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# Notes



**Disclaimer:**  
This document is for informational purposes only and is not intended to take the place of the care and attention of your personal doctor or other professional medical services. Talk with your doctor if you have questions about individual health concerns or specific treatment options.

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## Definitions

- **Nasogastric Tube:** A feeding tube that passes through the nose, with the tip of the tube placed in the stomach.
- **Nasojejunal Tube:** A feeding tube that passes through the nose, with the tip of the tube ending in the part of the small intestine called the jejunum.
- **Nausea/Nauseated:** Stomach distress with an urge to vomit.
- **Percutaneous Endoscopic Gastrostomy (PEG-tube):** A procedure for placing a feeding tube into the stomach with the assistance of an endoscope. This can be an outpatient procedure. Another type of percutaneous G-tube can be placed with the assistance of x-ray by Interventional Radiology. Both types of percutaneous G-tubes are done using sedation and local anesthesia.
- **Prime:** The process of allowing the formula to flow from the feeding bag to the very end of the tubing prior to connecting the bag to the feeding tube. This pushes the air out of the feeding bag tubing prior to starting the feeding.
- **Pump Method:** A method of feeding in which a feeding bag and an electrical pump are used to deliver a set amount of formula each hour.
- **Stoma:** An artificial permanent opening from the skin's surface going into the body.
- **TEP Tube:** Tracheoesophageal Puncture tube. A feeding tube that passes from a neck stoma, through the esophagus, to the stomach.
- **Tube Feeding:** The process of delivering formula into the GI tract through a small tube.

## Getting Started

This manual will provide you with the information you will need to safely give your tube feeding at home.

Members of the health care team will teach you how to manage your tube feeding to make sure you are at ease with it at home. Your **dietitian** has chosen a formula to provide enough calories, protein, vitamins, minerals and fluid based upon your needs. Your clinic, hospital, or visiting nurse will teach you how to care for your feeding tube and take medication.

Your **case manager** will order the formula and the tube feeding supplies (bags, syringes, pump) you will need at home. The case manager will also contact a home nursing agency to arrange for a nurse to come to your home if further instructions are needed.

**Prepared For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Contacts

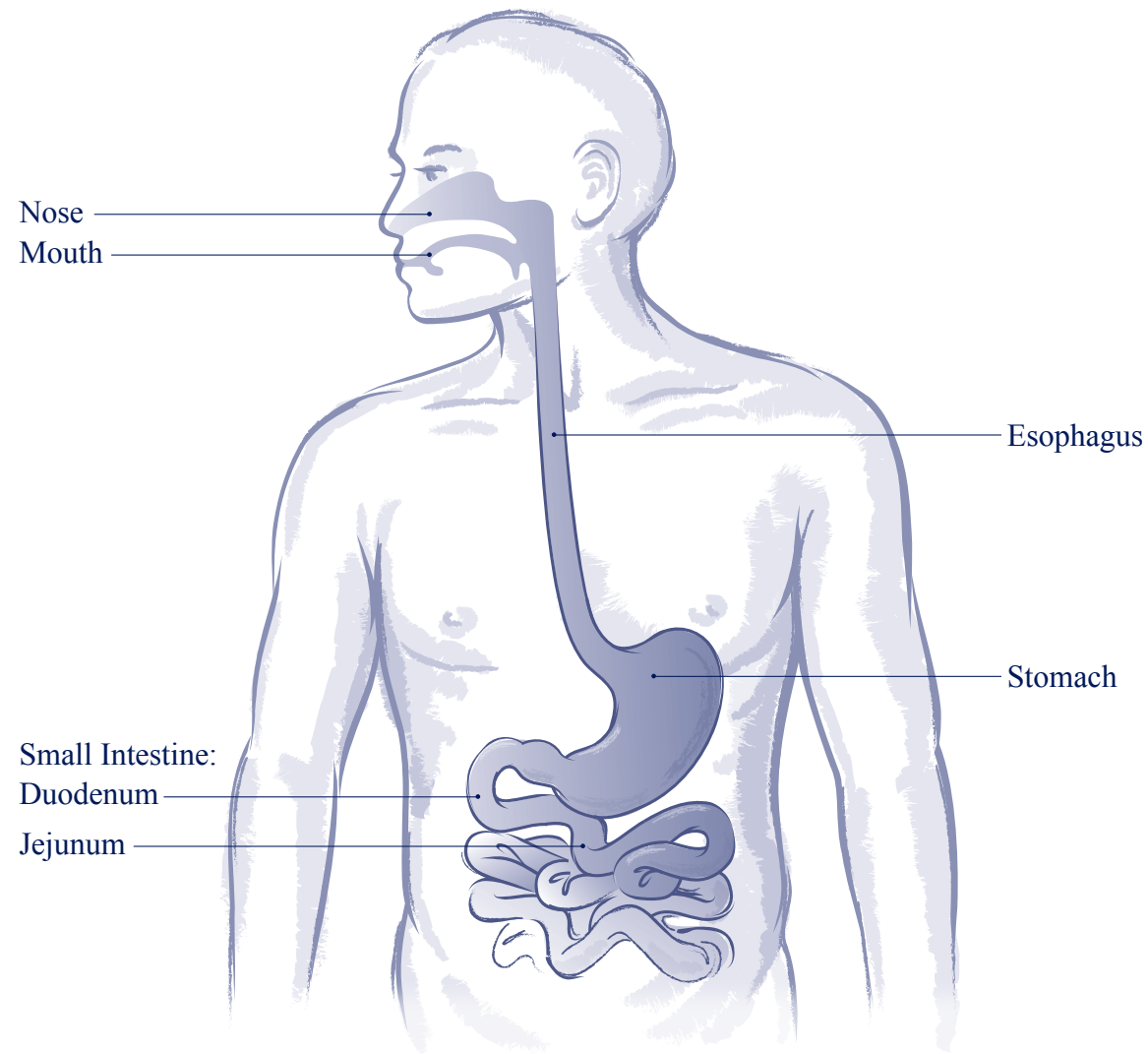
Contact the following people if you have any questions or are unclear about any instructions:

Question About:	Person To Call:	Phone Number:
Home Infusion Provider (supplies)		
Pump or Feeding Tube		
Nutrition or Formula		
Visiting Nurse		

### ✓ Emergency Contact for Tube Issues

Person To Call:	Phone Number:
Emergencies	

## Know Your Body



You have a \_\_\_\_\_ tube.

The tip of your feeding tube is in your \_\_\_\_\_.



**IMPORTANT NOTE:** If you have more than one tube (example: feeding tube and I.V.), always double check to make sure that you are giving your formula into the feeding tube and not into the I.V. line.

## Definitions

- **Aspiration:** When saliva, fluid or food is breathed into your lungs.
- **Bacteria:** A tiny living cell that may grow and spread illness and cannot be seen by the naked eye. Some bacteria can cause diseases and infections.
- **Constipation:** Having no bowel movement in three days or having hard, painful stool.
- **Dehydration:** Can be caused by too little water intake or a large loss of body fluids. Symptoms include thirst, rapid weight loss, weakness, less urine and dark colored urine.
- **Diarrhea:** Six or more watery bowel movements per day.
- **Enteral:** Using a tube that goes into the stomach or small intestine to give formula.
- **Feeding Tube:** A small tube made of soft plastic that is positioned in the digestive system. Liquid nutrition is given through this tube.
- **Fever:** Greater than 100.5 degree Fahrenheit orally.
- **Flushing:** The process of pushing water through the feeding tube using a syringe. Flushing is used to prevent the tube from clogging and to prevent dehydration.
- **Formula:** Liquid nutrition designed to provide your body with daily calorie, protein, vitamin and mineral requirements.
- **Gastrostomy Tube (G-tube):** A feeding tube that passes through the skin, with the tip of the tube placed in the stomach. G-tubes may be placed using an endoscope (see PEG tubes), with x-ray assistance or by open procedure in the operating room.
- **Gastrojejunostomy (GJ-tube):** A feeding tube that passes through the skin and abdominal wall that enters into the stomach. The tube extends past the stomach into the small intestine. It may have ports (openings) for both the stomach (gastric) and small intestine (jejunum).
- **GI Losses:** Any fluid from the digestive tract that leaves the body (may be from diarrhea, vomiting, G-tube drainage).
- **Gravity Drip Method:** A method of feeding in which a feeding bag is used to infuse the formula without a feeding pump (roller clamp controls the flow of formula).
- **I.V. :** Intravenous (through the vein).
- **Jejunostomy Tube (J-tube):** A feeding tube that passes through the skin, with the tip of the tube placed in the small intestine.

## Problem Solving

### Choking, Coughing, Gagging

Possible Cause	Actions/Solutions
● Feeding tube out of place	STOP the feeding. Call your doctor.
● Possible fluid in the lung	Call your doctor.

### Clogged Feeding Tube

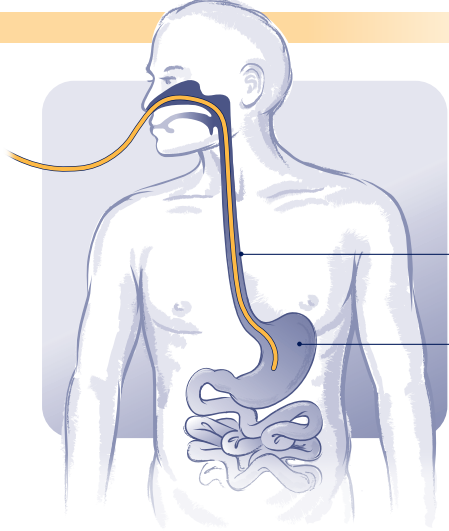
NOTE: Do NOT use an object to try and clear the blockage in the feeding tube. This could result in damage to the tube or injury to the GI tract. Do NOT use cranberry juice, meat tenderizer, or carbonated drinks (such as cola) to unclog tube. These products can make the clog worse.

Possible Cause	Actions/Solutions
● Lack of water flushes before and after feedings or taking medications	<ol style="list-style-type: none"> <li>1. Attempt to flush tube with 10 or 20 mL of warm water using a syringe.</li> <li>2. If unsuccessful, fill half of syringe with water and connect it to the feeding tube. Move syringe plunger back and forth gently several times until the clog clears. Avoid excessive force when flushing tube.</li> <li>3. Obtain a declogging kit from your home infusion provider and follow directions on kit. Call your doctor if you need assistance.</li> </ol>

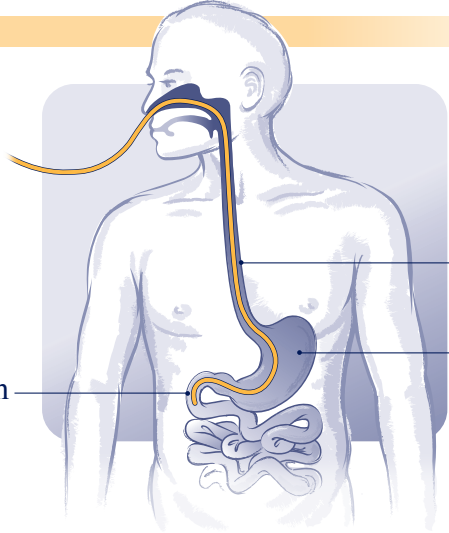
✓ If any problem persists, contact your doctor, dietitian or nurse.

## Feeding Tube Placement

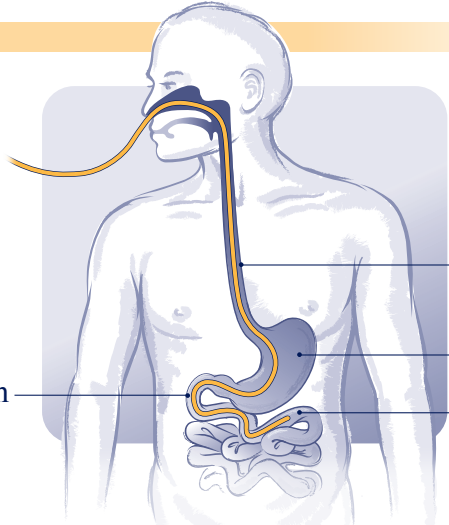
### Tubes Placed Through Nose



**Nasogastric (NG)**  
A feeding tube that passes through the nose, with the tip of the tube placed in the stomach.



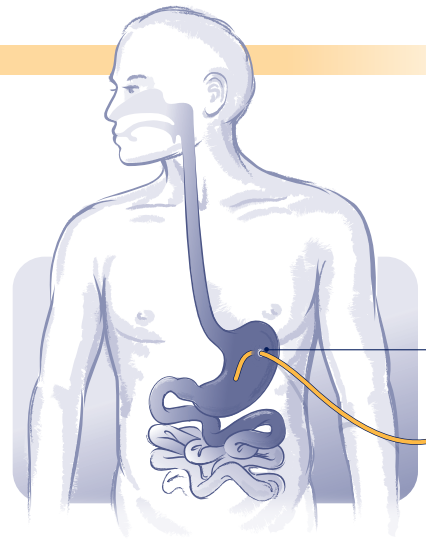
**Nasoduodenal tube (ND)**  
A feeding tube that passes through the nose, with the tip of the tube placed in the small intestine. (duodenum)



**Nasojejunal tube (NJ)**  
A feeding tube that passes through the nose, with the tip of the tube placed in the small intestine. (jejunum)

## Feeding Tube Placement

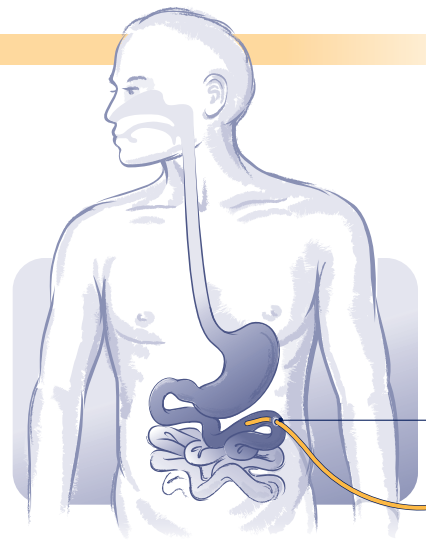
### Tubes Placed Through Skin



Stomach with G-tube that passes through the skin

#### ■ Gastrostomy (G-tube)

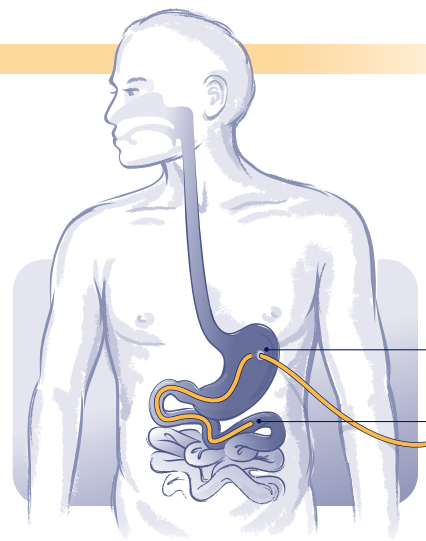
A feeding tube that passes through the skin and abdominal wall with the tip of the tube directly in the stomach. A PEG tube (percutaneous endoscopic gastrostomy) is one type of G-tube.



Jejunum with J-tube that passes through the skin

#### ■ Jejunostomy (J-tube)

A feeding tube that passes through the skin, with the tip of the tube directly into the small intestine (jejunum).



Stomach with GJ-tube passing through the skin  
Jejunum

#### ■ Gastrojejunostomy (GJ-tube)

A feeding tube that passes through the skin and abdominal wall that enters the stomach. The tube extends past the stomach into the small intestine. It may have ports (openings) for both the stomach (gastric) and small intestine (jejunum).

## Problem Solving

### Fever

(Greater than 100.5 degrees Fahrenheit orally)

#### Possible Cause

#### Actions/Solutions

- Possible fluid in the lung (inhaling of saliva, fluid or food)
- Possible infection

Call your doctor.  
Call your doctor.

### Fluid Overload

(Sudden weight gain of 2 pounds per day for 2 days)

#### Possible Cause

#### Actions/Solutions

- Retaining fluid

Call your doctor.

### Missed or Delayed Feeding

#### Possible Cause

#### Actions/Solutions

- Away from home or very busy schedule

Start your feedings as soon as possible and continue with your normal feeding schedule. Call your dietitian if this happens frequently to talk about a change in the feeding plan.

### Leakage, Skin Redness or Irritation Around the Tube

- Some drainage around the tube site is normal. If the drainage looks like pus or the skin is red, swollen or very painful, call your doctor.

## Problem Solving

### Constipation

(Call your physician if you have not had a bowel movement in 3 days)

Possible Cause	Actions/Solutions
<ul style="list-style-type: none"> <li>● <b>Not enough water intake</b></li> </ul>	Increase your water intake as directed by your dietitian or doctor.
<ul style="list-style-type: none"> <li>● <b>Not enough physical activity</b></li> </ul>	If approved by your doctor, increase your physical activity.
<ul style="list-style-type: none"> <li>● <b>Not enough fiber intake</b></li> </ul>	May need a formula that has fiber or a fiber supplement. Check with your dietitian.
<ul style="list-style-type: none"> <li>● <b>Possible blockage of the bowel</b></li> </ul>	Call your doctor.
<ul style="list-style-type: none"> <li>● <b>Side effect of your medication</b></li> </ul>	Discuss medications with your physician or pharmacist.

\* If problems persist, contact your doctor, dietitian or nurse.

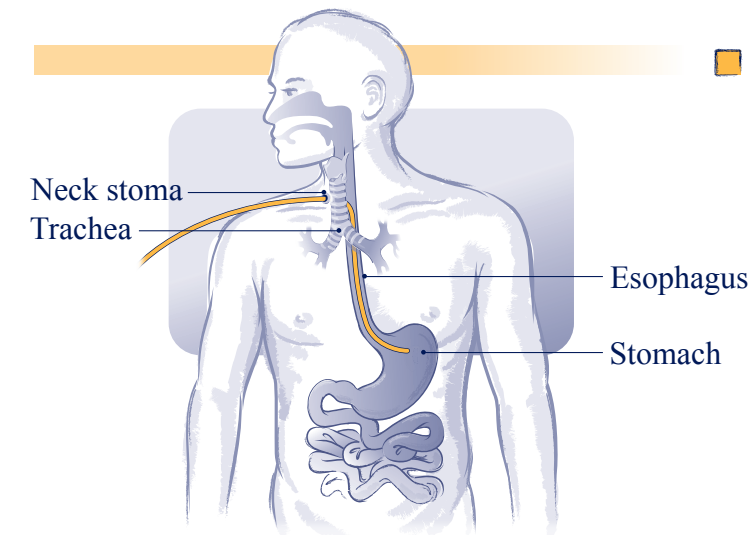
### Dehydration

NOTE: Symptoms are weakness, thirst, light headedness, dry skin, less urine output, dark colored urine, or a sudden decrease in weight. (see dehydration page 12)

Possible Cause	Actions/Solutions
<ul style="list-style-type: none"> <li>● <b>Prolonged fever</b></li> </ul>	Call your doctor.
<ul style="list-style-type: none"> <li>● <b>Persistent diarrhea, large body fluid losses, wound drainage</b></li> </ul>	Call your doctor.
<ul style="list-style-type: none"> <li>● <b>Not enough water intake</b></li> </ul>	Make sure you are taking the amount of water as instructed by your dietitian. Call your dietitian or doctor to discuss fluid needs.

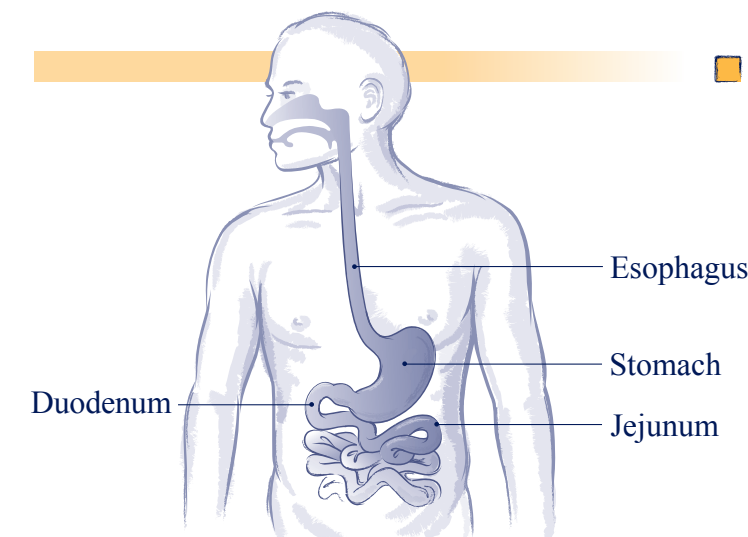
## Feeding Tube Placement

### Other Tubes



#### Tracheoesophageal Puncture (TEP)

A feeding tube that passes from a neck stoma, through the esophagus and into the stomach.



#### Special Feeding Tube Placement

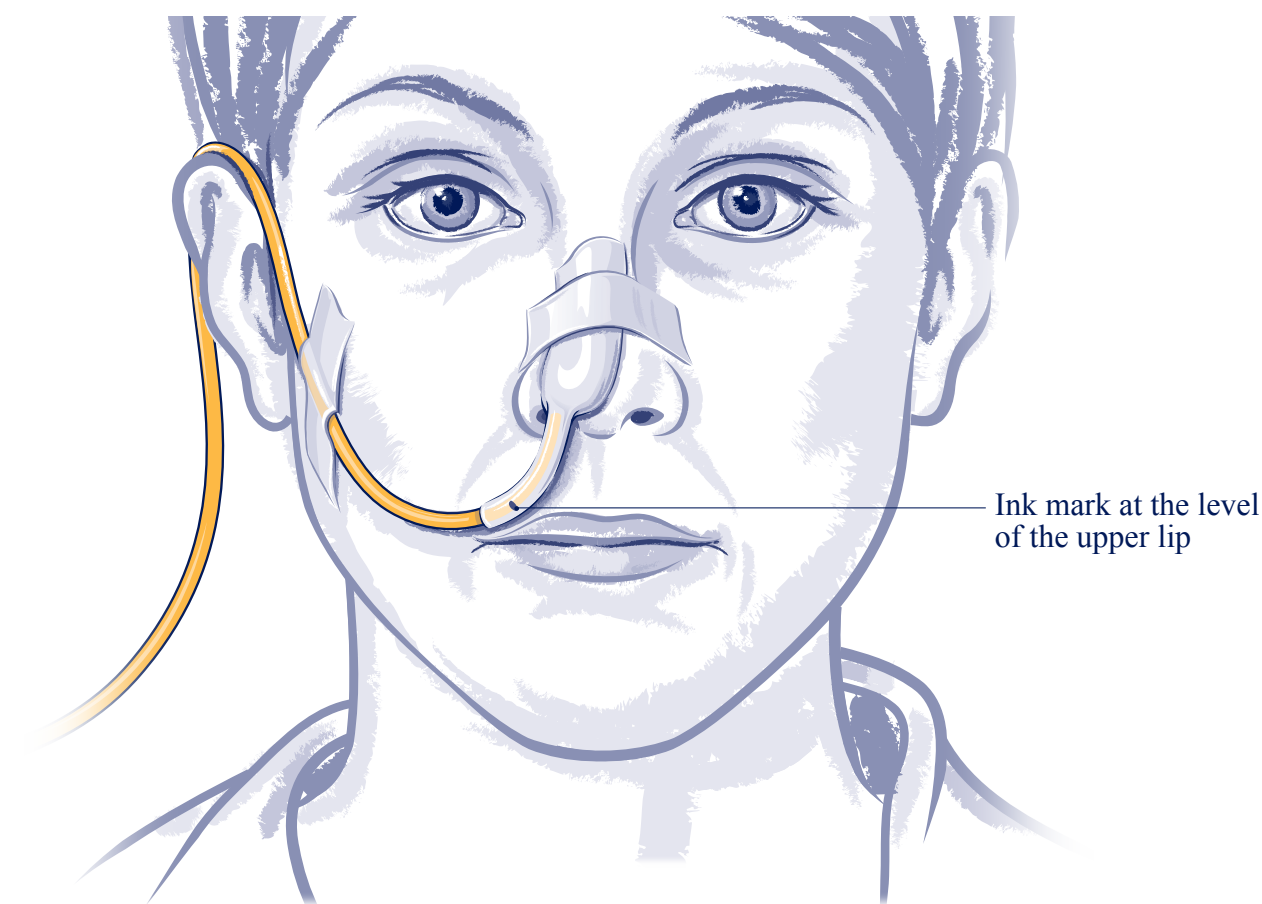
Please draw in any special feeding tube placement that applies.

## Checking Feeding Tube Placement

Checking the proper placement of your feeding tube should be done before each feeding and before putting any liquids into the tube.

### For Tubes Placed Through Nose:

- Use a permanent ink marker to make a mark on the tube at the level of the upper lip.
- Watch to make sure the mark stays at that same point. You do not want the tube to go further inside or outside of the body more than 1 inch.
- If there is any question about the tube being in its correct place, call your doctor before using the tube.
- If your tube has numbered markings on it, note the one that is the closest to your skin.



## Problem Solving

### Nausea

Possible Cause	Actions/Solutions
• Side effect of your medication	Discuss medications with your doctor or pharmacist.
• Stomach emptying too slowly	Discuss the use of different formulas with your dietitian. Ask your doctor about a medication to relieve symptoms.
• Feeding is being given too quickly	Decrease the rate of your feeding by 10 to 20 mL per hour if using a pump. * Slow down gravity feeding so that it is given over a longer period of time.

\* If problems persist, contact your doctor, dietitian or nurse.

### Gas or Bloating (Feeling of fullness)

Possible Cause	Actions/Solutions
• Formula is being given too quickly	Decrease the rate of your feeding by 10 to 20 mL per hour if using a pump. * Slow down gravity feeding so that it is given over a longer period of time.
• Stomach emptying too slowly	Call your dietitian or ask your doctor about a medication to relieve symptoms. This may be caused by too much fiber.
• Too much fiber	Decrease the amount of fiber-containing formula or supplements. Call your dietitian.
• Lack of physical activity	If approved by your doctor, increase your physical activity.

\* If problems persist, contact your doctor, dietitian or nurse.



## Problem Solving

These problems may happen while you are receiving tube feedings. Keep in mind some of the problems may have other causes and may not be related to your tube feeding.

### Tube Displacement

- ✓ If your tube is accidentally pulled out, call your doctor immediately or go to your local emergency room. The tube must be replaced within 2-3 hours or the opening leading to your stomach or small intestine may close.

### Diarrhea and/or Cramping

Possible Cause	Actions/Solutions
● Side effect of your medication	Discuss medications with your doctor or pharmacist.
● Formula is too cold	Make sure your formula is at room temperature before using.
● Feeding is being given too quickly	Decrease the rate of your feeding. If using a pump, decrease by 10 to 20 mL per hour. * If feeding by gravity, slow down your gravity feeding so that it is given over a longer period of time.
● Not enough fiber intake	May need addition of a fiber-containing formula or a fiber supplement. Check with your dietitian.
● Tube out of position	Contact your doctor. You may need an x-ray to check the position of the tube.
● Bacteria in the formula	Make sure you wash your hands and use clean supplies when handling your formula. Rinse and replace feeding bags as instructed. Check to be sure you do not let the formula hang too long in the bag. Check the expiration date on the formula package. Be sure all open bottles, cans, or mixed feedings are refrigerated and thrown away after 24 hours.
● Incorrect cleaning of tube feeding supplies	Clean feeding bags and syringes with warm water only. Do not use soap.

\* If problems persist, contact your doctor, dietitian or nurse.

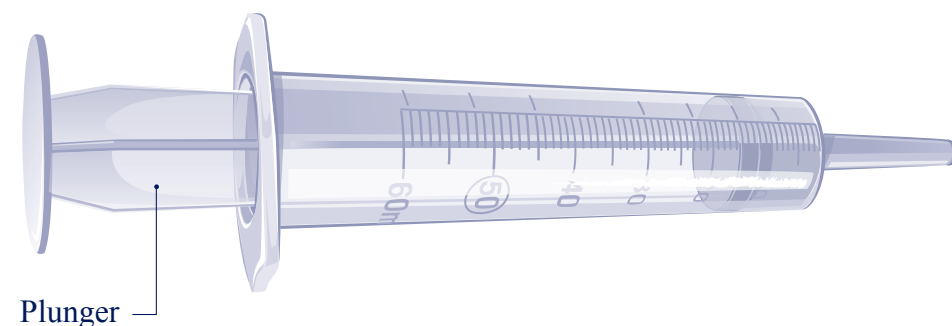
## Tube Feeding Bag, Syringe & Extension Usage

### Feeding Bags

- Use a new feeding bag **EVERY DAY** (if you give more than one feeding in a day, use the same bag all day).
- Rinse out the bag with warm water after each feeding and store in a sealed container in the refrigerator. Do **NOT** rinse out with soap, vinegar or any other cleaning product.
- Never throw away your last feeding bag in case you do not receive your next shipment before your next scheduled feeding.
- Add **ONLY** formula or water to the bag as directed by your dietitian. Do not add medications or supplements to the bag.

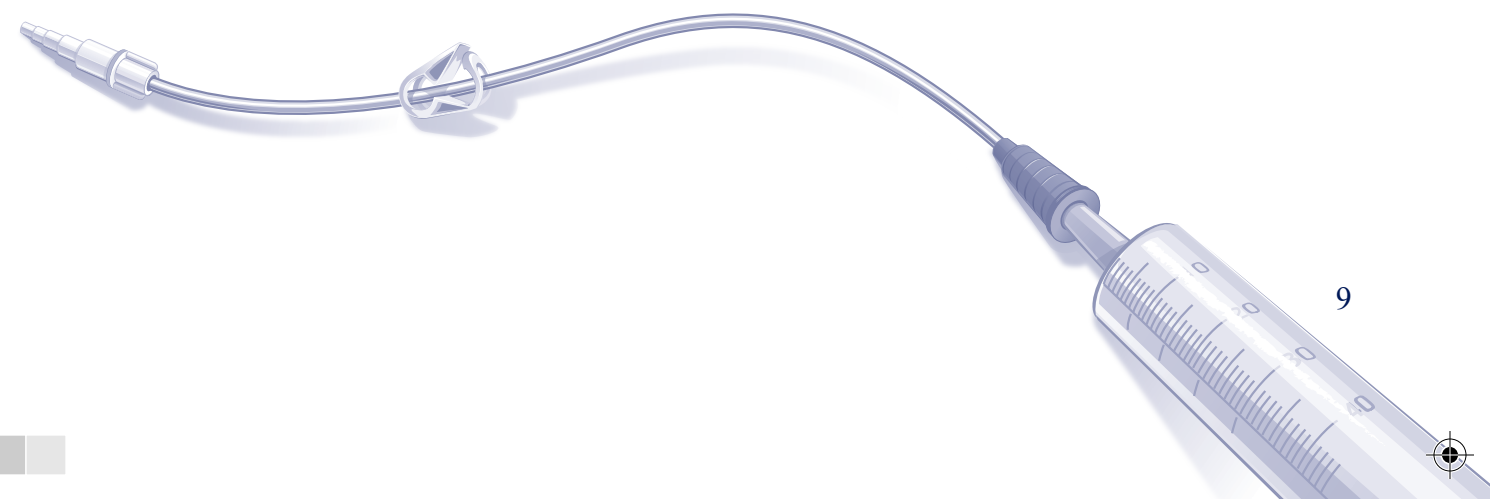
### Syringes

Syringes can be reused for **3 to 4 days**. After each use, clean your syringe by pulling the plunger out of the barrel, rinse with warm water and allow to air dry.



### Extension Pieces

Feeding tube extension pieces should be changed once per week or as directed by your dietitian.



## Before Giving Your Tube Feeding

### Formula Preparation

1. Clean off the top of any formula container with dish detergent and a clean cloth, and then rinse well with tap water before opening.
2. Wash your hands with soap and water.
3. Use room temperature formula only. Do NOT microwave any formula.
4. Shake can well for 30 seconds.
5. See your sample schedule provided in the front pocket of this manual to know how much formula to pour into the feeding bag at one time.

### Formula Storage

- Your canned formula may be stored at room temperature as long as it has not been opened.
- Do not store formula near heating vents or other sources of heat.
- Do not store formula where it may freeze or in direct sunlight.
- Cover and refrigerate all unused, open cans or prepared formula. Write the date the can was opened on the label.
- Throw away open cans or prepared formula that has been in the refrigerator longer than 24 hours.

### Flushing the Feeding Tube

Flushing is done by filling a syringe with **water** and pushing it through the feeding tube. This is important to:

- keep the feeding tube from getting clogged
- provide you with enough water to meet your daily needs

You should flush your feeding tube with water before and after you put formula or medications through your feeding tube. If you run your feeding on a pump, you should flush your tube at least every 4-8 hours.

**Never flush your tube with soda pop or cranberry juice. This can cause the tube to clog.**

## Taking Medications

If you need to take medications through your feeding tube:



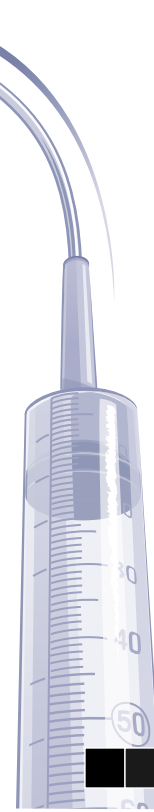
- Check with your doctor or pharmacist to see if your medications interact with your tube feeding formula.
- Ask your doctor to prescribe your medications in a **liquid** form.
- If any of your medications are not in a liquid form, ask a pharmacist or doctor if the pills can be crushed or the capsules opened. **Do not crush pills or open capsules without your pharmacist's or doctor's consent. This could be harmful.**
- Do not take any medication (prescription or over-the-counter) without your doctor's consent.
- **Do not mix medications** with your tube feeding formula or with each other.
- **If more than one medication is needed, always flush the feeding tube with water between each medication.**
- **Do not add medications to the feeding bag.**

### Supplies Needed:

- Medications
- Syringe
- Pill crusher, if needed
- A small cup for crushed meds
- A cup with warm water

### Procedure:

1. Wash hands with soap and water before starting.
2. Check the placement of your feeding tube (see page 8).
3. Sit upright or have your head and chest higher than your stomach.
4. Using the syringe, flush your feeding tube with at least 10 to 20 mL of water.
5. Prepare your medications as follows:
  - **Liquid:** measure the correct amount of medication then dilute it with 5-10 mL of water. Draw the medications into the syringe.
  - **Pills:** crush pills into a fine powder. Then mix the contents with 10 to 15 mL of warm water and draw the medication into the syringe.
6. Inject one medication into your feeding tube.
7. Flush the feeding tube with 10 to 20 mL of water after each medication (each medication should be given separately).
8. After all the medications are given, flush the feeding tube with water.
9. Re-clamp the feeding tube.
10. Thoroughly wash and dry any syringe(s), cup(s) or pill crusher used for medications.



## Water Safety for Feedings into the Small Intestine

Well water may cause problems when given directly into the small intestine. Well water may contain bacteria that can cause an infection in your intestine resulting in diarrhea. If your home has well water, there are two things you can do:

- **Option 1: Use bottled water for any liquid going into your feeding tube.** (This includes formula, medications, extra water, flushing your tube and rinsing your feeding set.) This could become costly.
- **Option 2: Boil the well water for ten minutes.** Then let the water cool for one hour, making sure the pot is covered during this time. **Boil the water again for another ten minutes.** Cool and pour it into a container that has a lid. For example, use a large glass jar, or container with a cap. Be sure the container and lid have been washed and rinsed well. The water can be stored at room temperature for three to five days as long as the container is kept closed between uses. Do not put the feeding supplies directly into the clean water (example: pour water into a cup then fill syringe from the cup).

## Sick Days

On the days that you are not feeling well, you still need nutrition.

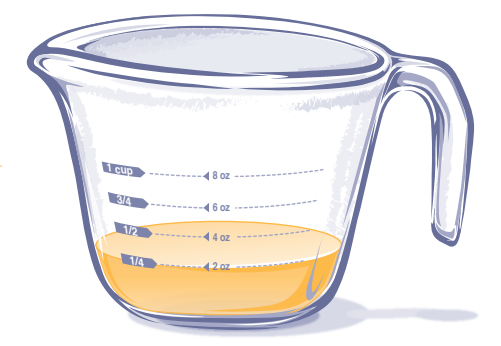
- Take your normal feedings and water if able.
- Hold the feeding if you are vomiting.
- Take small amounts of water as often as you can to replace the amount of formula normally given.

✓ Call your physician if you are unable to tolerate your feedings for longer than 24 hours.

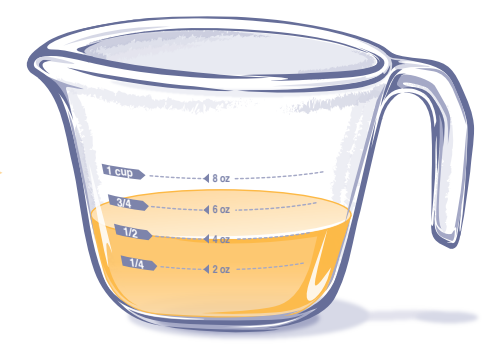


## Measuring Liquids

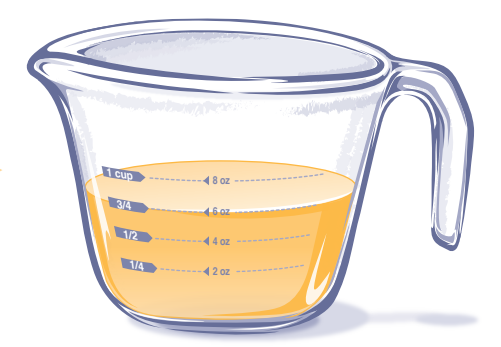
1/4 Cup  
2 Ounces (oz)  
60 Milliliters (mL)



1/2 Cup  
4 Ounces (oz)  
120 Milliliters (mL)



3/4 Cup  
6 Ounces (oz)  
180 Milliliters (mL)



1 Cup  
8 Ounces (oz)  
240 Milliliters (mL)



1 mL = 1 cc

## Getting Enough Water

Your formula alone may not give you enough water to keep you from getting dehydrated. Most people need extra water. As part of your nutrition goal, you will be given a water intake goal for the day (see your schedule in front pocket). This goal is the amount of water you need to take each day **IN ADDITION** to your formula. If you are able to drink water, you will only need to flush the feeding tube to keep it from clogging. If you are not able to drink, you will need to put all of the additional water through your feeding tube.

## Signs of Not Getting Enough Water

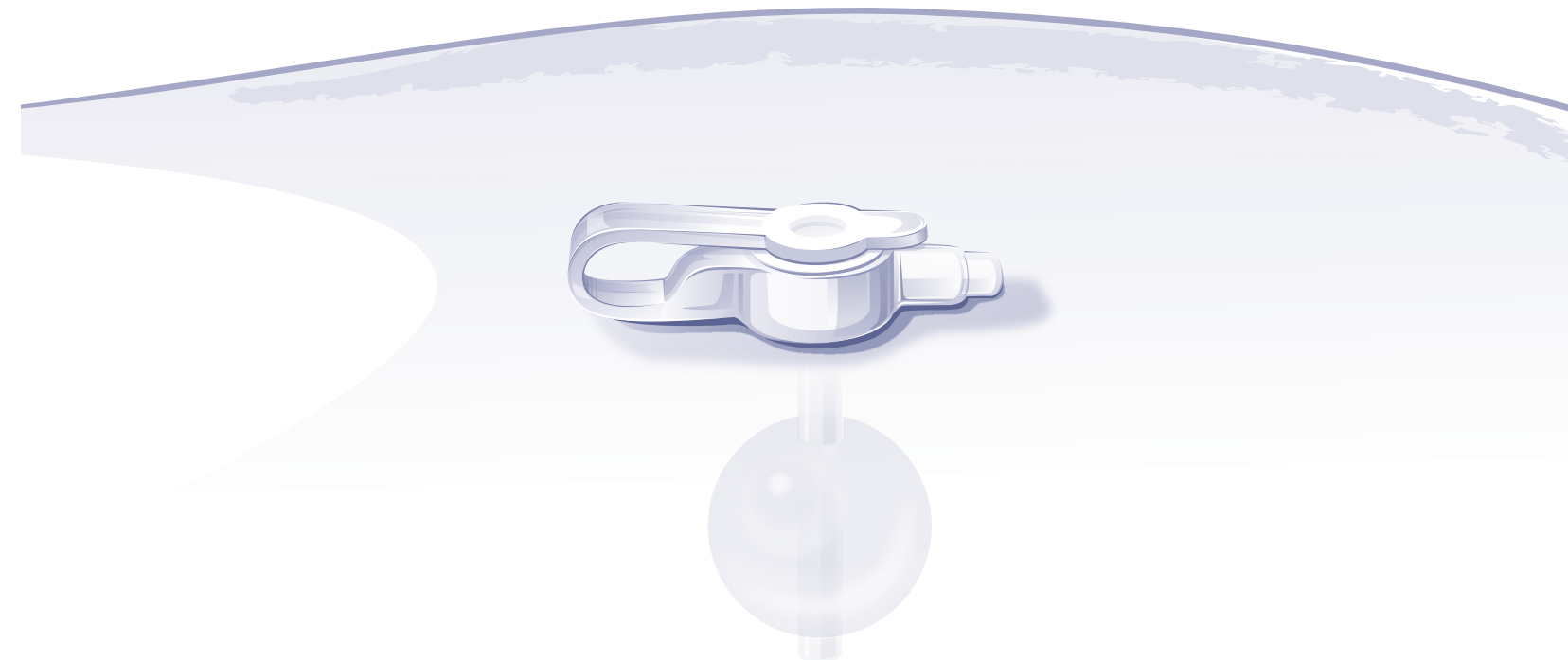
If your body is not getting enough water each day or you are losing fluid through vomiting, diarrhea, heavy sweating or other body fluid losses, you may get dehydrated. Dehydration can become life-threatening. Some signs to watch for include:

- decrease in urine flow or very dark colored urine
- sudden decrease in weight
- dry mouth
- muscle cramps
- feeling faint
- tired and weak

If you suspect you are dehydrated, call your doctor immediately for medical advice.

✓ Weigh yourself once a week and keep a record.  
If you suspect rapid weight gain or loss,  
call your doctor

- It is important to keep your skin around the tube clean and dry.
- Some drainage around the tube site is normal. If the drainage looks like pus or the skin is red, swollen or very painful, call your doctor.
- You may shower 24 hours after tube placement. The tube does not need to be covered during showers.
- The feeding tube site must be fully healed before swimming or taking a bath (2-6 months). Check with your doctor before you submerge the tube under water. Avoid poor quality water (ponds, lakes) and hot tubs. Chlorinated swimming pools are generally safe but check for high bacteria count before entering. Do not swim if your tube site is irritated or infected.
- You may secure the tube underneath clothing with stretch netting or an abdominal binder to conceal it and prevent unnecessary movement of the tube.



## Care of Skin Around Gastrostomy, Jejunostomy & Gastrojejunostomy Tube

✓ If your tube is accidentally pulled out, call your doctor immediately or go to your local emergency room. The tube must be replaced within 2 to 3 hours or the opening leading to your stomach or small intestine may close.

### Supplies Needed:

- Washcloth or cotton tip applicators
- Antibacterial soap
- Water
- Split gauze (optional)
- Stretch netting or abdominal binder (optional)

### Procedure:

1. Wash your hands with soap and water.
2. Remove all gauze and tape (Gauze is left in place for 24 hours after the tube is first placed).
3. Inspect your skin. Contact your doctor if there is redness, tenderness, swelling, drainage and/or stomach leakage around the tube.
4. Gently clean the skin around the tube daily with antibacterial soap and water using a washcloth or cotton tip applicator.
5. Rinse the area with water and pat dry. Allow the area to air dry fully.
6. Place new gauze around the feeding tube if needed.

- If your tube has a crossbar or disc that lies against your skin, you will need to clean underneath it. Rinse with water and allow to air dry. Check to see that the crossbar is not too tight against the skin (it should not indent the skin).
- Keep skin clean, dry and free of drainage. Replace gauze as needed but most tubes do not require gauze. If gauze is used, be sure it is changed if it becomes wet or soiled.
- Gentle movement of the tube is not harmful.

## Pump Tube Feeding: Formula Hang Times

- Formula may spoil if it is left at room temperature for too long after being opened.
- Different types of formula have different hang times.
- **Only add enough formula to the feeding bag so that it does not hang longer than recommended (see below).**
- Gravity feedings are given over a short period of time, therefore you may add the entire amount of formula to the bag for each feeding.
- **Always rinse out the feeding bag and tubing with water before adding more formula so that the “new” formula does not mix with the “old” formula.**

Type of Formula:	Maximum Hang Time:
Formula straight from the container	8 hours
Formula mixed with water, powders or other liquids	4 hours

To figure out how much formula you can add to your bag each time you refill, use this simple calculation:

**Pump rate x maximum hang time = mL of formula you can add to the bag**

**Example: Your pump rate is 60 mL/hr and you use formula straight from the container (8 hour hang time).**

$$60 \text{ mL/hr} \times 8 \text{ hr} = 480 \text{ mL}$$

That means that you can add up to 480 mL of formula (2 containers) to the bag each time.

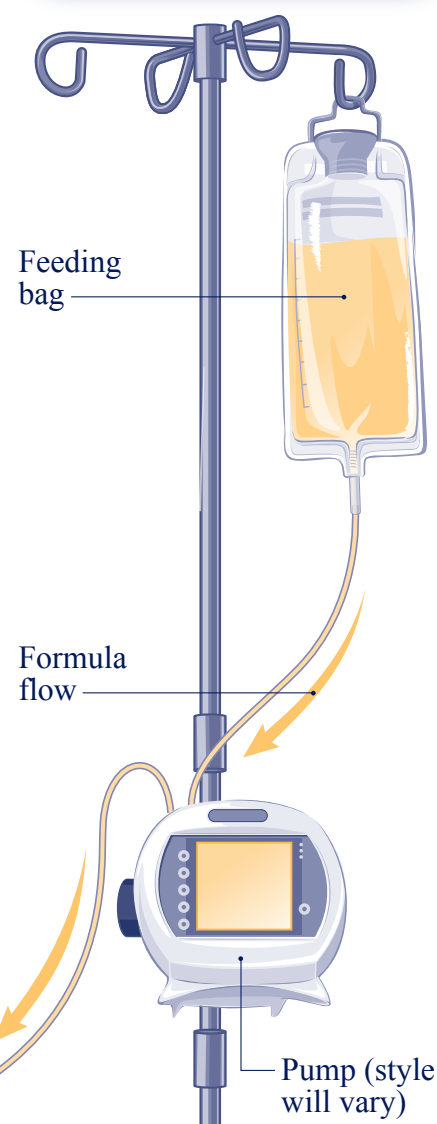
## How to Give a Pump Tube Feeding

Feeding pumps are used to control how fast the formula is given. The brand of feeding pump you receive will depend on your home care provider. Each feeding pump is set up a little differently. Therefore, your home care provider or nurse will teach you how to use the pump.

Check box if this feeding method applies to you

### Supplies Needed:

- Feeding pump
- Feeding bag with tubing
- I.V. pole
- Formula
- Room temperature water
- 60mL syringe



### Feeding Instructions:

1. Wash your hands with soap and water.
2. If you have a gastrostomy or a nasogastric tube, run the tube feedings while sitting upright with your head and chest higher than your stomach. You should remain upright for 30 minutes to one hour after feedings are complete.
3. Check placement of your tube (see page 8).
4. Prepare your formula as directed.
5. Pour the correct amount of formula into the feeding bag.
6. Remove the air from the tubing by priming the line (slowly fill the tube with formula and let it flow to end of tube).
7. Flush the feeding tube with the prescribed amount of water using a syringe.
8. Insert the pump tubing into the feeding tube and start the pump.
9. When the feeding is complete, turn the pump off and remove the pump tubing from the feeding tube.
10. Use a syringe to flush the feeding tube with the prescribed amount of water and cap the end.
11. If more formula is needed, remove the tubing from the pump and rinse the bag out with tap water. Refill your feeding bag according to your feeding schedule and restart the feedings.

### Cycling Pump Tube Feedings

To reduce the amount of time spent connected to the pump, your dietitian will give you a maximum rate of feeding. Increase the pump rate by 5 to 10 mL/hr every 1 to 4 days until you reach this rate. If you have any diarrhea, nausea, cramping or bloating, go back to the previously tolerated rate and contact your dietitian for further instructions.

## Mouth Care

It is important to maintain good oral health even if you are not eating. You are still at risk for dental problems such as cavities. If you are unable to eat or drink anything by mouth, you may experience some mouth dryness, bad taste or bad breath.



To prevent this:

- Brush your teeth and gums twice a day with a soft tooth brush.
- Avoid licking your lips. This could cause further dryness and chapping of lips. Use a lip balm for dry lips.
- Rinse your mouth with an alcohol-free mouthwash or use a mild salt and/or baking soda solution to rinse your mouth 3-5 times a day.

**Ask your doctor if it is OK to suck on sugarless hard candy or ice chips**

### Oral Solution Mixtures

Listed below are three ways you can prepare a salt or soda solution. If you have had surgery or radiation treatment of mouth, head or neck, please contact your doctor prior to starting mouth care.



**“Rinse and Spit”**  
Do not swallow the solutions

- Add one (1) teaspoon of salt to 16 oz. of warm water.  
or
- Add one (1) teaspoon of baking soda to 16 oz. of warm water.  
or
- Add one (1) teaspoon of salt and one (1) teaspoon of baking soda to 32 oz. of warm water.



## Care of the Feeding Tube & Nose

Care of the nose around the tube should be done everyday.

### Correct Taping of Nasal Tube:

- First piece of tape lengthwise down the nose
- Second piece of tape across top of nose
- First piece of tape wrapped around the tube
- Ink mark

### Option 1

Loop tube over ear and tape to side of face

### Supplies Needed:

- Washcloth or gauze
- Antibacterial soap
- Tape
- Permanent marker

### Procedure:

1. Wash your hands with soap and water.
2. Use a permanent ink marker to place a dot on the feeding tube at the level of the upper lip.
3. Remove the old piece of tape using one hand while holding the tube in place with the other.
4. Clean area around the nose with antibacterial soap, making sure you clean well where the tube enters the nose. Allow to air dry.
5. Use a mirror or have someone else check the site where the tube enters the nose. Be sure redness or an open sore is not present.
6. Place the new tape lengthwise down the nose and wrap the rest of the tape around the tube. Place another piece of tape across the top of the nose to fully secure the first piece of tape. Do not tape the tube tightly against the front of the nostril or split the tape to wrap it around the tube. This can cause a sore to form from the tube pressing on the front of the nostril.
7. To secure the tube or for your own comfort, you may loop the tube around your ear and tape it to the side of your face. You may also place a piece of tape around the tube and use a safety pin to secure the tape to your clothing. Never put a pin through the tube itself.

### Option 2

Safety pin to clothing (never pin through tube)

## How to Give a Gravity Bag Tube Feeding

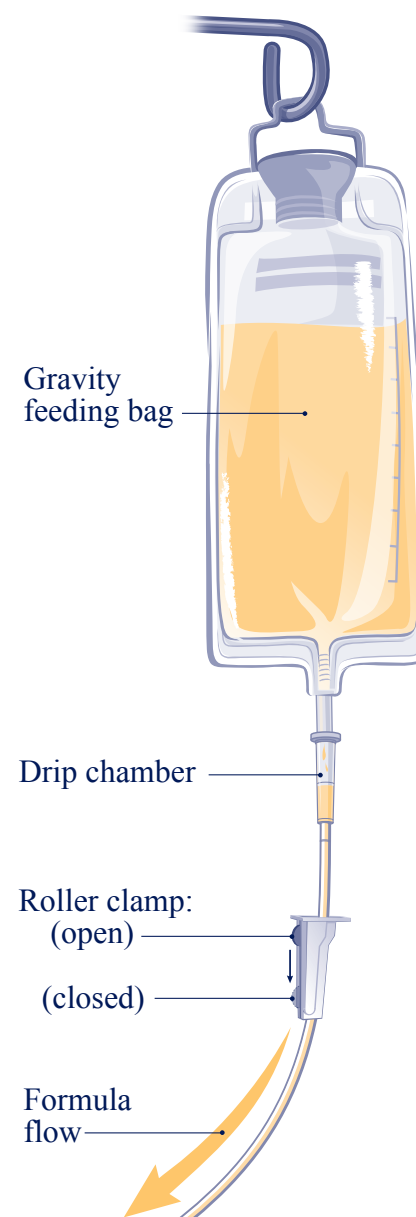
Check box if this feeding method applies to you

### Supplies Needed:

- Feeding bag and tubing
- Formula
- Room temperature water
- 60 mL syringe
- I.V. pole or hook

### Feeding Instructions:

1. Wash your hands with soap and water.
2. Sit upright or have your head and chest higher than your stomach. Remain in this position during and 30-60 minutes after feeding.
3. Check the placement of your tube (see page 8).
4. Prepare your formula as directed.
5. Close the roller clamp on the feeding bag (roll the wheel down).
6. Pour the formula into the feeding bag (see your feeding schedule in front pocket).
7. Place the feeding bag on a pole or hook so that it is above your head by at least 12 inches.
8. Prime the tubing by squeezing and releasing the drip chamber until the formula fills to the line etched in the chamber. Open the roller clamp to allow the formula to flow. Close the clamp once the formula is at the end of the tubing.
9. Use a syringe to flush the feeding tube with the prescribed amount of water.
10. Insert the end of the feeding bag into the feeding tube, open the roller clamp and allow the formula to flow as tolerated until the feeding bag is empty. The flow can be adjusted with the roller clamp. Feedings may take between 15 to 90 minutes to complete.
11. When the formula is finished, pour the recommended amount of water into the feeding bag and allow it to flow into the tube. This step may be done 1 to 2 hours after the feeding if you are too full.
12. Remove the feeding bag from the feeding tube.
13. Use a syringe to flush the feeding tube with water as directed and cap your feeding tube.
14. Rinse out the tube feeding bag with water and store in the refrigerator in a sealed container until the next feeding.



## How to Give a Syringe Gravity Tube Feeding

Check box if this feeding method applies to you

### Supplies Needed:

- Formula
- Room temperature water
- 60 mL syringe



### Feeding Instructions:

1. Wash your hands with soap and water.
2. Sit upright or have your head and chest higher than your stomach. Remain in this position during and 30-60 minutes after feeding.
3. Check placement of your tube (see page 8).
4. Prepare formula as directed.
5. Flush the feeding tube with water using your syringe. Remove the syringe from the feeding tube.
6. Remove the plunger from the syringe.
7. Place the tip of the syringe into the feeding tube.
8. Pour formula into the syringe barrel and allow it to flow in slowly. Continue refilling the syringe until your prescribed amount is given.
9. Pour in the prescribed amount of water into the syringe and allow it to flow in slowly.
10. Replace the plunger into the syringe and flush the feeding tube with prescribed amount of water.
11. Remove the syringe. Cap or clamp the feeding tube.
12. Wash the syringe with soap and water after each feeding.
13. Air dry the syringe and store in a clean dry place.

## How to Give a Syringe Push Tube Feeding

This type of feeding method should only be used with a gastrostomy or nasogastric tube and only after feedings are well established. Consult your dietitian before using this method.

Check box if this feeding method applies to you

### Supplies Needed:

- Formula
- Room temperature water
- 60 mL syringe
- Cup or bowl



### Feeding Instructions:

1. Wash your hands with soap and water.
2. Sit upright or have your head and chest higher than your stomach. Remain in this position during and 30-60 minutes after feeding.
3. Check the placement of your tube (see page 8).
4. Prepare formula as directed.
5. Flush the feeding tube with water as directed and remove the syringe from the feeding tube.
6. Pour enough formula for one feeding into a cup or bowl.
7. Using a 60mL syringe, draw the syringe full of formula as directed.
8. Place the tip of the syringe into the feeding tube.
9. Slowly push the formula into the feeding tube over several minutes as tolerated. You may need to wait between each syringe full. Repeat until all of the formula is given.
10. Flush with the prescribed amount of water.
11. Cap or clamp the feeding tube.
12. Wash the syringe with soap and water after each feeding.
13. Air dry the syringe and store in a clean dry place.