Beebe Healthcare Patient Care Services	CLINICAL PRACTICE GUIDELINE

Enteral Tube Feeding

PURPOSE: To provide guidance for nutrition related to enteral feedings.

SCOPE: All of Beebe Healthcare (Main Campus and Satellites). Enteral nutrition provides nutrition to patients with a functioning GI tract who are unable to meet nutritional needs by oral ingestion. Enteral nutrition promotes normal GI functioning and limits proliferation of harmful intestinal bacteria.

DEFINITIONS:

1. **Small bore feeding tube**: Dobhoff tube with stylet is a specialized, weighted small-bore and flexible nasogastric tube that makes it more comfortable for placement than a usual nasogastric tube. Can be used for long-term feeding.
2. **Salem Sump**: indicated for decompression and/or short-term feeding. Inserted orally or through the nostril into the stomach.
3. **Gastrostomy or jejunostomy tube**: The G stands for gastrostomy (an open- ing in the stomach). The tube may also be called a PEG tube. A J-tube is placed in the small intestine. The J stands for jejunum (a section of the small intestine).
4. **Gastrostomy feeding button**: the button has a water-filled balloon on the inside that holds it in place.

GUIDELINES:

Nutrition is essential for promotion of optimal health and healing. Tube feeding may be required for patients who cannot take adequate nutrition by mouth normally due to:

- Moderate to severe dysphagia
- Oral or esophageal obstruction or injury
- Lethargic or unconscious state
- Intubation
- Some gastrointestinal surgeries
- Oral intake of less than 50% of estimated caloric needs on a consistent basis

FEEDINGS ARE CONTRAINDICATED in patients who have a suspected intestinal obstruction.

PROCEDURE:

- The physician's order must identify the body location/route of administration based on identified patient needs.
- The physician is encouraged to consult the Registered Dietician (RD) for initiation or recommendations on formula, initial rate, progression, and goal rate.
- Verify placement and patency of tube and any presence of contraindications prior to initiating feeding.
- Discard opened, unused formula within 24 hours.
- Change all ancillary feeding supplies (flushing syringes, adapter covers, tubing, etc.) at least every 24 hours.
- **If ordered**, assess Gastric Residual Volume (GRV) to determine patient tolerance of feeding (**Exceptions: ICU level of care patients** and patients with a Dobhoff tube and/or jejunostomy tubes; **residuals should NOT be checked**):
- Check residual at minimum every 4 hours.
- Document in the patient's permanent medical record
    - Type of enteral tube
    - Tube feeding rate

  - Tube feeding type
  - Residual amount
  - Residual discarded
- Re-install any aspirate obtained.
- Flush patient feeding tube with ordered frequency and volume of water, including during medication administration.
- IF GRV less than 500 mL:
  - Replace residual
  - Flush tube with 30 ml water
  - Maintain TF rate if GOAL rate has been achieved (or if it was the 2nd GRV check)
  - Increase feeding rate every four hours, or as ordered, to goal rate.

  ☐ **Consider stopping/decreasing frequency of GRV checks in the stable, alert, enterally fed patient.**

- IF GRV greater than 500 mL:
  - Replace 500 mL residual and discard remainder (document as output).
  - Flush tube with 30 ml water
  - Place patient on RIGHT side for 15-20 minutes to promote gastric emptying. Then recheck residual.
- IF Second GRV greater than 500 mL:
  - Stop feeding for one hour
  - Recheck residual.
- IF Second Hour GRV greater than 500 mL:
  - Replace 500 mL and discard remainder (document as output)
  - Stop feeding and **NOTIFY PHYSICIAN** to consider Prokinetic agent.
- Change administration set every 24 hours.
- Monitor the patient and notify the physician of signs and symptoms of feeding intolerance:
  - Nausea
  - Vomiting
  - Abdominal distention
  - Shortness of breath
  - Severe diarrhea
  - Constipation
  - Frequent high GRV
- Document enteral tube feeding in patient's EMR.
- Return any unused, unopened formula that has not been in the patient's room to the Nutritional Services Department to be redistributed.

TROUBLESHOOTING:

- Prevent risk of tube clog by utilization of the flushing protocol as ordered.
- Use a careful back-and-forth motion with syringe plunger, flushing tube with a 30-mL or 60-mL syringe to instill warm water into feeding tube.
- Consider requesting a physician's order for an enzymatic declogging agent when water flushes are unsuccessful.

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