



ANHI
ABBOTT NUTRITION
HEALTH INSTITUTE



Guide to

ADULT TUBE FEEDING



Abbott










FOREWORD

Throughout this booklet you will see use of the words healthcare provider, which may be your doctor, registered dietitian, nurse, or pharmacist. Please work with your preferred healthcare provider as part of your prescribed care plan.

This booklet provides guidance for patients and caregivers on enteral nutrition, also known as tube feeding, which is a way of delivering nutrition directly to your stomach or small intestine. Tube feeding may be used to provide nutritional requirements when someone is not able to eat or digest foods.

This guide has undergone review and approval by the American Society for Parenteral and Enteral Nutrition (ASPEN). This guidance does not constitute medical or other professional advice and should not be taken as such. To the extent that the information published herein may be used to assist in the care of patients, this is the result of the sole professional judgment of the attending healthcare professional whose judgment is the primary component of quality medical care. The information presented in these recommendations is not a substitute for the exercise of such judgment by the healthcare professional. Circumstances in clinical settings and patient indications may require actions different from the guidance in this document. In those cases, the judgment of the treating professional should prevail.

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INTRODUCTION

We know that tube feeding can bring changes to your life. But you don't have to face them alone. We created this guide to provide you with resources and tools that you can use while adjusting to tube feeding at home.

In this booklet you'll find:

- Step-by-step instructions on how to safely deliver tube feeding at home and safe handling practices
- Resources for finding community support
- Worksheets to track important information to share with your healthcare provider
- A glossary that you can refer to if you come across any unfamiliar terms



TUBE FEEDING AT HOME

Your healthcare provider will determine the delivery method for your tube feeding, along with your feeding schedule.

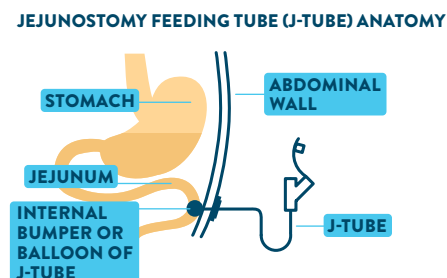
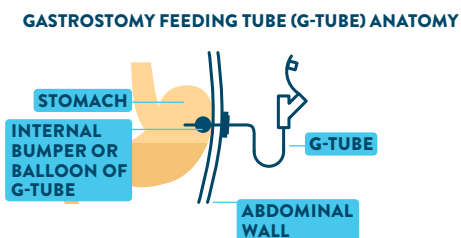
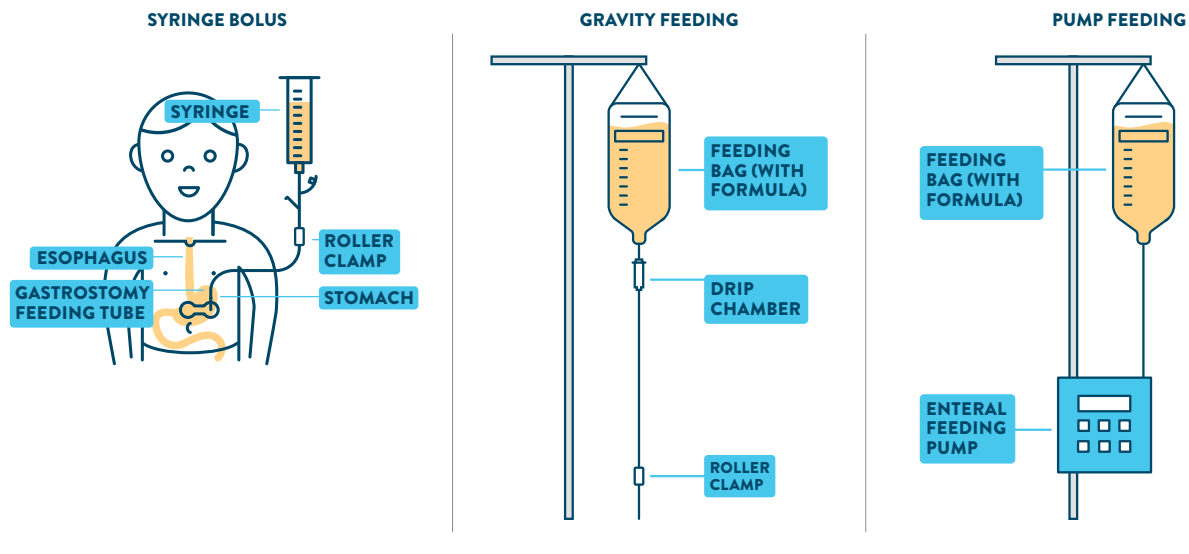
The chart below identifies the feeding methods, and it highlights the differences between them.

METHOD OF ADMINISTRATION	LOCATION OF FEEDING	DETAILS AND OPTIONS
BOLUS	Intended for feeding into the stomach	SYRINGE - PUSH METHOD <ul style="list-style-type: none">• Formula is drawn up into a 60-mL (2 fl oz) syringe, then slowly pushed through the tube into the stomach (the rate of the bolus can be carefully controlled this way)• May take multiple syringe fillings based on your feeding prescription (four — 60-mL syringes will deliver one cup (8 fl oz) of formula) REUSABLE SQUEEZE POUCH <ul style="list-style-type: none">• Formula or blenderized food is poured into a reusable 375-mL (12.5 fl oz) flexible container used to store and deliver tube feeding nutrition and water• The large cap connects the bag to the feeding tube or extension set• Thicker formulas and blenderized food can be squeezed through the system by squeezing or rolling up the flexible container
GRAVITY	Can be used for feeding into the stomach or small intestine	GRAVITY BAG FEEDING <ul style="list-style-type: none">• The formula is placed in a gravity bag and hung above the level of your stomach• Formula flows through the tubing into your stomach (think of it as a hands-free way of infusing formula)• A clamp is used to control how fast or slow formula flows into the feeding tube• Lowering the bag slows down the feeding while raising the bag makes it flow faster SYRINGE - GRAVITY METHOD <ul style="list-style-type: none">• Formula is poured into a syringe with the plunger removed, and it flows slowly into the feeding tube• Lowering the syringe slows down the feeding while raising the syringe makes it flow faster REUSABLE SQUEEZE POUCH <ul style="list-style-type: none">• This feeding system has a roller clamp which allows for a more controlled gravity infusion (this works best with thinner formulas in a reusable flexible container)
PUMP	Can be used for feeding into the stomach or small intestine	<ul style="list-style-type: none">• Formula is placed in a feeding bag and the tubing set is loaded into the compatible pump• An electronic pump is used to move the formula at a specific and programmable rate through the tube and into your stomach or small intestine• Tube feeding pumps for home use are portable and can be placed in compatible backpacks for going out and about



TUBE FEEDING SYSTEMS

Tube feeding systems have a lot of parts and pieces. These illustrations can help you see some of the differences.



PREPARING YOUR FEEDINGS

Follow these steps to prepare your tube feeding:

1. Wash your hands with soap and warm water
2. Clean your work surfaces to avoid contaminating your feeding and equipment with bacteria
3. Gather all the equipment you need:
 - a. The formula
 - b. A feeding container (a gravity bag, syringe, reusable squeeze pouch, or pump and pump set)
 - c. An IV pole or wall hook (if needed)
 - d. A 30-mL to 60-mL syringe
 - e. A clean cloth
 - f. Tap or bottled water
4. Write the date and time on the feeding container when the formula is opened
5. Wash hands thoroughly when finished

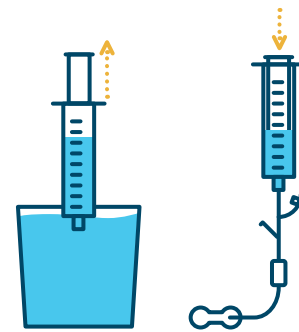


FLUSHING ALL TYPES OF FEEDING TUBES

Flushing your feeding tube routinely, or as directed, is important to keep the tube clean inside and to prevent clogging. A syringe filled with water is used to gently flush the feeding tube after each feeding, or every 4 to 6 hours during continuous feeding. Flushing removes extra formula from the tube and provides water.

Here is how to do it:

1. Wash your hands with soap and warm water
2. Place the tip of the syringe into a cup of water and pull back on the plunger until there is 30-mL of water in the syringe (or the amount of water that your healthcare provider has prescribed for flushing the tube)
3. Attach the syringe to the feeding tube, unclamp the tube (if clamp is present), and slowly push the water into the feeding tube
4. Repeat until the desired amount of water is flushed through the tube
5. Remove the syringe from the feeding tube after flushing and close the port on the tube



FLUSHING THE FEEDING TUBE WITH WATER

Flush the feeding tube with 15-mL of water (or amount prescribed by your healthcare professional) after giving medications, and between each different medication.

Extra water can be given through the feeding tube, as needed. If you are on a fluid restricted diet, your healthcare provider will provide recommendations for your daily fluid intake.

The gravity method can also be used to administer water. Use the barrel of the syringe as a funnel and then pour water into the syringe. This method can be used after administering each medication.

ADMINISTERING YOUR FEEDINGS

Always refer to the feeding plan recommended by your healthcare provider

Let's start with a few tips before we discuss the different feeding methods:

- **DO NOT** lie flat during your feeding
- Keep your head raised at 30 degrees or more while administering your tube feeding
- Remember to wait one hour after your feeding before you lie down -- lying down before one hour can cause you to vomit or cough which may cause you to inhale stomach contents or formula into your lungs



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



Syringe/Bolus Feeding

This method allows the formula to flow slowly into the feeding tube.

Before:

1. Gather supplies to prepare for feeding and wash your hands with soap and water
2. Flush the feeding tube with the amount of water prescribed by your healthcare provider

During Syringe “Push” Method:

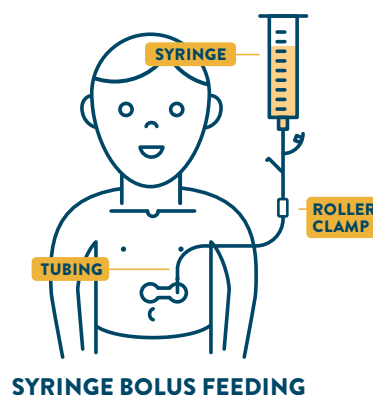
1. Pour measured formula into a clean cup
2. Place the tip of the syringe into the formula, then pull back on the plunger to draw up the formula
3. Connect the syringe to the feeding port on the tube and slowly push the plunger to infuse formula through the tube into your stomach
4. Disconnect syringe from feeding tube, then repeat steps 2 and 3 until the prescribed amount of formula has been given
5. Take a break in between syringe pushes in order to slow down the speed of feeding and avoid stomach upset from feeding too fast

After:

1. Flush the feeding tube again with water, per your healthcare provider’s instructions
2. Close the clamp on the feeding tube until the next feeding

Ask your healthcare provider about maintaining the syringe, and how often it should be replaced.

Always keep head raised above 30 degrees while administering tube feeding and for one hour after completing the feeding.





Gravity Bag Feeding

Before:

1. Gather supplies to prepare for feeding and wash your hands with soap and water
2. Flush the feeding tube with the amount of water prescribed by your healthcare provider

During Gravity Bag Feeding:

1. Close the roller clamp of the gravity bag and then fill with the prescribed amount of formula
2. Hang the bag above your head (about 2 feet) and to the side using a hook or IV pole
3. Open the roller clamp to allow the formula to flow towards the end of the feeding set to remove the air from the line (this is called priming the line) and reclamp once the formula gets within an inch or two of the tip
4. Connect the tip of the feeding set to your feeding tube and then unclamp to allow the formula to flow
5. Use the roller clamp to slow down the gravity infusion as needed
6. Raising the height of the bag up will allow formula to flow faster, while lowering the bag will slow down the flow of formula

During Syringe “Gravity” Method:

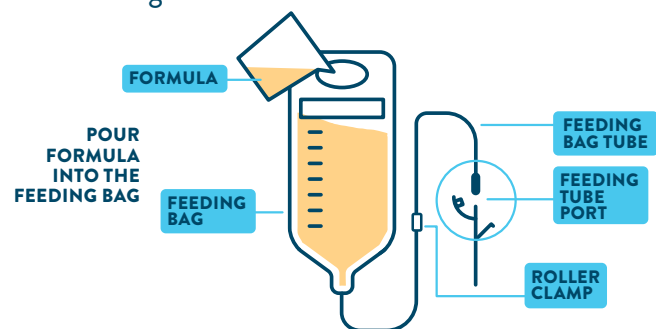
1. Remove the plunger from the barrel of the syringe
2. Connect the syringe tip to the feeding tube
3. Hold the syringe above your stomach
4. Pour measured formula into the syringe - this may take multiple syringe fillings based on your feeding prescription
5. Slow the flow by lowering the syringe, or speed the flow by raising the syringe
6. Allow the formula to flow into the feeding tube until gone (about 15 to 20 minutes)
7. Take a break in between syringe pours in order to slow down the speed of feeding and avoid stomach upset from feeding too fast

After:

1. Flush the feeding tube with the amount of water prescribed by your healthcare provider
2. Close the cap on the feeding tube until the next feeding

Ask your healthcare provider about care of the gravity bag and how often they should be replaced.

Always keep head raised above 30 degrees while administering tube feeding and for one hour after completing the feeding.



GRAVITY DRIP FEEDING



Pump Feeding

Pump feeding moves the formula through the feeding tube and into the stomach or small intestine at a controlled rate.

Before:

1. Gather supplies to prepare for feeding and wash your hands with soap and water
2. Flush the feeding tube with the amount of water prescribed by your healthcare provider

During:

1. Fill the pump feeding bag with the prescribed amount of formula, close lid securely, then hang the bag on a hook, IV pole, or place into a tube feeding backpack
2. Load the feeding set into the pump by following pump manufacturer instructions
3. Prime the feeding set, which removes air from the line, by following the manufacturer instructions
4. Connect the feeding set to the feeding tube
5. Refer to your pump user manual for complete pump programming information
6. Turn on the pump and set the flow rate

After:

1. Stop pump and disconnect feeding set
2. Flush tube with the amount of water prescribed by your healthcare provider

Ask your healthcare professional about care of the feeding set between feedings.

Always keep head raised above 30 degrees while administering tube feeding and for one hour after completing the feeding.



HANG TIME AND STORAGE

Different formula types have different hang times, and the below chart provides the latest guidelines.

FORMULA TYPE	HANG TIME
BLENDERIZED FORMULA (HOME MADE)	Up to 2 hours at room temperature
BLENDERIZED FORMULA (COMMERCIALLY PREPARED)	Refer to manufacturer guidelines (up to 2 hours)
READY-TO-USE FORMULA	<ul style="list-style-type: none">• Open system – Up to 12 hours in the home setting• Closed system – Up to 48 hours, unless a shorter hang time is specified by the manufacturer set

Here are a few additional guidelines and recommendations when handling your tube feed:

- Ask your healthcare provider about care of the container and feeding set between feedings
- Cover any unused formula, write the date on it, and store it in the refrigerator
- Throw away any open, unused reconstituted formula or blenderized formula after 24 hours
- Throw away any open, unused ready-to-use formula that has been stored in the refrigerator after 48 hours



“While it may take time to adapt and learn this new way of nourishing your body, tube feeding can be an ally in supporting your health and well-being.”



MONITORING YOUR RESPONSE TO TUBE FEEDING

By keeping records of your response to tube feeding, you provide accurate information for your healthcare provider. 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** helps you keep track of your tube feeding, and it provides space to record any signs or symptoms that you may be experiencing. The **Medication Record** allows you to monitor your medication schedule. Sharing these records with your healthcare provider can help him or her identify and address any issues that may arise.



MEDICATION RECORD

TUBE FEEDING MONITORING CHECKLIST



TUBE FEEDING INTOLERANCE

It's important to monitor how your body is tolerating your feedings and keep track of any signs or symptoms of intolerance you may have.

Patients that experience intolerance to tube feedings may have more than one sign or symptom, which may cause dehydration.

Look for:



Nausea



Diarrhea



Constipation



Vomiting



Bloating



Abdominal discomfort

If you experience any of the above signs or symptoms, reach out to your healthcare provider as soon as possible. They will be able to help identify the cause of your symptoms, and determine what changes may be needed.





TROUBLESHOOTING INTOLERANCE SYMPTOMS

Always check with your healthcare provider if you are experiencing any signs or symptoms of intolerance. The below chart will help you better understand the possible causes for each symptom, as well as potential options to address these symptoms.

SYMPTOM	POSSIBLE CAUSES	POTENTIAL SOLUTIONS
Nausea, Vomiting and/or Abdominal Discomfort	Formula may be going in too fast	<ul style="list-style-type: none">• Avoid pushing formula in too fast (syringe push method of bolus feeding)• Lower the height of the syringe to slow down rate (funnel method of bolus feeding)• Adjust the clamp on the gravity bag to change the flow rate of the formula• Consult your healthcare provider about a lower rate if using a pump feeding
	Incorrect positioning	<ul style="list-style-type: none">• 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
	Medication side effects	<ul style="list-style-type: none">• Discuss your medications with your healthcare provider, since many medications may cause side effects unrelated to enteral nutrition• Medications in liquid forms may contain sorbitol, a sugar alcohol, that may cause diarrhea in some individuals• Sometimes switching to another form of the medication (i.e. from liquid to pill) can help alleviate side effects
	Formula is too cold	<ul style="list-style-type: none">• Remove the formula from the refrigerator and give it time to warm up before administering



SYMPTOM	POSSIBLE CAUSES	POTENTIAL SOLUTIONS
Diarrhea	Medication side effects	<ul style="list-style-type: none">• Ask your healthcare provider or pharmacist to review your medication list• Diarrhea can be worsened by antibiotics, stool softeners, or by medications containing sorbitol, magnesium or phosphorus
	Small Intestinal Bacterial Overgrowth	<ul style="list-style-type: none">• Diagnosis is typically made once other causes are excluded
	Not tolerating formula	<ul style="list-style-type: none">• You may have an intolerance to specific formulas and it may be necessary to switch to a different formula• Switching to a fiber-containing formula can sometimes help alleviate diarrhea
	Formula may be going in too fast	<ul style="list-style-type: none">• Avoid pushing formula in too fast (syringe push method of bolus feeding)• Lower the height of the syringe to slow down rate (funnel method of bolus feeding)• Adjust the clamp on the gravity bag to change the flow rate of of the formula• Consult your healthcare provider about a lower rate if using a pump feeding
Bloating and Constipation	Not taking in enough liquids or fiber	<ul style="list-style-type: none">• Ask your healthcare provider how much extra water (free water) you should be taking in each day• If the current formula does not contain fiber, discuss changing to a fiber-containing formula with your healthcare provider
	Medication side effects	<ul style="list-style-type: none">• Ask your healthcare provider 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



DEHYDRATION

Dehydration occurs when your body loses more fluid than you take in. Dehydration can present itself in a number of different ways, including increased thirst, dry lips, dry skin, rapid weight loss, constipation, weakness, urine that is dark and strong-smelling, and dizziness upon standing.

POSSIBLE CAUSES	POTENTIAL SOLUTIONS
Diarrhea	<ul style="list-style-type: none">• Notify your healthcare provider if you are experiencing vomiting, fever, or diarrhea that lasts longer than 24 hours, a sudden decrease in urine output, dizziness, or an altered mental state• Record the amount of water and formula that you are taking each day and make note of the color and odor of your urine• Ask your healthcare provider how much extra water (free water) you should be taking on a daily basis. Extra water can be given through the feeding tube using a syringe or feeding bag• Think of water administration in terms of cups that you should have each day, for example- 3-4 cups. Keep in mind that a 60-mL syringe is only 1/4 of a cup and 4 syringes of water are needed to make 1 cup of water
Vomiting	
Fever	
Excessive sweating or drooling	
Inadequate water intake	
Excessive urination	

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.



TUBE SITE COMPLICATIONS

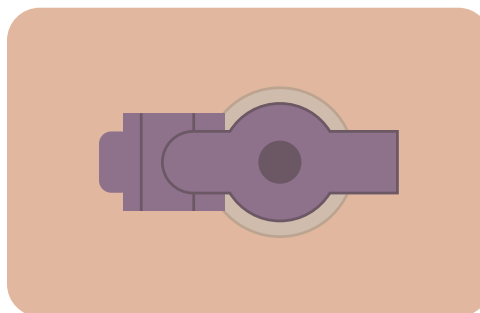
Monitoring and maintaining the feeding tube site can help reduce the chance of complications. You should inspect the tube site before each feeding, and clean/dry the site after each feeding.

A healthy tube site will be:

- Pink in color with no redness or drainage
- Rash free with no ulcers or swelling in the surrounding skin
- Free of swelling and excess skin
- Odor free

Tube site complications can include:

- Leakage around G-tube
- Tube site infection
- Hypergranulation tissue



A healthy feeding tube/stoma site

LEAKAGE AROUND THE G-TUBE

Drainage of any type of liquid around the exit site of the tube allows 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
- Overfeeding
- Balloon deflation
- Delayed gastric emptying

Types of discharge from around the tube site can include: gastric contents, secretions from stoma tissue, tube feeding formula, or medications. Talk to your healthcare provider if you have any discharge from your stoma.

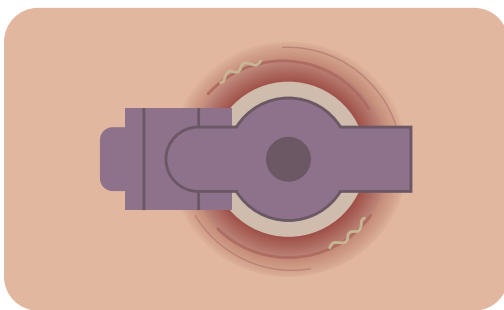
POSSIBLE CAUSES	POTENTIAL SOLUTIONS
Inward and outward movement of the tube	<ul style="list-style-type: none"> • Verify tube is properly sized and fitted to your stoma • Stabilize the feeding tube externally by adjusting the external skin disk, as recommended by your healthcare provider • Infuse medications and formula slowly • Monitor water volume of the feeding tube balloon to ensure proper inflation (your healthcare provider can check and adjust the volume of your feeding tube balloon)
Tube tract enlargement caused by excessive back-and-forth motion	
Rapidly infusing formula via bolus	
Balloon internal bumper is defective or needs more water	



TUBE SITE INFECTIONS

These infections can occur with all types of abdominal feeding tubes. Infection usually is limited to the skin and tissue below the skin, although more severe infections can occur. Tube site infections are usually from yeast or bacteria. If you have pain, itching, burning, oozing, or a foul smell at your tube site, you may have an infection. Schedule an appointment with your healthcare provider for a proper diagnosis and recommended treatment if you think you have an infection at your tube site.

POSSIBLE CAUSES	POTENTIAL SOLUTIONS
Yeast or bacteria normally found on the skin may cause infection	<ul style="list-style-type: none">• Wash hands before preparing and administering tube feeding and before performing tube site care• Make sure the external bolster is positioned properly as instructed by your healthcare provider to minimize or eliminate leaking at the stoma site• Keep skin around the tube dry• Verify tube is properly sized and/or bolster is set properly to prevent leakage or injury at the stoma site• Clean site with gentle soap and water• Allow the site to breathe and the moisture to dry• Ask your healthcare provider to adjust the disc so that it can be gently rotated, or to assess the size of the of the tube for the best fit
Displacement of the tube	
Moisture or drainage around the tube	
The external disc may be too tight or the tube may be too small	



An infected stoma site

Look for:

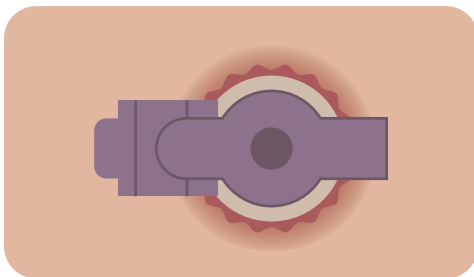
- Redness
- Tenderness
- Swelling and firmness at the site
- Pus-filled drainage
- Possible fever
- Foul odor



HYPERGRANULATION TISSUE

Thick, red, raised tissue that can form around the feeding tube where it enters the body, sometimes referred to as “proud flesh.” The extra tissue at the tube site will be bright pink or red and may bleed easily. In some cases, a clear or cloudy discharge may be present. This discharge can create a chronically moist environment at the stoma site leading to a yeast infection or skin breakdown.

POSSIBLE CAUSES	POTENTIAL SOLUTIONS
Chronic exposure to moisture	<ul style="list-style-type: none"> • Keep skin around the stoma site clean and dry • Clean site daily with gentle soap and water • No dressing is necessary unless directed by your healthcare provider • Protect skin with a barrier cream/skin protectant when drainage is present • If drainage persists contact your healthcare provider • Ask your healthcare provider if he or she feels that the granulation tissue needs to be reduced • Minimize tube movement by making sure external bolster (disk) is set properly against the skin, tube is properly stabilized, or low-profile tube is sized properly
The body’s natural reaction to the presence of the tube resulting in rapid development of thick, red tissue	
Excessive tube movement	
Need to resize low-profile balloon gastrostomy tube	



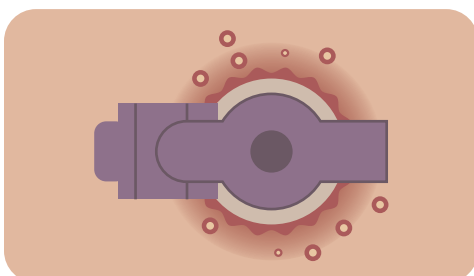
A stoma site with hypergranulation tissue

Look for:

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

YEAST INFECTION

POSSIBLE CAUSES	POTENTIAL SOLUTIONS
Infrequent dressing changes (if using)	<ul style="list-style-type: none"> • 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 healthcare provider if an antifungal powder or cream would be helpful
Prolonged skin contact with moisture (wet dressings)	
Susceptibility to yeast (immune-compromised, diabetes)	
Antibiotic therapy	



A stoma site with yeast infection

Look for:

- Redness
- Skin breakdown
- Small, inflamed, pus-filled blisters
- Burning and/or itching sensation at the tube site
- Satellite lesions
- Skin with a scaly appearance



FINDING COMMUNITY SUPPORT

Here you'll find resources that can help you get the support and guidance you need with the changes to your lifestyle. You'll have access to educational resources, support groups, and opportunities to connect with others going through similar situations.

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
- Newsletters
- Equipment and supply exchange
- Conference for you, family members, and caregivers
- Community enrichment programs



Call 1-800-776-OLEY (6359) or visit Oley.org for more information about tube feeding. Abbott is a supporter of The Oley Foundation.





TAKING CHARGE OF YOUR HEALTHCARE PROVIDER VISITS

During an appointment, it's easy to forget something important and realize afterward that you didn't get the answers you need. Preparing for your appointment with your healthcare provider will help you remember key details about your progress or concerns.

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.

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 concern, be prepared to provide the following information:
 1. A detailed description of the concern, including when and how it began as well as any symptoms
 2. What, if anything, you have done to manage the concern
 3. Things that have made it better or worse



WHAT TO BRING WITH YOU:

This booklet, which includes your:

- Tube Feeding Monitoring Checklist
- Medication Record
- Notes
- A list of questions and concerns that you want to discuss

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
- Be sure to provide your history of medical conditions, all prescribed and over-the-counter medications, and supplements
- If you don't understand something that is said, ask your healthcare provider to explain it in a different way so that you can better understand
- If your healthcare provider 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 changes within the expected time frame, inform your healthcare provider as soon as possible
- Don't hesitate to call the office if you have questions or concerns
- Don't be afraid to ask your healthcare provider 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			
NAME OF FORMULA			
AMOUNT OF FORMULA GIVEN: VOLUME CALORIES RATE			
ORAL FEEDS			
AMOUNT OF WATER GIVEN			
URINE: COLOR/ODOR			
STOOL CONSISTENCY: LIQUID (#/DAY) SOFT (#/DAY) HARD (#/DAY)			
CONSTIPATED			
NAUSEA			
VOMITING # OF EPISODES			

DATE:	MON.	TUES.	WED.
SKIN: REDNESS DRAINAGE HYPERGRANULATION TISSUE SKIN BREAKDOWN			



Date: _____

THURS.	FRI.	SAT.	SUN.

THURS:	FRI.	SAT.	SUN.



TUBE FEEDING MONITORING CHECKLIST

DATE:	MON.	TUES.	WED.
WEIGHT			
NAME OF FORMULA			
AMOUNT OF FORMULA GIVEN: VOLUME CALORIES RATE			
ORAL FEEDS			
AMOUNT OF WATER GIVEN			
URINE: COLOR/ODOR			
STOOL CONSISTENCY: LIQUID (#/DAY) SOFT (#/DAY) HARD (#/DAY)			
CONSTIPATED			
NAUSEA			
VOMITING # OF EPISODES			

DATE:	MON.	TUES.	WED.
SKIN: REDNESS DRAINAGE HYPERGRANULATION TISSUE SKIN BREAKDOWN			



Date: _____

THURS.	FRI.	SAT.	SUN.

THURS:	FRI.	SAT.	SUN.



TUBE FEEDING MONITORING CHECKLIST

DATE:	MON.	TUES.	WED.
WEIGHT			
NAME OF FORMULA			
AMOUNT OF FORMULA GIVEN: VOLUME CALORIES RATE			
ORAL FEEDS			
AMOUNT OF WATER GIVEN			
URINE: COLOR/ODOR			
STOOL CONSISTENCY: LIQUID (#/DAY) SOFT (#/DAY) HARD (#/DAY)			
CONSTIPATED			
NAUSEA			
VOMITING # OF EPISODES			

DATE:	MON.	TUES.	WED.
SKIN: REDNESS DRAINAGE HYPERGRANULATION TISSUE SKIN BREAKDOWN			



Date: _____

THURS.	FRI.	SAT.	SUN.

THURS:	FRI.	SAT.	SUN.



MEDICATION RECORD

Please list all over-the-counter medications, vitamins, and herbal supplements.

DATE	MEDICATION NAME	MEDICATION FORMULATION (eg, tablet, capsule, liquid, injectable, etc)	DOSAGE	FREQUENCY/ TIME OF DAY	INDICATION



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GLOSSARY

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

ABDOMINAL WALL: The abdominal wall represents the skin and tissue covering the abdomen.

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 most ports that tell 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 and is slowly pushed into the feeding tube.

CANDIDIASIS: An infection caused by a type of yeast. It can develop on the skin around the feeding tube.

CLOSED ENTERAL SYSTEM: A closed enteral container or bag, pre-filled with sterile, liquid formula by the manufacturer, and considered ready to administer.

CONSTIPATION: A condition in which stool becomes hard, dry, and difficult to pass, and bowel movements do not happen very often.

CONTINUOUS FEEDING: Tube feeding—usually by an automatic pump—where the formula is fed slowly over a long period of time, such as all day or night (or both).

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

DELAYED GASTRIC EMPTYING: A condition that slows the movement of food from the stomach to the small bowel (intestine).

DIARRHEA: two to three loose bowel movements/day.

ENTERAL NUTRITION: Also known as tube feeding, is a way of delivering nutrition directly to your stomach or small intestine.

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

EXTERNAL SKIN DISK: Also called an external skin bolster, this 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 RATE: Determined by how fast the formula is poured into the syringe, how high the rate is set on a pump, or how high the syringe or gravity feeding bag is placed above the stomach.

FEEDING SET: Tubing that is part of a gravity or pump feeding bag and delivers formula into the stomach or small bowel (intestine) through the feeding tube.

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. Also for hydration needs.

FRENCH SIZE: A measuring system used to define the outer 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.

GRAVITY FEEDING: Feeding method that allows gravity to control the rate of feeding either through a syringe or gravity feeding bag.

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

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

INTERNAL BUMPER: Also called the internal bolster, this is found on the distal end of the feeding tube (the end that is inside the stomach) and helps hold the tube in place.

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.

OPEN ENTERAL SYSTEM: An enteral system in which the clinician/patient/caregiver opens and pours formula into a feeding bag.

PARENTERAL NUTRITION: A method of feeding that bypasses the gastrointestinal tract, infusing liquid nutrients directly into the blood stream through a vein (intravenously).

PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) TUBE: A feeding tube that is surgically placed through your abdomen into your stomach using a lighted flexible scope called an endoscope.

PERCUTANEOUS ENDOSCOPIC JEJUNOSTOMY (PEJ) TUBE: A feeding tube that is surgically placed through your abdomen into your jejunum using a lighted flexible scope called an endoscope.

PERISTOMAL INFECTION: Infection of the tissue around the feeding tube.

PRIME THE FEEDING SET: To pour the formula into gravity or pump set 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 by an electronic pump—where the formula is fed slowly over a longer period of time, or programmed to deliver a bolus over a shorter period of time.

SMALL BOWEL (INTESTINE): The part of the digestive tract between the stomach and large intestine that digests and absorbs nutrients.

SORBITOL: 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 jejunostomy tube enters the body.

SYRINGE: A hollow, plastic tube with a plunger used to infuse formula, medication, or water into a feeding tube.

SYRINGE/BOLUS FEEDING: Formula is poured in a syringe and flows slowly into the feeding tube; the height of the syringe controls the feeding rate. A syringe push method can also be used to bolus feed.

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



NOTES



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