

Gastrostomy Tube Feeding

PURPOSE

To administer enteral feeding safely and effectively in the alternative care setting.

POLICY

1. The patient or caregiver shall monitor the gastrostomy tube daily for any change in position. The external portion of the tube should be measured from the opening in the skin to the end of the feeding tube. The measurement should be documented shortly after insertion of the tube, and periodically thereafter. If there is a difference in the measurements, the healthcare provider should be contacted. (Note: If the feeding tube is a “button” type feeding tube, this measurement does apply).
2. If the feeding tube is a “button” type tube (i.e. Mini-One[®], Mic-Key[®]), the volume of the internal balloon should be checked weekly by the patient or caregiver. If there is less fluid than the originally prescribed amount, distilled water should be added to achieve the prescribed volume so that the tube does not dislodge.
3. Patient/caregiver shall wash hands prior to preparation and administration of tube feedings.
4. Enteral formula shall be administered at room temperature.
5. A minimum of 20-30 minutes for an intermittent feeding is suggested. Exceeding 60ml/minute is not recommended.
6. Check the position of the feeding tube prior to each feeding, if applicable.
7. Aspirating for gastric residual is recommended in some of the literature. Volume remaining in the stomach at any one time is dependent on the amount of formula administered; the time elapsed since the most recent feeding, and the location of the outlets in the tube. Aspiration from a small bore tube may not be possible.
8. Consideration may be given to checking gastric residual before each bolus feeding or up to four times a day with continuous feedings. This will reduce the risk of gastric overload, regurgitation, and possible aspiration. Re-instill the gastric aspirate. If the aspirate is greater than 100ml, delay the feeding for ½ to 1 hour and check again. The patient’s ability to report sensations and respond to symptoms should be assessed and evaluated. Repeat residuals of one-third or more of the feeding may indicate inadequate gastric emptying, and the physician should be notified.
9. The patient should be in an upright position at a minimum of 30° during the feeding and for 1 hour afterward.

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10. The gastrostomy tube should be flushed with 20-30ml of tap water before and after each intermittent feeding, medication administration, and daily (when the tube is not being used) to keep it patent.
11. If the feeding tube is obstructed, patency usually can be restored by irrigating with a 20ml syringe of warm water. It may also be helpful to try a 3ml syringe if the 20ml syringe does not clear the obstruction. Alternating positive and negative pressure should be applied to dislodge the obstruction. Continued excessive pressure should be avoided.
12. Formula should hang no longer than 12 hours, unless it is a closed system. Follow manufacturer's instructions for a closed system.
13. Only use containers which can be closed to air.
14. Container and tubing shall be thoroughly rinsed with hot water after each use and replaced every 24 hours. Do not add new formula to formula that has been hanging; rinse the system first.
15. The recommended daily allowance for water is 1ml/calorie of formula. Patients without fluid restrictions should receive enough free water to equal at least 25% of the total formula volume.

RESPONSIBILITY

The Clinical Specialist has the responsibility for approval of, compliance with, and revisions to this policy.

MODIFICATION/REVISION

This policy is subject to modification or revision in part or its entirety to reflect changes in conditions subsequent to the effective date of this policy.

REFERENCES

1. Infusion Nursing Standards of Practice – Revised 2016; Journal of Infusion Nursing, Supplement to January/February 2016, Volume 39, Number 1S.
2. Infusion Nursing: An Evidence-Based Approach, Third Edition edited by Mary Alexander, Ann Corrigan, Lisa Gorski, Judy Hankins, and Roxanne Perucca.
3. INS (Infusion Nurses Society) Policies and Procedures for Infusion Nursing, 3rd Edition.