

E-160 R Administration of Enteral Feedings, Gastrostomy or Jejunostomy Tube

Gastric feeding by gastrostomy tube is relatively safe to administer provided gastric emptying is normal. Research has shown that aspiration rates are about the same in clients with a gastrostomy tube as with nasogastric tubes (*Metheny, 2000*).

A gastrostomy tube is inserted in surgery. The tube is placed in the stomach and the tube exits in upper left quadrant of the abdomen. An alternative is a percutaneous endoscopic gastrostomy (PEG) tube. This tube also exits through a puncture wound in upper left quadrant of abdomen but is held securely in place by design.

A jejunostomy tube is used when clients are at greater risk of aspiration or have delayed gastric emptying. This tube is placed in surgical procedure and advanced into the jejunum.

Purpose

Provide nutrition intermittently or continuously over longer periods of time.

Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

Other (*Identify*): _____

Equipment/Supplies

- Disposable feeding container or ready to hang bag or bottle and tubing, as ordered.
- Formula.
- Catheter-tip syringe (60ml).
- Stethoscope.
- Infusion pump designed for tube feedings and pole, for continuous drip method of administration.

Procedure

1. Gather equipment
2. Wash hands. Refer to the Hand Washing procedure.
3. Prepare bag and tubing:
 - a. Connect tubing to bag, if they are not already together.
 - b. Close clamp.
 - c. Shake formula container well and Fill bag with prescribed amount of formula.

- d. Open clamp and fill tubing with formula.
- e. Reclamp.
- f. Hang on pole.
4. Position the client in a high-Fowler's position or elevate head of bed 30 degrees. *Elevate the client's head to help prevent aspiration.*
5. Verify feeding tube placement per policy.
 - a. For a gastrostomy tube attach syringe and aspirate gastric secretions, observe appearance and check pH as ordered. pH range of 1 to 4 indicates gastric contents. A pH range of 6 to 7 indicates intestinal sites. This measurement verifies placement.
 - b. Return the aspirated content to the stomach unless the residual is greater than 100-150ml or per orders, if volume is greater than 100 ml on consecutive occasions, notify the physician.
 - c. Jejunostomy tube: aspirate intestinal secretions observe appearance and check pH.
6. Flush with 30ml of water and initiate feeding.
7. Bolus or Intermittent Feeding Syringe:
 - a. Pinch end of gastrostomy tube. *This prevents air from entering the stomach.*
 - b. Fill syringe with formula and attach to end of tube.
 - c. Elevate syringe to 18 inches above the client's head. Open tube and allow emptying gradually.
 - d. Continue to refill syringe and administer the prescribed amount of formula.
8. Continuous drip method.
 - a. Hang gavage bag on IV pole.
 - b. Thread tubing into the pump according to manufacturer's direction.
 - c. Connect end of tubing to feeding tube.
 - d. Set rate on pump.
 - e. Begin infusion at prescribed rate.
9. If feedings do not flow, verify tube placement and irrigate tube with tap water.
10. Administer any water per tube as ordered by the physician.
11. When feedings are not being administered, clamp the proximal end of the feeding tube.
12. After feedings, clean bag and tubing by rinsing with warm water.
13. Dispose of supplies according to the Agency Waste Disposal Policy.

14. Wash hands. Refer to the Hand Washing procedure.
15. Flush tube with water before and after administering medications, or to give prescribed amount of free water per day.

Documentation Guidelines

Document in the clinical record:

1. Type and amount of feeding administered.
2. Amount of aspirate.
3. Any untoward side effects. Condition of gastrostomy/jejunostomy site.

Pediatric Considerations

A gastrostomy button may be used for children to decrease the potential that the tube could be pulled out or dislodged and for increased comfort.

The button has an adapter to allow for syringe feeding or to connect to tubing for infusion

Related Procedures

Verification of Feeding Tube Placement

Policy History

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| Approval Date | 11/1/2009 |
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| Approved by | Gail Harris, Lynne Carpenter, Mike Carpenter |
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