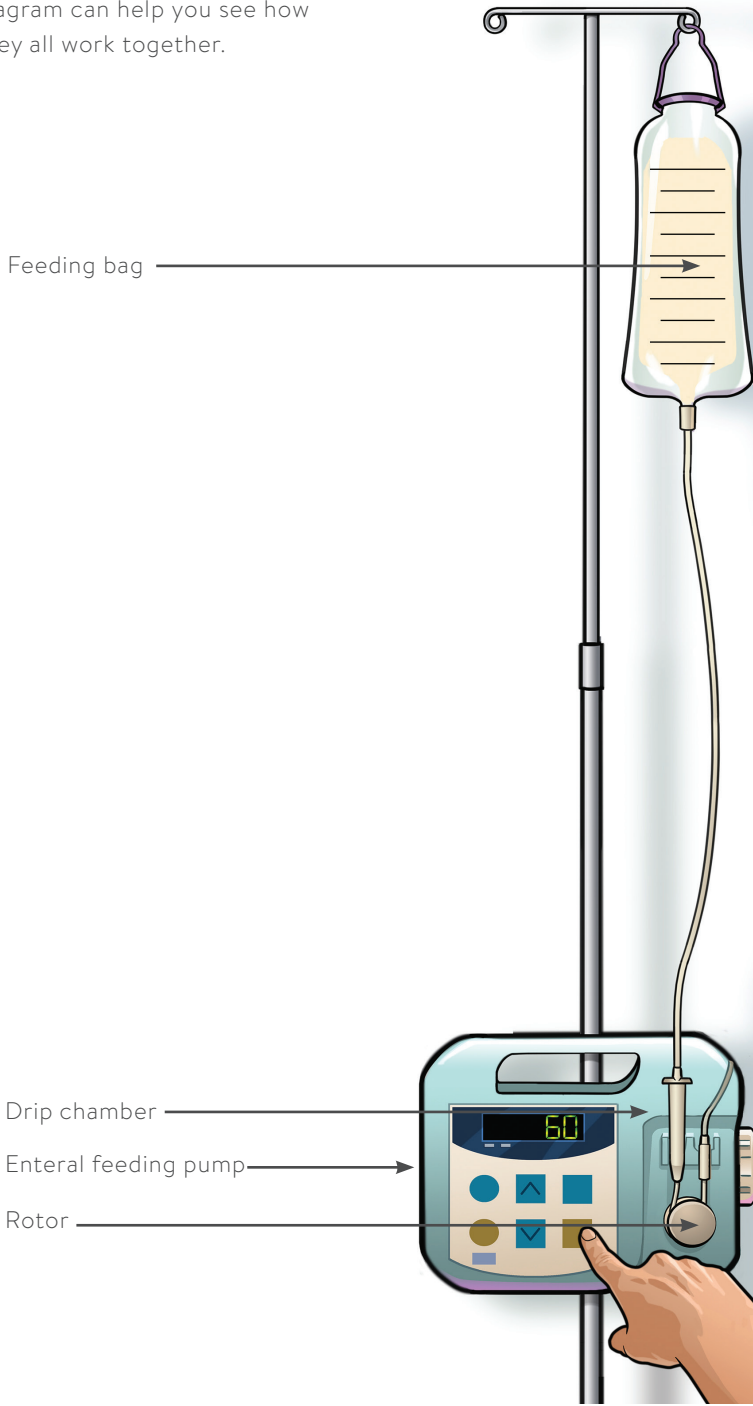
1. Prepare feeding (see page 10).
2. Ask your health care professional how often you should check the tube position.

For intermittent and continuous feeding, throw away container and feeding set every 24 hours. Ask your health care professional about care of the container and feeding set between feedings.

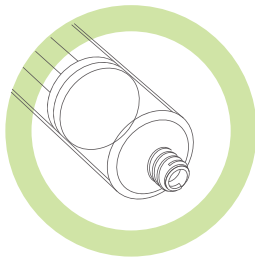
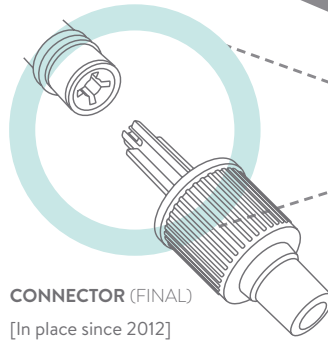


Understanding the Tube Feeding System

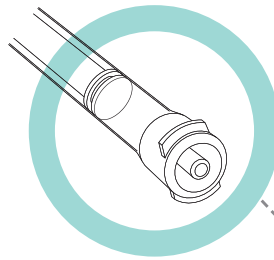
A tube feeding system has a lot of parts and pieces. This diagram can help you see how they all work together.



NUTRITION END



OR

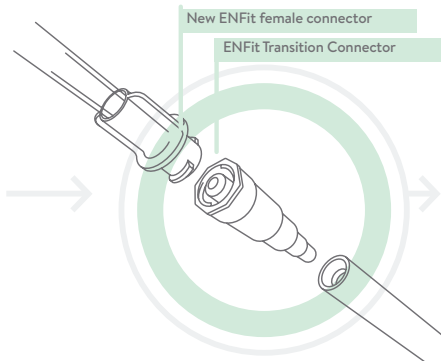


SYRINGE (Standard Tip)

Syringes to administer medicine, flush, hydrate, or bolus feed through enteral tubes will now require a precise enteral-specific fitment.

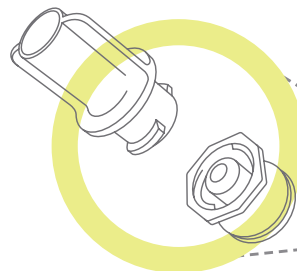
SYRINGE (Low Dose Tip)

To ensure small volume dosing accuracy, syringe sizes of 5mL or smaller may require an ENFit Low Dose Tip.



**TRANSITION SET
(TEMPORARY)**

Allows fitment to current feeding port until new ENFit enteral feeding tubes are available.



FEEDING TUBE (FINAL)

Changing from male—the stepped or Christmas tree connector—to the new ENFit female connector. The feeding tube port for the administration set will change from female to male.



Monitoring Your Response to Tube Feeding

By keeping records of your response to tube feeding, you provide accurate information for your doctor – and save yourself time. When you write things down right away, you don't have to spend time later trying to recall important details when they're no longer fresh in your mind.

The Tube Feeding Monitoring Checklist (P. 24-31) is an easy way to track signs and symptoms that can provide information important to your health. **The Medication Record (P. 32-33)** allows you to monitor your medication schedule. Sharing these records with your physician can help him or her identify and address any issues that may arise.

The image shows two overlapping 'Medication Record' forms. The top form is labeled '28' and the bottom one is labeled '29'. Both forms have a header with a magnifying glass icon and the title 'Medication Record'. Below the header is a table with four columns: 'Date', 'Time', 'Medication', and 'Dose'. The table has 10 rows for each form.

Medication Record

The image shows a 'Tube Feeding Monitoring Checklist' form. It has a header with a magnifying glass icon and the title 'Tube Feeding Monitoring Checklist'. Below the header is a table with columns for 'Date', 'Time', 'Medication', 'Dose', and various symptoms. The table has 10 rows. The symptoms listed are: Weight, Amount of Formula Taken, Cough, Vomiting, Diarrhea, Stool, Amount of Water Taken, Abdominal Discomfort, Constipation, Loose Stools, Gas, Bloating, Nausea, Heartburn, and Fatigue. The table has 10 columns for each symptom, with the first column being the 'Date' column.

Tube Feeding Monitoring Checklist

Feeding Intolerance

It is important to monitor and document the presence (or absence) of symptoms associated with intolerance, as it can lead to complications such as dehydration.

Typically, patients experiencing intolerance to tube feeding will have more than one of these symptoms.

When you show signs associated with intolerance, it is important to determine whether the intolerance is related to the formula or something else. Please inform your doctor if you suspect you are experiencing any symptoms of intolerance.

Look for:

- Nausea
- Vomiting
- Diarrhea
- Bloating
- Constipation
- Abdominal discomfort

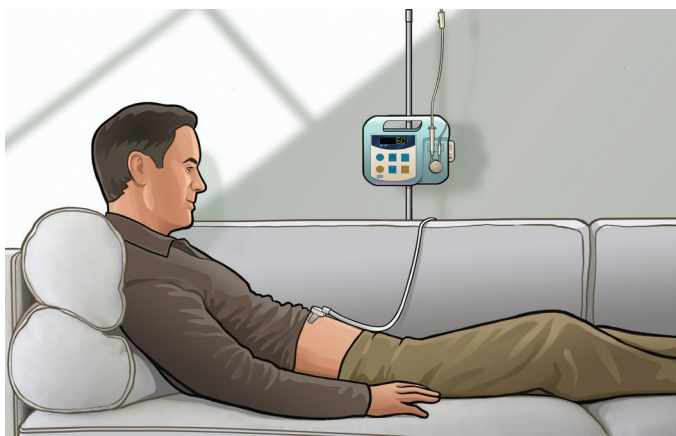


Causes of Intolerance Symptoms

- **Type of formula doesn't meet the patient's needs.**
- **Formula is going in too fast.**
 - When you are new to tube feeding, feedings should be started and advanced at a slow rate. This allows your GI tract to adjust to the formula and method of delivery.
 - Bolus feeding should be reserved for those tube feeders that have demonstrated tolerance to a continuous method of feeding.
 - Small bowel (jejunal feeding or J-Tube feeding) should be given with a feeding pump at a controlled rate.
- **The stomach, esophagus or intestine may not be working properly due to one of these issues:**
 - Infection
 - Delayed gastric emptying
 - Malabsorption
 - Maldigestion
- **Formula is spoiled from contamination during preparation, storage or administration.**
- **Formula is the wrong temperature.**

Taking formula out of the refrigerator and administering it before it has had time to rise to room temperature can lead to abdominal cramping and other intolerance-related symptoms.
- **Medication side effects.**

Many medications in liquid form contain sorbitol, a sugar alcohol that can cause diarrhea in some patients. In addition, medications can also interact with each other, leading to GI symptoms.
- **Patient is lying flat while receiving tube feeding.**
- **Volume of formula is too large.**



Your head should be raised 30 degrees or more while tube feeding.

Nausea, Vomiting and Abdominal Discomfort

Possible Causes	Prevention and Treatment
Not tolerating the formula	<ul style="list-style-type: none">• Work with your health care provider to determine cause and talk to your doctor about switching to a tolerance formula.
Formula may be going in too fast	<ul style="list-style-type: none">• Begin at a slow rate.• Increase the rate and amount gradually over 24-48 hours.
Formula may be spoiled or contaminated during preparation	<ul style="list-style-type: none">• Wash and dry your hands prior to preparing a feeding or touching the feeding tube.• Avoid touching any part of the feeding tube system that will come in contact with the formula.• Record date and time on can after it is opened and store covered in the refrigerator.• Discard unused formula after 48 hours or as recommended by formula manufacturer.
Incorrect patient position during and after feeding	<ul style="list-style-type: none">• Confirm tube placement prior to feeding if recommended by your health care provider.• Elevate your head 30 degrees or more by propping yourself up in bed or on a couch.• Keep your body in a raised position for at least one hour after feeding.
Stomach, esophagus or intestine not working properly	<ul style="list-style-type: none">• The doctor may need to do an examination or other tests.
Medication side effects	<ul style="list-style-type: none">• Ask the doctor if an alternative medication is available.• Sometimes switching to another form of the medication (i.e. from liquid to pill) can help alleviate side effects.

Diarrhea

Possible Causes	Prevention and Treatment
Medication side effects	<ul style="list-style-type: none">• Ask the doctor about substitute medications.• Diarrhea can be worsened by antibiotics or by medications containing sorbitol, magnesium or phosphorus.
Not tolerating the formula	<ul style="list-style-type: none">• It is possible for a patient to be intolerant of a formula.• For these patients, it may be necessary to switch to a different formula.• Switching to a fiber-containing formula can sometimes help alleviate the diarrhea.
Malabsorption, maldigestion or impaired GI function	<p>You may benefit from a formula that contains specialized ingredients to support absorption and tolerance.</p>

Bloating and Constipation

Possible Causes	Prevention and Treatment
Not taking enough liquids or fiber	<ul style="list-style-type: none">• Ask the doctor how much extra water you should be taking in each day.• If the current formula does not contain fiber, discuss changing to a fiber-containing formula with the doctor.
Medication side effects	<ul style="list-style-type: none">• Ask the doctor if any of your medications could be causing constipation.• Pain meds, iron and anti-diarrheals are common medications that can contribute to the development of constipation.• Ask if there is an alternative medication that may have fewer side effects.

Tube Site Complications

Prevention and early intervention are key to decreasing the risk of complications associated with the feeding tube site. (For comparison, here is a healthy stoma located right.) Tube site complications can include:

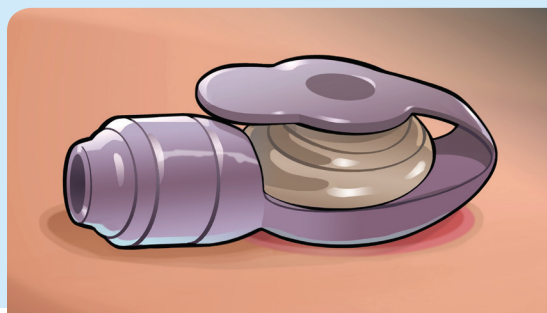
■ Hypergranulation Tissue

Thick, red, raised tissue that can form around the feeding tube where it enters the body. The tube site will be red and may bleed easily. In some cases, a clear or cloudy discharge may be present. This discharge can lead to breakdown of the skin at the tube site.

■ Tubesite Infection

These infections can occur with all types of abdominal feeding tubes. Infection usually is limited to the skin and subcutaneous tissue, although more severe infections can occur. The two primary types of wound infections are Candidiasis and Peristomal infections.

- **Candidiasis** is an infection of the skin surface caused by yeast. It can be identified by redness; skin breakdown; small, inflamed, pus-filled, blister-type lesions and a burning sensation at the entrance site.
- **Peristomal infections** invade the tissue surrounding the tube. Identifying features of this type of infection include redness, tenderness, swelling and firmness at the site, pus-filled drainage from the site and possible fever.



A healthy stoma site

Healthy Stoma Site

Look for:

- Stoma pink in color, no redness or drainage
- No rash, ulcers or swelling in the surrounding skin
- No inflammation or excess skin at stoma site

■ Leakage Around G-Tube

Drainage of any type of liquid around the exit site of the tube places the patient at risk for skin breakdown and infection. Leakage is considered a symptom of an underlying problem such as:

- Inward or outward movement of the tube
- Tube tract enlargement
- Bolus feeding or overfeeding
- Balloon deflation

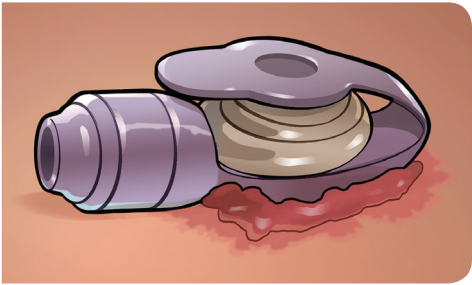
Types of discharge from around the tube site can include: gastric content; semi-thick, red drainage; tube feeding formula; medications or air.

Hypergranulation Tissue

Causes	Prevention and Treatment
Trapped moisture	<ul style="list-style-type: none">• Keep skin around the tube dry. Clean site with soap and water or non-toxic skin cleanser.• No dressing is necessary unless directed by your physician.• Protect skin with a waterproof ointment when drainage is present.• Ask the doctor if he or she feels that the granulation tissue needs to be reduced.• Minimize tube movement by making sure skin disk is placed properly close to the skin.
Tube causes a foreign body reaction, resulting in rapid development of thick, red tissue	
Excessive tube movement	

Look for:

- Thick, red, raised tissue around the stoma site
- Bleeding at the tube site
- Clear or cloudy discharge



A stoma site with hypergranulation tissue

Tube Site Infections

Causes	Prevention and Treatment
Germs normally found on the skin can cause infection when the immune system is compromised.	<ul style="list-style-type: none">• Wash hands before preparing and administering tube feeding and before performing tube site care.• Prevent the tube from accidental removal by making sure that the external skin disk is placed properly – close to the skin.• Verify tube placement using method recommended by your physician. If tube is out of place, notify physician to receive additional instructions.• Do not feed through a feeding tube if you suspect a peristomal wound infection. This could spread or worsen infection. Contact your physician to determine if systemic antibiotics should be given.
Displacement of the tube	



An infected stoma site

Look for:

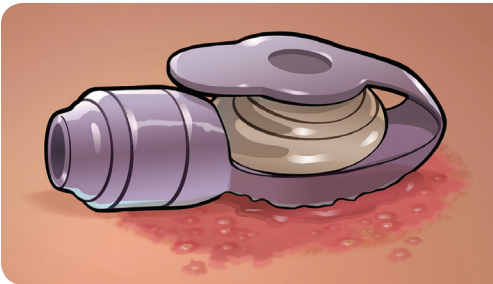
- Redness
- Tenderness
- Swelling and firmness at the site
- Pus-filled drainage
- Possible fever
- Foul odor

Leakage Around the G-Tube

Causes	Prevention and Treatment
Inward and outward movement of the tube	<ul style="list-style-type: none">• Verify tube placement using method recommended by your physician.• Stabilize the feeding tube externally by adjusting the external skin disk, allowing for slight movement of the tube.• Infuse medications and formula slowly.• Monitor fluid volume of the balloon to ensure proper inflation.
Tube tract enlargement caused by excessive back-and-forth motion	
Rapidly infusing formula via bolus	
Balloon bumper that is defective or needs more water	

Candidiasis (Yeast Infection)

Causes	Prevention and Treatment
Infrequent dressing changes	<ul style="list-style-type: none">• Remove the cause. Preventing moisture buildup is the most important intervention.• Keep area dry and open to air – a fan or hair dryer on a cool setting may be used to dry the area.• Ask your doctor if an antifungal powder or cream would be helpful.
Prolonged skin contact with moisture (wet dressings)	
Susceptibility to yeast (immune-compromised, diabetic)	
Patients on antibiotic therapy	



A stoma site with yeast infection

Look for:

- Redness
- Skin breakdown
- Small, inflamed, pus-filled blisters
- Burning sensation at the tube site

Dehydration

Dehydration occurs when there is an imbalance between the amount of water taken into the body and the amount of fluid that is lost. Dehydration means that the body needs more water. Patients with dehydration can exhibit a number of different signs, including: increased thirst, dry lips, dry and warm skin, rapid weight loss, weakness, fever and urine that is dark and strong-smelling.

Causes	Prevention and Treatment
Diarrhea	<ul style="list-style-type: none">• Notify your health care professional if you are experiencing vomiting, fever or diarrhea that lasts longer than 24 hours.• Record the amount of water and formula that you are taking each day and make note of the color and odor of the urine.• Ask your physician how much extra water you should be taking on a daily basis. Extra water can be given through the feeding tube using a syringe or feeding bag.
Vomiting	
Fever	
Excessive sweating or drooling	
Inadequate fluid intake	

Urine Dehydration Reference

1	Good
2	Good
3	Fair
4	Dehydrated
5	Dehydrated
6	Very dehydrated
7	Severely dehydrated

When dehydration is present, urine becomes darker and more concentrated.

Look for:

- Increased thirst
- Dry lips
- Dry and warm skin
- Rapid weight loss
- Weakness
- Fever
- Dark, strong-smelling urine



Taking Charge of Your Doctor Visits

During a doctor's appointment, you have many issues to discuss in a short amount of time. It's easy to forget something important and realize afterward that you didn't get the answers you need.

One way to make the most of your appointment is to think of your appointment as having three stages: before, during and after. Following the easy tips below at each stage can make your visit a lot less stressful – and a lot more productive.

What to bring with you:

This booklet, which includes your:

- Tube Feeding Monitoring Checklist (P. 24-31)
- Medication Record (P. 32-33)
- Notes page (P. 34-35)
- A list of questions and concerns that you want to discuss



Before the visit:

- Review information that you have documented in your Tube Feeding Monitoring Checklist and Medications Record.
- Make a list of questions and concerns that you want to discuss.
- If you are going to be discussing a problem, be prepared to provide the following information:
 - A detailed description of the issue, including when and how it began as well as any symptoms
 - What, if anything, you have done to treat the problem
 - Things that have made it better or worse

During the visit:

- Use your list to check off each item as it is addressed.
- Take notes so that you can refer back to them after the visit (Use the Notes section on P. 34-35.).
- Make sure that you provide details/ history of any medical conditions you have that the doctor may not be aware of.
- If you can't follow something that is said, ask the doctor to explain it in a way that you can understand.
- If the doctor suggests a treatment that you are unsure of, communicate this and ask what other treatment options might be available.
- If you are discussing a problem, ask how long it should take to improve and/or resolve after starting the prescribed treatment.
- Ask when and how you should follow up after the visit (phone call, email or office visit).



After the visit:

- If you do not see results from the treatment within the expected time frame, inform your doctor as soon as possible.
- Don't hesitate to call the office if you have questions or concerns.
- Don't be afraid to ask your doctor for a referral when a problem is not resolving or when input from a specialist might be needed.



Tube Feeding Monitoring Checklist

Date:	Mon.	Tues.	Wed.	
Weight				
Amount of Formula Taken: <i>Volume</i> <i>Calories</i> <i>Rate</i>				
Oral Intake				
Amount of Water Taken				
Urine: <i>Color/Odor</i>				
Stool Consistency: <i>Liquid (#/day)</i> <i>Soft (#/day)</i> <i>Hard (#/day)</i>				
Constipated				
Nausea				
Vomiting <i># of episodes</i>				

Date:	Mon.	Tues.	Wed.	
Skin: <i>Redness</i> <i>Drainage</i> <i>Granulation tissue</i> <i>Skin breakdown</i>				

Date: _____

Thurs.	Fri.	Sat.	Sun.

Thurs.	Fri.	Sat.	Sun.



Tube Feeding Monitoring Checklist

Date:	Mon.	Tues.	Wed.	
Weight				
Amount of Formula Taken: <i>Volume</i> <i>Calories</i> <i>Rate</i>				
Oral Intake				
Amount of Water Taken				
Urine: <i>Color/Odor</i>				
Stool Consistency: <i>Liquid (#/day)</i> <i>Soft (#/day)</i> <i>Hard (#/day)</i>				
Constipated				
Nausea				
Vomiting <i># of episodes</i>				

Date:	Mon.	Tues.	Wed.	
Skin: <i>Redness</i> <i>Drainage</i> <i>Granulation tissue</i> <i>Skin breakdown</i>				

Date: _____

Thurs.	Fri.	Sat.	Sun.

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Tube Feeding Monitoring Checklist

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Constipated				
Nausea				
Vomiting <i># of episodes</i>				

Date:	Mon.	Tues.	Wed.	
Skin: <i>Redness</i> <i>Drainage</i> <i>Granulation tissue</i> <i>Skin breakdown</i>				

Date: _____

Thurs.	Fri.	Sat.	Sun.

Thurs.	Fri.	Sat.	Sun.



Tube Feeding Monitoring Checklist

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Constipated				
Nausea				
Vomiting <i># of episodes</i>				

Date:	Mon.	Tues.	Wed.	
Skin: <i>Redness</i> <i>Drainage</i> <i>Granulation tissue</i> <i>Skin breakdown</i>				

Date: _____

[illegible]

Medication Record

[illegible]



Notes

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Notes

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



Glossary

Abdomen: The body space between the chest and the pelvis. This space houses the stomach, liver, gallbladder, spleen, pancreas, small bowel (intestine), large intestine and adrenal glands.

Abdominal Wall: The abdominal wall represents the boundaries of the abdominal cavity.

Absorption: Uptake of nutrients by the digestive system.

Balloon Port: A port on the proximal end (end furthest away from the abdomen) of a gastrostomy tube where water is inserted to inflate the balloon. There is a plastic sleeve around the port that tells how much water is needed to inflate the balloon.

Bloating: Swelling and tightness of the abdomen, typically caused by fluid, gas or air.

Bolus Feeding: Formula is placed in a syringe or feeding bag and flows slowly into the feeding tube; the height of the syringe controls the feeding rate.

Bumper: Found on the distal end of the feeding tube, (the end that is inside the stomach) it helps hold the tube in place. Some gastrostomy tubes are held in place in the stomach by a solid silicone bumper, while others are held in place with a water-filled balloon.

Candidiasis: An infection caused by yeast. It can develop on the skin around the feeding tube.

Continuous Feeding: Tube feeding where the formula drips slowly all day or all night (or both).

Dehydration: A condition in which the body does not have enough water.

Delayed Gastric Emptying: A condition that slows or stops the movement of food from the stomach to the small bowel (intestine).

Esophagus: The muscular tube leading from the mouth to the stomach.

External Skin Disk: Disk that holds the tube in place as it exits the body. Its purpose is to prevent lateral tube movement, which could contribute to leakage of gastric contents onto the skin.

Feeding Port: The main port of the feeding tube. Formula is delivered to the patient by connecting a feeding set or syringe to this port.

Feeding Set: Tubing that is connected to a feeding container and delivers formula into the stomach or small bowel (intestine).

Feeding Tube: A tube into the stomach or small bowel (intestine) through which formula flows.

Flushing: The process of pushing water through the tube to prevent tube clogging.

French Size: A measuring system used to define the diameter of a feeding tube. The larger the number, the bigger the diameter.

Gastrostomy Tube (G-Tube): A feeding tube that goes into the stomach through a stoma.

Hypergranulation Tissue: Thick, red, raised tissue that can form around the feeding tube where it enters the abdominal wall.

Gravity Feeding: Feeding method where formula flows from a container, through a feeding set and into the patient.

Intermittent Feeding: Feeding method in which formula is given 3 to 8 times a day.

Jejunostomy Tube (J-Tube): A feeding tube that goes into the small intestine.

Jejunum: The second part of the small bowel (intestine).

Low-Profile Gastrostomy Tube (Button): A gastrostomy tube that lies flat against the abdomen.

Malabsorption: Failure to absorb certain nutrients, vitamins and minerals from the intestinal tract into the bloodstream.

Maldigestion: Inability to digest food in the intestine.

Nasogastric (NG) Tube: A feeding tube that goes from the nose to the stomach.

Nasojejunal (NJ) Tube: A feeding tube that goes from the nose to the jejunum.

Nausea: Having stomach upset with the urge to vomit.

Peristomal Infection: Infection of the tissue around the feeding tube.

PEG (Percutaneous Endoscopic Gastrostomy): A non-surgical way to place a feeding tube into the stomach through the abdominal wall.

PEJ (Percutaneous Endoscopic Jejunostomy): A non-surgical way to place a feeding tube into the jejunum through a gastrostomy tube.

Prime the Feeding Set: To pour the formula into the feeding container and let it flow to the end of the feeding set to remove the air in the set prior to connecting it to the feeding tube.

Pump Feeding: Feeding method in which a mechanical pump moves formula through the feeding tube.

Reconstitute: To restore to a former condition by adding water.

Residual: The formula that remains in the stomach from the last feeding.

Small Bowel (Intestine): The part of the digestive tract between the stomach and large intestine that digests and absorbs nutrients.

Sorbital: A sugar alcohol used in liquid medications that can cause diarrhea in some patients.

Stoma: Opening in the abdominal wall through which a gastrostomy tube or jejunal tube enters the body.

Syringe: A hollow, plastic tube with a plunger used to draw fluid out of or inject fluid into a feeding tube.

Syringe Feeding: Feeding method in which formula flows from a syringe into a feeding tube or is injected into the feeding tube using the plunger on the syringe.

Additional Notes:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

A complete portfolio of products to meet your tube feeding needs

