

<p><u>Enteral Nutrition:</u> (food from tube to stomach, duodenum, or jejunum) -maintains gut -better immune response -less sepsis -less hyperglycemia</p> <p>Indications: -physio - inability to swallow -psycho - mental barrier -patho - disease affecting nutrition</p> <p>DO NOT USE: -gut not functional -needed prolonged bowel rest -ileus or obstruction -GI hemorrhage</p> <p><u>Delivery:</u> -con't / pump -bolus - gravity -bolus - syringe -* less regurg. & asp. when placed in intestine</p> <p><u>NG/NI Tubes:</u> -clog, dislodge, and kink in tract easily</p> <p><u>Gerontological:</u> -more vulnerable to complications ---inc risk for asp ---glucose intolerance ---cannot tol large volumes ---fluid/elec imbal</p>	<p><u>Gastro/Jejunostomy Tubes:</u> -use for extended -placed surgically, radiologically, or endo</p> <p><u>PEG:</u> -endo: esophagus must be large enough to pass -radiologically: fewer risks than surgical, lower cost, min sedation -perc. endo: thru esophagus into stomach then tube pulled thru stab wound made in abd wall</p> <p><u>G-J Tube:</u> -bypass stomach, into jejunum -started as a G tube -done if not tolerating feeds/meds/hydration</p> <p><u>*Aspiration Risk:</u> -maintain hob (30-45), remain for 30-60 after intermittent delivery -check residuals (protocols) -promotility meds</p> <p><u>*Tube position:</u> -xray confirmation -mark exit site -check placement before each feed, med admin, or q8hr -check length -placement: aspirate, pH levels</p> <p><u>Site Care:</u> -assess skin -monitor bumper tension -drsg until healed -soap & water -ointment/barrier if ordered</p>	<p><u>Tube Feeding Admin:</u> -patency: --flush with 30 for continuous feed --flush before/after each bolus and med admin --con't feed on pump with occlusion alarm (flushes preset)</p> <p><u>Misconnection:</u> -always be mindful of connections</p> <p><u>NI's:</u> -develops diarrhea - slow feeding -develops N/V - stop and notify provider -daily weights -bowel sounds* -I&O's -initial glucose checks -label start date/time -tubing changed q24</p> <p><u>Complications:</u> -vomiting -dehydration -diarrhea -constipation -Gastrostomy or Jejunostomy Feeds: ----skin irritation ----pulling out of tube</p>
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Parenteral Nutrition (PN)

- Administration of nutrients directly into the bloodstream
- Goal: Meet nutritional needs and allow growth of new body tissue
- Customized to meet each patient's needs
- Utilized when GI tract is not appropriate to be fed through

Composition:

- Base solutions contain dextrose and protein in the form of amino acids
- Prescribed electrolytes, vitamins, and trace elements are added to customize
- IV fat emulsion is added to complete the nutrients

Admin:

- central parenteral nutrition: long-term
- peripheral parenteral nutrition: short-term

Ambulatory Care (Home Support):

- Teach the patient and caregiver
- Catheter or tube care
- Mixing and handling of solutions and tubing
- Side effects and complications
- Medication administration

Complications:

Refeeding syndrome

- Fluid retention and electrolyte imbalances
- Hypophosphatemia is hallmark
- Patients predisposed by long-standing malnutrition states

Metabolic problems

- Altered renal function
- Essential fatty acid deficiency
- Hyperglycemia, hypoglycemia
- Hyperlipidemia
- Liver dysfunction

Catheter-related problems

- Air embolus
- Catheter-related sepsis
- Dislodgement, thrombosis of vein, phlebitis

Parotitis

- Inflammation of the parotid gland
- From being NPO for an extended time
- Pain near the ears

NG Intubation

<p>Uses:</p> <ul style="list-style-type: none"> -Decompress stomach or small intestines by removing gas and fluids by suction -Admin meds and feedings -Treat an obstruction or bleeding site -Obtain gastric contents sampling for analysis -Diagnose gastrointestinal motility or disease processes <p>Suction:</p> <ul style="list-style-type: none"> -Low, med, high -Intermittent or con't <p>Med Admin:</p> <ul style="list-style-type: none"> -liquid preferred (NO SORBITOL) -avoid oily meds -mix with water - 15 ml -if not liquid, then crush meds into fine powder and mix with water - 15 ml -capsules opened and mix with powder with water -flush before: 30-60 ml -one med at a time -15 ml water between meds unless specified -flush after: 30-60 ml 	<p>Levin:</p> <ul style="list-style-type: none"> -single -intermittent only <p>Salum Sump:</p> <ul style="list-style-type: none"> -double -air vent -con't or intermittent -hissing sound normal -patency: check suction by aspiration or irrigation with water; check vent by irritating with air <p>Placement:</p> <ul style="list-style-type: none"> -tip of nose to ear lobe to xiphoid process -watch for signs of respiratory distress -mark length -aspirate contents, pH strip -xray - confirm placement -secure to nose - avoid pressure on nares! -mouth care! 	<p>Intestinal or Nasoenteric Tubes:</p> <ul style="list-style-type: none"> -Cantor - single -Miller Abbott - double -Tungsten weighted -placed by physicians -right side x 2 hrs, supine with hob elevated x 2 hrs, left side x 2 hrs -takes several hours to reach ileum -monitored daily by xray -do not secure until desired point reached -removed slowly to prevent damage, 1-2 inches at a time <p>Nursing Care:</p> <ul style="list-style-type: none"> -ensure patency -correct suction -accurate i&o -include intake of amount irrigated -never irrigate without order for gastric surgery -never manipulate tube for gastric surgery -if no drainage with suction- may be clogged -prevent complications
<p>Prevent Oral Inflammation:</p> <ul style="list-style-type: none"> Frequent mouth care Ice chips Toothettes Mouthwash Chapstick Never use lemon & glycerin swabs Never use petroleum jelly or mineral oil Suck on hard candy if not contraindicated Ok - Chloraseptic spray & lozenges 	<p>Complications:</p> <p>Fluid and electrolyte losses</p> <ul style="list-style-type: none"> -Dehydration -If a patient is having a lot of output from the NG tube and minimal uo - call MD -Hyponatremia, Hypokalemia -Metabolic alkalosis with gastric tubes -Metabolic acidosis with intestinal tubes <p>Aspiration pneumonia</p> <ul style="list-style-type: none"> -Check breath sounds -Check placement <p>Gastric ulceration</p> <ul style="list-style-type: none"> -Use only intermittent suction with single lumen tubes -Record color and amount of aspirate -Inform MD if change in drainage color <p>Laryngeal edema and obstruction</p>	