

<b>SECTION 8A: CLINICAL PRACTICES</b>	<b>POLICY: 8A.22</b>
<b>POLICY: ENTERAL EDUCATION PRACTICES</b>	<b>PAGE: 1 OF: 4</b>

**PURPOSE:**

- To ensure that all patients, caregivers, and nurses of Helms Home Care, LLC are provided with basic and necessary procedural and best practices information regarding enteral feedings in the home.

**POLICY:**

- Agency nurses will educate patients and caregivers on enteral feeding practices in accordance with physician orders, pharmacy instructions/materials and policy guidelines.
- During each initial/admission visit and as applicable or necessary as subsequent visits, the Agency nurse shall ensure the patient and/or caregiver is provided information and education (verbal & demonstration) regarding applicable in-home practices and procedures necessary for the ordered enteral feeding care plan.
- Infection control, tube maintenance & flushing, medication/supply storage, medication administration, and pump instruction shall be teaching elements covered by the Agency nurse.

**TYPES OF TUBES:**

- Nasogastric (NG)/ Orogastric(OG)
- Nasoduodenal (ND)
- Nasojejunal (NJ)
- Gastrotomy
- Jejunostomy
- Percutaneous Endoscopic Gastrostomy (PEG)
- Percutaneous Gastrostomy (PG)
- Percutaneous Gastrojejunostomy (PGJ)

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### **METHODS OF ADMINISTRATION:**

- **Continuous:** Feeding for 24 continuously either by gravity drip or feeding pump
  - Orders should contain formula type and goal rate
  
- **Bolus:** Feeding is infused over a short period at specified intervals (less than or equal to 15 minutes)
  - Orders should contain frequency, formula type, and amounts required (i.e. # of cans)
  
- **Intermittent:** Similar technique to that of a Bolus feeding, but it is infused over a longer duration (greater than or equal to 30 minutes)
  - Orders should contain frequency, formula type, and amounts required (i.e. # of cans)
  
- **Cyclic:** Continuous feeding over a specified period (i.e. 8-20 hours per day or night feeds)

### **INFECTION CONTROL:**

- Wash hands and wear non-sterile gloves when accessing formula and feeding tube
- Clean each enteral tubing connection with an alcohol swab and allow alcohol to completely dry before accessing. Maintain clean technique when accessing.
- Wipe top of formula can with alcohol swab and allow alcohol to completely dry before opening
- Change administration sets and any additional administration supplies every 24 hours

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**PROCEDURE: HOW TO USE FEEDING-TUBE**

1. Monitor the incision for infection and leakage. Red or inflamed skin near the incision is a sign of infection. A small amount of tan colored fluid near the tube is acceptable. Any other fluid leakage indicates improper functioning of a feeding tube. For NG or OG tube, observe skin of nares, lips, oral mucosa for any redness or breakdown
2. Check the tube for proper placement before each use. The G-tube will be marked with a line that shows just above of the incision. The tube is moving and may dislodge if the line disappears or rises further out from skin level.
3. Flush feeding tubes regularly to keep them clean and avoid clogging. Use a syringe filled with water to flush a feeding tube before and after dispensing medicine or food through the tube. Flush with water every 8 hours between uses.
4. Clean the incision and the feeding tube with soap and water after each use. Wet a clean washcloth with warm water and soap to gently wash around the tube, incision, and nearby skin. Rinse the washcloth out with warm water and use it to rinse the area, then pat dry with a clean towel.

**PROCEDURE: HOW TO MAINTAIN FEEDING TUBE**

1. Wash your hands with soap and water.
2. Remove old dressing. Look at the area where the tube enters the skin. Check for redness, swelling, any drainage or excess skin growing around the tube. A small amount of clear tan drainage can be normal.
3. Wash skin around the tube with soap and warm water. Clean around G-tube to remove any drainage and / or crusting. Clean around suture gently. Dry skin thoroughly. Keep this site clean and dry.
4. Use dressing around G-tube site as instructed by patient's physician.
5. Secure the end of the tube by putting a piece of tape around the tube and pinning it to a folded piece of tape on the stomach, diaper, or T-shirt.
6. Do not use ointments around tube site unless directed by physician's order.
7. Document procedure in progress notes.

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**PROCEDURE: MEDICATION ADMINISTRATION**

If medications are ordered to be administered via the tube:

- Confirm right medication, right dose, right route, right time, right patient and be alert to “sound alike, look alike” drugs.
- Verify patient identity, sit patient upright
- Check placement of enteral tube.
- Open the cap attached to the feeding tube.
- Slip the extension tube into the opening and insert the funnel at the other end.
- Hold the funnel up far enough to stretch the extension tube, without pulling against the implanted tube. Flush with 30 mL of water to verify patency.
- Verify order for medication. If a liquid suspension is not available, medications should be crushed and mixed with sterile water.
- Always mix foods and medicines according to doctor’s instructions.
- Medications should be given one at a time. Mixing of medications increases risks of physical and chemical incompatibles, tube obstruction, and altered therapeutic drug responses.
- Flush with 15 mL of sterile water before and after each medication or per order
- Take note of any fluid restrictions the patient may have
- Document medication administration in the nursing note

**PROCEDURE: FLUSHING OF FEEDING TUBE**

- Flushing serves to maintain tube patency, before and after gastric residual volume checks, before and after medication administration, before and after intermittent and bolus feeds and when providing additional free water
- Use 60 mL syringe to avoid high pressures
- Flush unused tube with 30 mLs of sterile water BID