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TUBE FEEDING

A Step-by-Step Guide



A New Way of Eating

Are you faced with feeding a loved one or yourself through a feeding tube? This means you'll be using a special tube to put food directly into the stomach or small intestine. It may sound scary at first. And it takes a little time to get used to. But many people have learned to use a feeding tube. With a little practice, giving feedings with a tube can be easy.

What You Need to Know

There are only a few things you need to know to use a feeding tube right. The doctor and the home health nurse can tell you:

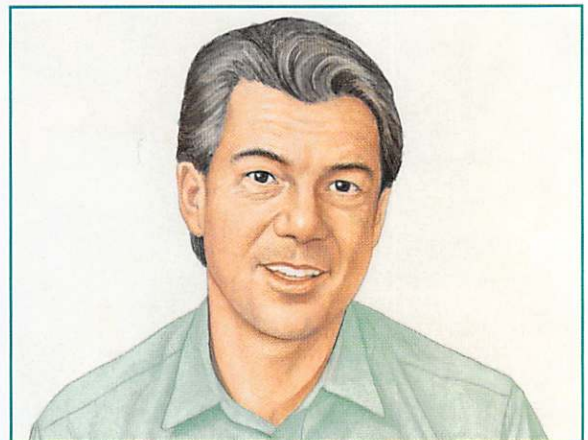
- Whether to do continuous or bolus (intermittent) feeding
- How to put the person in a safe position for feeding
- How to give the feedings
- How to keep the tube clean
- What to do if there's a problem with the tube or the feedings



“Now that I’ve done tube feedings a few times, I’m not scared anymore. It’s pretty simple. And the tube doesn’t cause my husband any discomfort.”

How This Booklet Can Help You

You can use this booklet as a step-by-step guide for setting up the supplies, giving the liquid food, and cleaning the feeding tube. You'll also find tips about caring for the skin around the tube and for the person's mouth. There are reminders about what to watch for and what to do if a problem occurs. On the back cover, you'll find tips for taking care of yourself, too.



“I learned how to give Dad his tube feedings so I can be a help to Mom.”

This booklet is not intended as a substitute for professional medical care. Only your doctor can diagnose and treat a medical problem.

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How the Healthcare Team Can Help

You're not alone. The doctor, the home health nurse, and other members of the healthcare team can show you what to do. And they can answer your questions and manage any problems. Ask them to give you phone numbers to call when you need help. Write these numbers below.

Home Health Nurse: _____

Doctor's Office: _____



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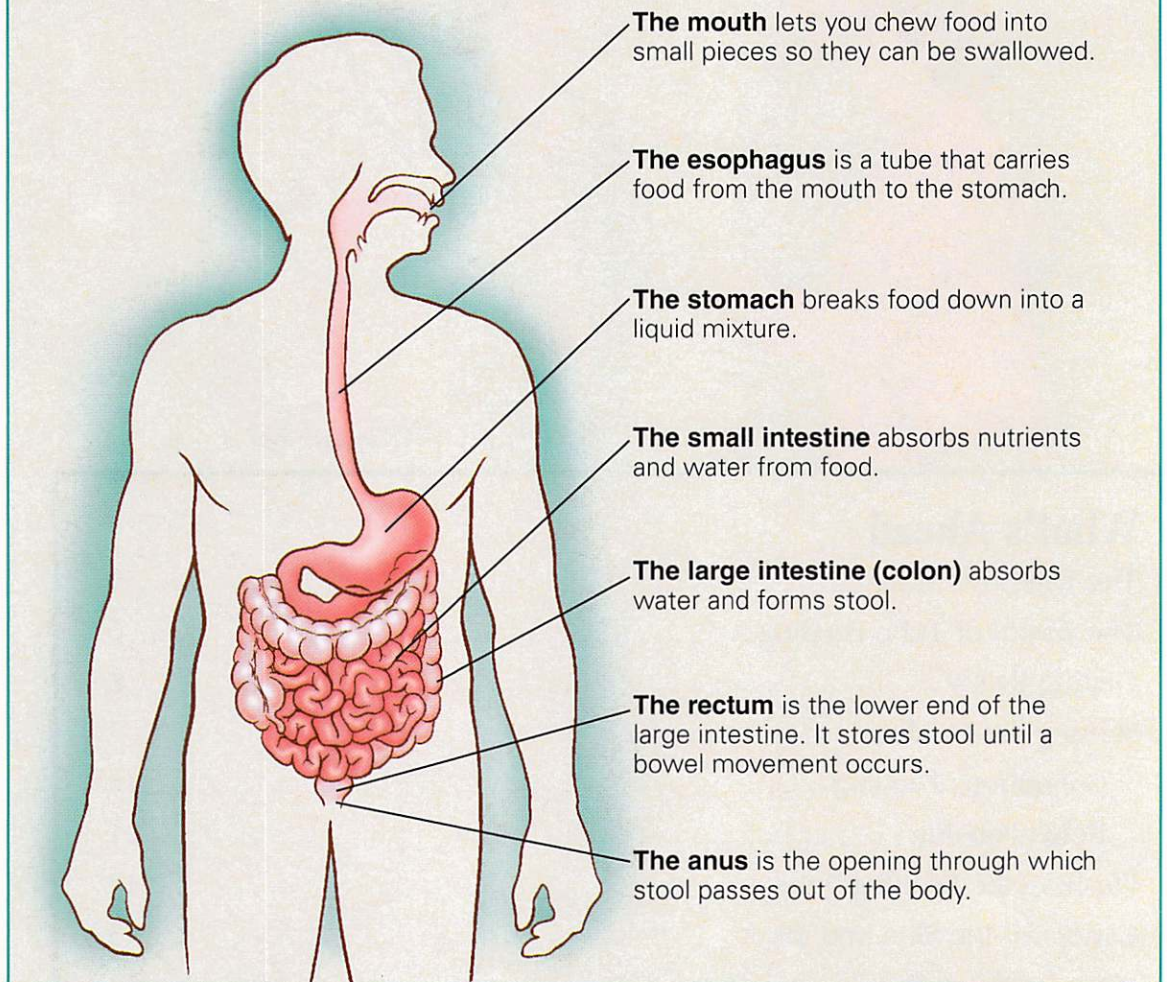
The Digestive System

Learning how the digestive system works can help you better understand tube feeding. The digestive system is like one long tube from the mouth to the anus. Digestion starts with chewing food and ends with passing solid waste. Along the way, the stomach breaks food down. Then the intestines (bowels) absorb nutrients and water, and store waste.

Taking Food by Mouth

When you take food by mouth, you first chew your food into small pieces. These pieces are then swallowed. The food moves down the esophagus into the stomach. From there, it goes into the small intestine and then into the large intestine. Solid waste, also called **stool**, is stored in the rectum and passed out through the anus.

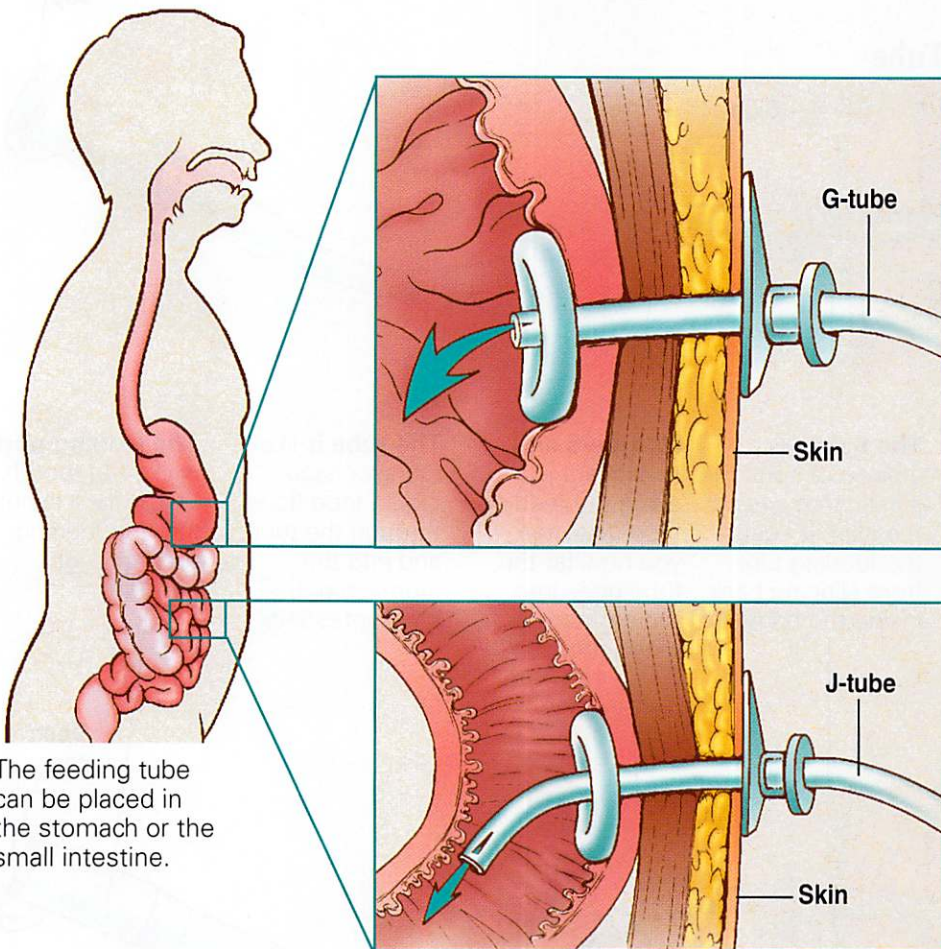
How the Digestive System Works



Taking Food Through a Feeding Tube

A feeding tube is used when a person can't swallow food safely or there is a blockage in the esophagus or stomach. The tube can also be used if a person can't take enough food by mouth. The feeding tube lets food bypass the mouth and esophagus and go directly into the stomach or small intestine.

A doctor puts the feeding tube into the body. Most often the tube is threaded through the mouth and down the esophagus. The tube is brought to the outside of the body through a small hole in the wall of the stomach or the small intestine.



A G-tube is placed in the **stomach**. The G stands for **gastrostomy**. This means an opening in the stomach. The tube is sometimes also called a **PEG tube**.

The feeding tube can be placed in the stomach or the small intestine.

A J-tube is placed in the **small intestine**. The J stands for **jejunum**. This is a section of the small intestine. The tube is sometimes also called a **PEJ tube**.

Digestion Works the Same

Once food is taken through a feeding tube, digestion works the same as when food is taken by mouth. So the person gets the same nutrition by tube feeding as he or she would get by mouth.

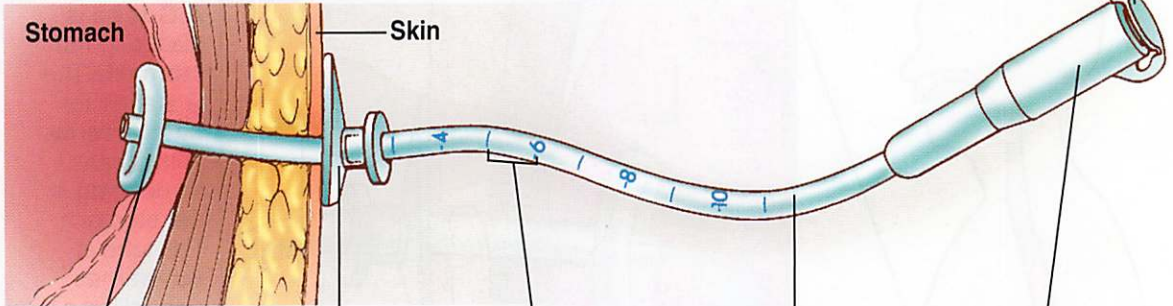
The Basics of Tube Feeding

Getting to know the parts of a feeding tube will help you feel more at ease with tube feeding. You also need to know the kinds of liquid food and medications to give. And you should know how to check that the tube stays in place.

The Parts of a Feeding Tube

There are a number of kinds of feeding tubes. But all feeding tubes have the same basic parts. If a feeding tube is replaced, know that the new tube may not look exactly like the first tube. The basic parts of a feeding tube are described below.

First Feeding Tube



The bumper is a soft plastic disk placed inside the stomach or small intestine. It keeps the feeding tube from slipping back from coming out.

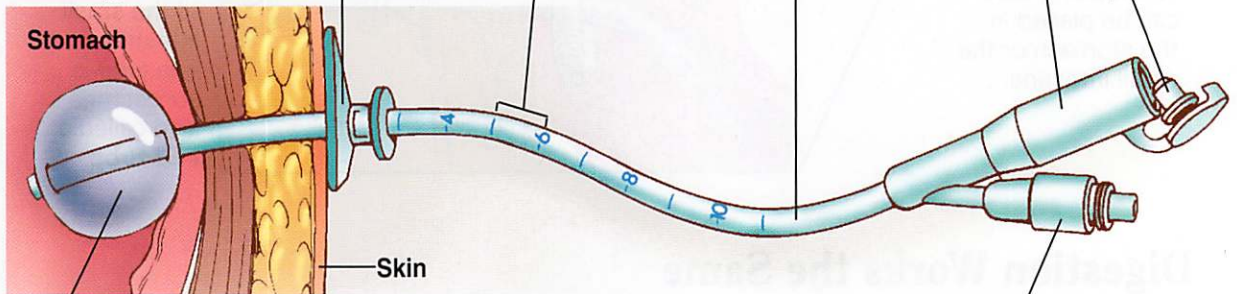
The bolster is a piece of soft plastic that sits on the skin. It keeps the feeding tube from slipping back inside the body.

Numbers and marks are printed along the feeding tube. They tell you how far the tube goes into the stomach or small intestine.

The tube is like the esophagus. Liquid food flows through the tube and into the stomach or the small intestine.

The feeding port is like the mouth. Liquid food is put into the feeding tube through the port.

Replacement Feeding Tube



A balloon filled with water may be used in place of a bumper on a replacement tube.

The balloon inflation port is used by the doctor or nurse to inflate the balloon. **Do not** try to give food or medications through this port.

The Food

You must use **liquid food** (nutrition) with a feeding tube. The tube is about as big around as a straw. So even small pieces of food may clog it. Liquid food comes premixed in cans or as a powder that you mix with water. Both contain all the nutrients a person needs to stay healthy. The doctor will tell you the best kind of food to use. Write it below.



You can buy premixed liquid food in cans at most grocery and drug stores or at a medical supply company. Open cans may be stored in the refrigerator for up to 24 hours.

Medications

Medications can also be given through a feeding tube. Like the food, they must be liquid. Most often you can put these medications through the feeding port. But some tubes have a special port for medications. Always talk to the doctor, pharmacist, or home health nurse before giving any medications through the feeding tube. Unless you are told otherwise, give medications one at a time and don't mix them with the food. Always flush the tube with warm water after giving any medications (see page 12).



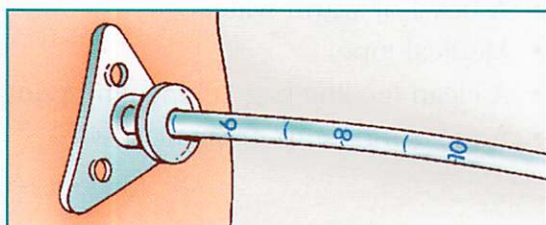
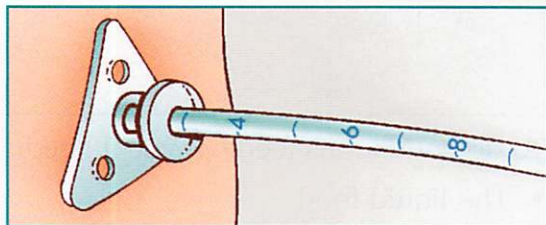
All medications given through the feeding tube must be liquid. Many of them come in liquid form. Some pills can be finely crushed and mixed with water.

Making Sure the Tube Stays in Place

Check the number or the mark at the base of the feeding tube before each feeding. If the number gets lower or the mark is farther from the skin, the tube is coming out. If the number gets higher or you can't see the mark, the tube is slipping back inside the body.

The position of the number or mark at the base of the feeding tube should stay about the same.

Call the healthcare provider if the number changes by 2 or more digits, or the mark moves more than 1 inch.



Getting Ready

With **continuous feeding**, liquid food drips slowly through the feeding tube. With **bolus feeding**, the food is put through the tube three or more times a day. For both kinds of feeding, you need to first wash your hands and clean all supplies. And you have to raise the person's upper body at least 30 degrees. This helps prevent food from getting into the lungs.

Gathering What You Need

Begin by washing your hands. Then put everything you need on a small table. The healthcare provider will tell you how much liquid food to use for each feeding. You'll also be told how often to feed the person each day. Write these numbers below.

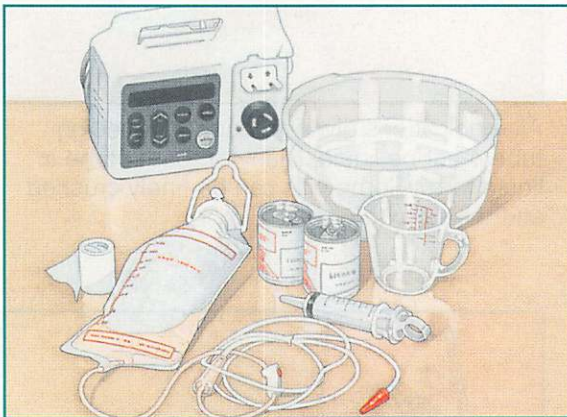
How much: _____

How often: _____



Wash your hands with soap and warm water. Then rinse them well.

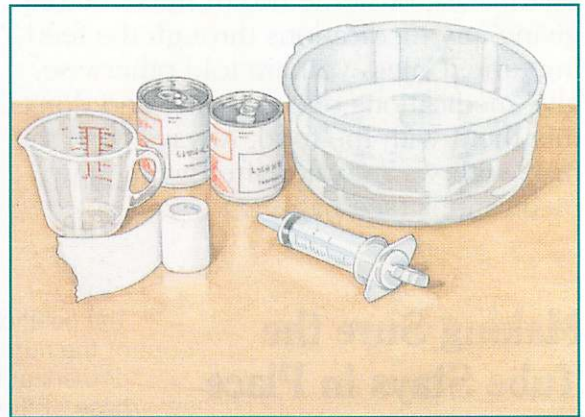
For Continuous Feeding



To do continuous feeding, you'll need:

- The liquid food
- A clean syringe
- A bowl of warm water
- Medical tape
- A clean feeding bag, tubing, and pump
- A measuring cup or small bowl

For Bolus Feeding



To do bolus feeding, you'll need:

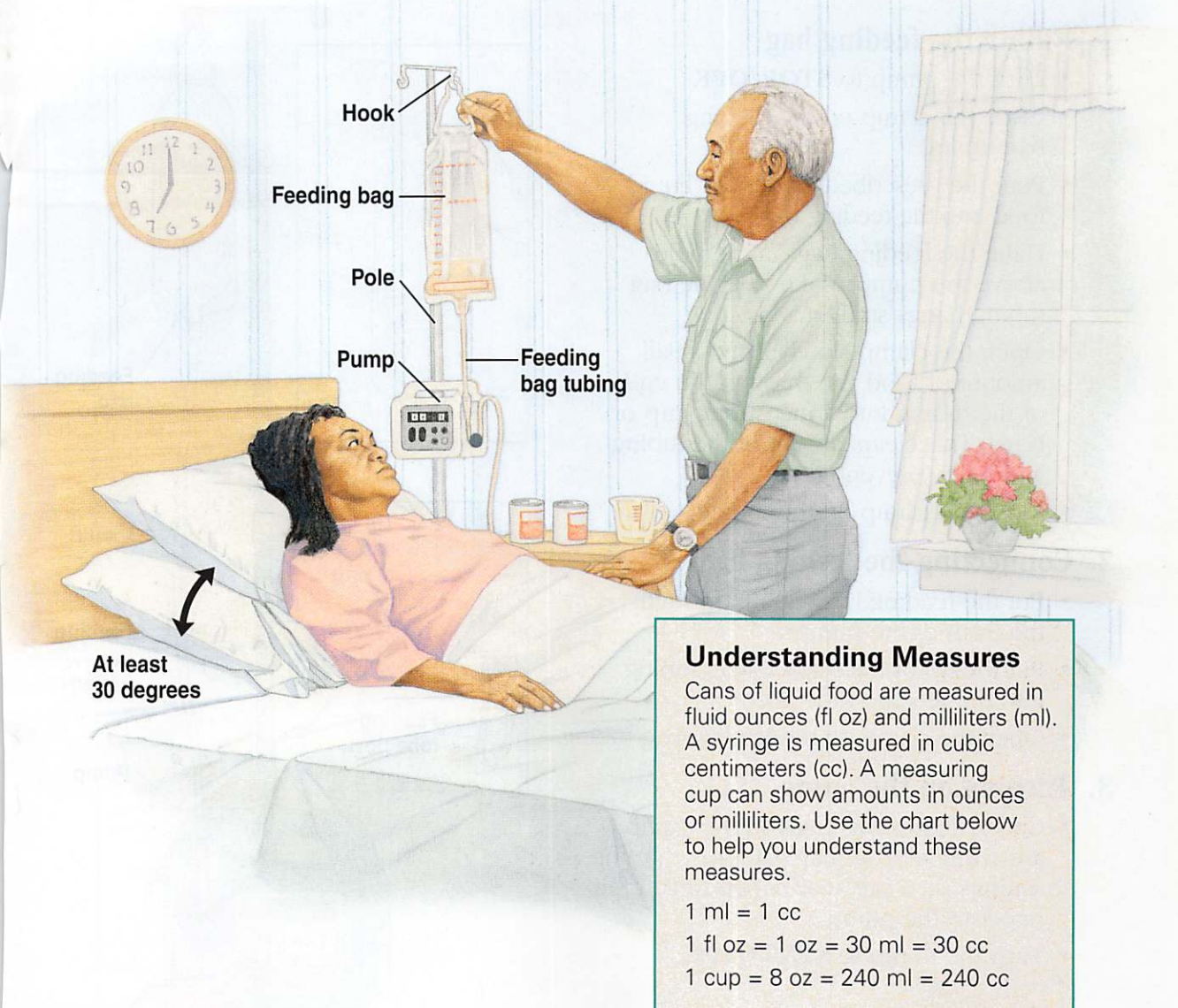
- The liquid food
- A clean syringe
- A bowl of warm water
- Medical tape
- A measuring cup (optional)

Raising the Upper Body

A person with a feeding tube doesn't swallow food. But if he or she is lying flat while being fed, food taken through the tube can go into the lungs. If it does, the person may choke.

To help prevent choking, have the person sit up during feedings. If he or she is in bed and can't sit up, you need to raise the head and upper body at least 30 degrees. To do this, you may need to put two firm pillows under the middle of the back. Then put two or more firm pillows under the head and neck. If the person is in a hospital bed, raise the head of the bed at least 30 degrees.

The person should remain sitting up or the upper body should stay raised for at least 30 minutes after feedings.



Understanding Measures

Cans of liquid food are measured in fluid ounces (fl oz) and milliliters (ml). A syringe is measured in cubic centimeters (cc). A measuring cup can show amounts in ounces or milliliters. Use the chart below to help you understand these measures.

$$1 \text{ ml} = 1 \text{ cc}$$

$$1 \text{ fl oz} = 1 \text{ oz} = 30 \text{ ml} = 30 \text{ cc}$$

$$1 \text{ cup} = 8 \text{ oz} = 240 \text{ ml} = 240 \text{ cc}$$

Starting the Feeding

Once your loved one is sitting up, you can start the feeding. It's easy to do. Just follow the steps below or on the next page. After each feeding, cover and refrigerate any leftover food. **Throw out any unused food that has been refrigerated or open for more than 24 hours.**

Continuous Feeding

A person who can't have very much food at one time needs to be fed continuously. Some people are fed day and night. Others are fed only during waking hours or only at night. Start the feedings at the same hours. Before feeding, make sure the food is at room temperature.

Start the first daily feeding with a clean feeding bag. After the last feeding, run warm, soapy water through the bag and tubing. Rinse them well and hang to dry.

1. Filling the feeding bag

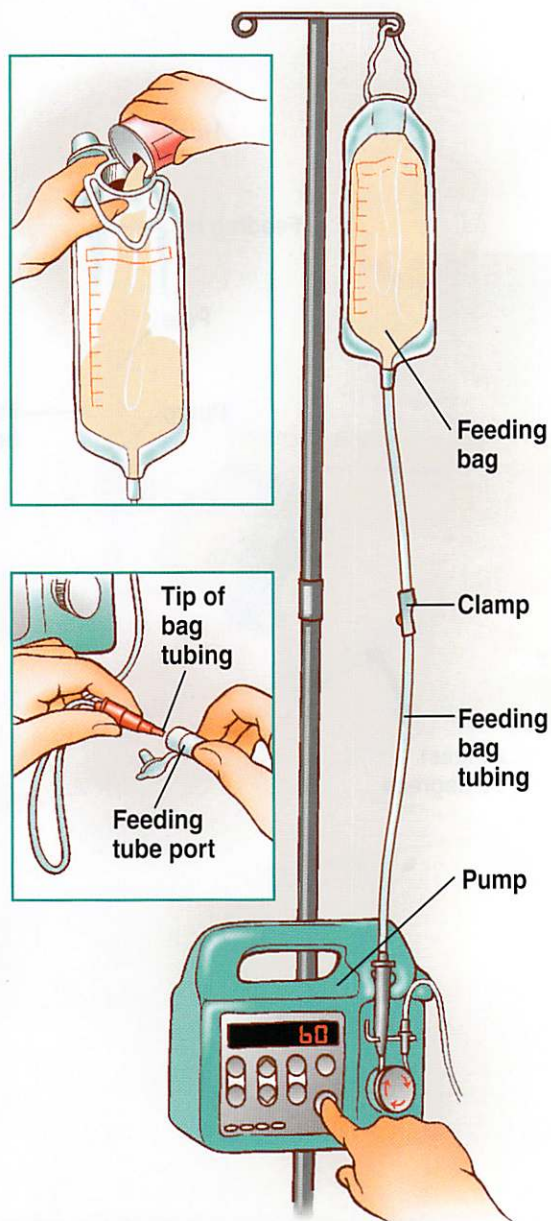
- Turn the pump to **STOP/OFF**.
- Close the clamp on the feeding bag tubing.
- Pour the prescribed amount of liquid food into the feeding bag.
- Hang the feeding bag on the pole above the pump. Make sure the bag tubing hangs straight.
- Open the clamp slowly. Let a small amount of food run through the end of the tubing into a measuring cup or bowl. This clears air out of the tubing and helps prevent gas.
- Close the clamp on the tubing.

2. Connecting the feeding bag

- Put the feeding bag tubing through the front of the pump.
- Put the tip of the feeding bag tubing into the feeding tube port.
- Open the clamp on the feeding bag tubing.

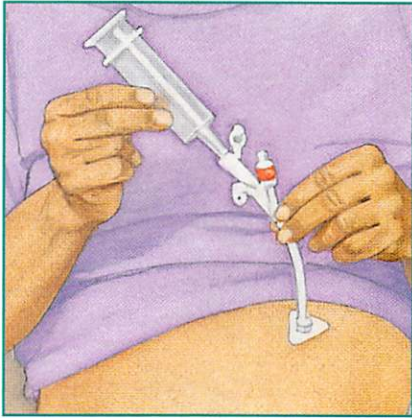
3. Turning on the pump

- Check that the settings on the pump are correct. (You may want to write the settings on a piece of paper. Attach the paper to the pump.)
- Turn the pump to **START/ON**.

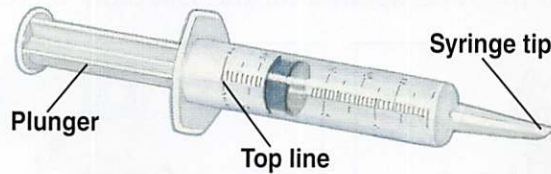


Bolus Feeding

Some people can have a normal amount of food at one time. They can be fed by bolus feeding. Feedings are most often given every 4 to 6 hours during waking hours. The healthcare provider can tell you how often to give the feedings. He or she can also tell you how much water to give the person between feedings. When starting a feeding, open and use only the prescribed amount of liquid food.

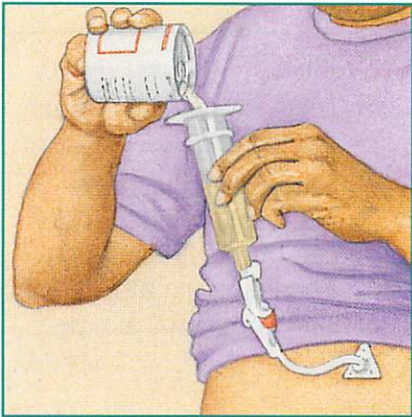


PARTS OF A SYRINGE



1. Putting the syringe tip in the port

- Pull the plunger out of the syringe.
- Open the feeding port cap.
- Put the syringe tip in the feeding port.



2. Filling the syringe

- Pour the liquid food into the syringe.
- Fill only to the top line.

NOTE: You can also fill the syringe from a measuring cup. Leave the plunger in the syringe. Pour the food into the measuring cup. Put the tip of the syringe into the cup and pull up on the plunger. Then put the tip of the syringe in the feeding port.

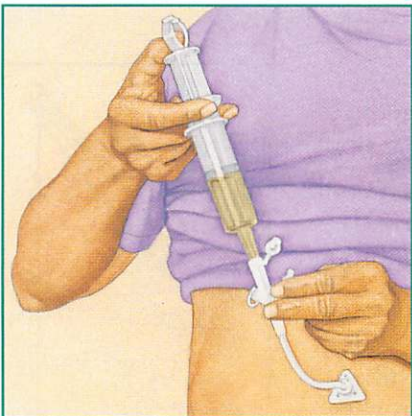


3. Giving the feeding

- Put the plunger back into the syringe. Then push down slowly on the plunger.

or

- Hold the syringe straight up and let the food run through the tube by gravity.



4. Repeating steps 2 and 3

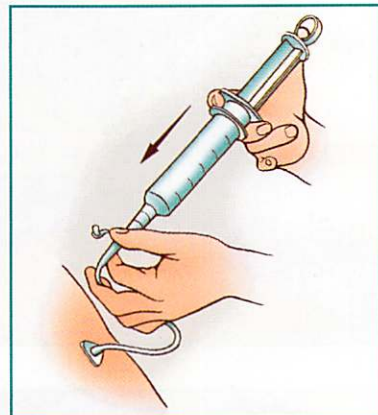
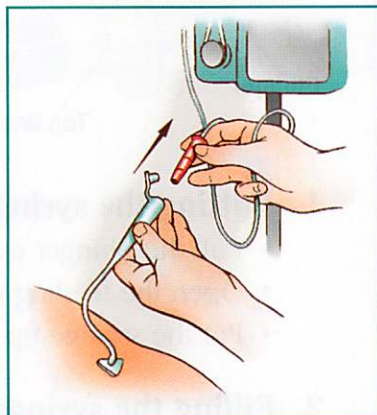
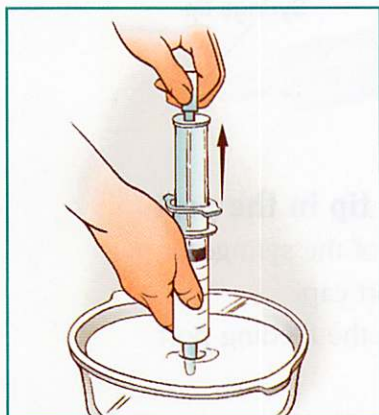
- Repeat steps 2 and 3 until you've given the prescribed amount of food.
- Remove the syringe and close the port cap.

Flushing the Feeding Tube

Whether you do continuous or bolus feeding, you need to keep the tube from getting clogged. That means flushing it with warm water after each feeding. Also flush the tube after giving any medications. Proper care helps the tube last longer.

For Continuous Feeding

Flush the feeding tube with warm water and a clean syringe before the first daily feeding. Flush the tube again after the last daily feeding. Follow the steps below.

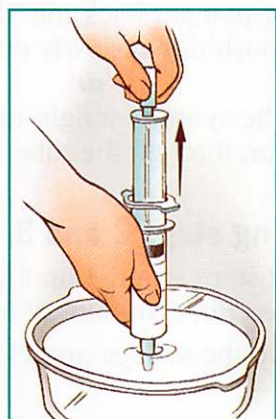


1. Fill a clean bowl with warm water.
2. Put the tip of the syringe in the water.
3. Draw up 50 cc of water.
4. Turn off the pump.
5. Close the clamp on the feeding bag tubing. Remove the tubing from the port.
6. Put the tip of the syringe in the feeding port.
7. Push the plunger down.
8. Let the water run through the feeding tube.
9. Start the feeding (see page 10). Or close the cap on the feeding port. Then tape the tube to the skin with medical tape.

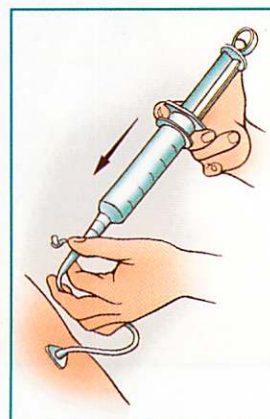
For Bolus Feeding

You may be told to flush the feeding tube before and after each feeding, or just after feedings. Use a clean syringe and warm water. Follow the steps below.

1. Fill a clean bowl with warm water.
2. Put the tip of the syringe in the water.
3. Draw up 50 cc of water.
4. Open the cap on the feeding port.



5. Put the tip of the syringe in the feeding port.
6. Push down on the plunger. Let the water run through the tube.
7. Close the cap.
8. Tape the tube to the skin with medical tape.



Caring for the Skin and Mouth

You need to keep the skin around the feeding tube dry and clean. This helps prevent soreness and infection. You also have to cleanse the person's mouth, even though food isn't taken through it.

Cleaning the Skin

Gently wash the skin around the feeding tube each day. Follow these steps:

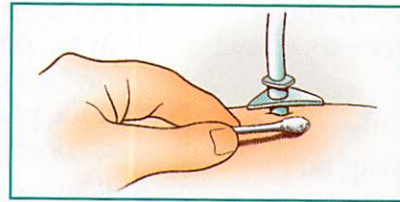
1. Wash your hands. Wet a soft cloth or piece of gauze with warm, soapy water.
2. Gently wipe the skin around the feeding tube. Also wipe the bolster and the base of the feeding tube.
3. Rinse well with clear, warm water.
4. Pat dry with a soft cloth.



Checking Under the Bolster

When you wash the skin, clean and check under the bolster. Follow these steps:

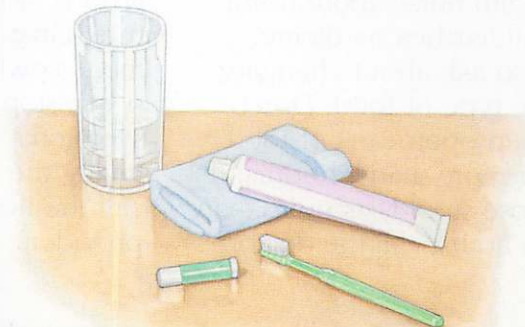
1. Gently lift the bolster just enough to get a cotton swab under it. Be careful not to pull on the feeding tube.
2. Check for redness, swelling, bleeding, or signs of leakage around the opening (see *When to Call the Healthcare Provider* on page 15).
3. Dip a cotton swab in warm water and gently clean under the bolster. Pat the skin dry.
4. Apply a protective skin barrier or anti-bacterial ointment if the home health nurse tells you to.
5. Gently push the bolster back against the skin.
6. Give the feeding tube a gentle $\frac{1}{4}$ turn. This helps keep the bumper from sticking to the inside of the stomach.
7. Wash your hands.



Caring for the Mouth

To keep the mouth clean, follow these steps:

1. Brush the person's teeth or dentures daily. Use a soft toothbrush.
2. Wipe the inside of the mouth with a damp washcloth.
3. Apply a lip balm to keep the lips moist.



What to Watch For

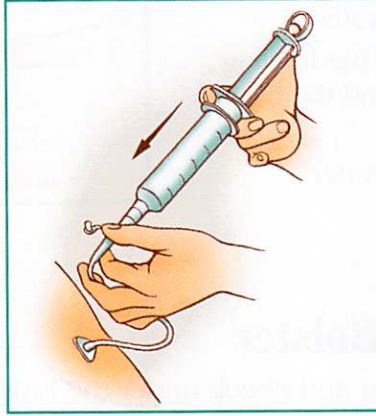
Tube feeding is safe to do. And it doesn't cause your loved one discomfort. But sometimes problems do occur. Many are not serious. Others can be. The tips on these pages will help you know what to do when you think something is wrong.

A Clogged Feeding Tube

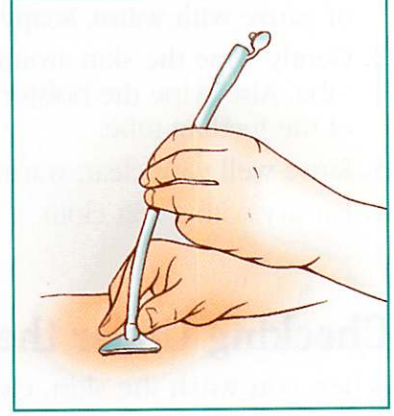
Sometimes a feeding tube clogs even though you flush it. Follow the steps below to try to clear the tube. If you can't clear it, call the home health nurse or the doctor.



1. Pour a small bottle of warm water into a bowl.
2. Draw up 50 cc of water with a clean syringe.
3. Open the cap on the feeding port.



4. Put the tip of the syringe in the port. Push the plunger down rapidly. If the plunger won't go down, stop.
5. Remove the syringe. Close the cap.



6. Hold the base of the tube with one hand. With the other hand, gently rub the tube between your fingers.
7. Repeat steps 2 to 5. Repeat step 6 if needed.

Common Side Effects of Tube Feeding

The tips below may help you prevent or relieve the following common side effects.

Diarrhea

Loose stool is common. Ask the doctor or home health nurse about using antidiarrhea medicine. Also ask about changing the type of food. Don't keep open cans of food for more than 24 hours. If loose stool lasts more than 24 hours, call the doctor.

Gas or bloating

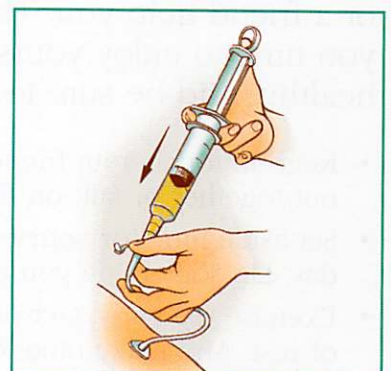
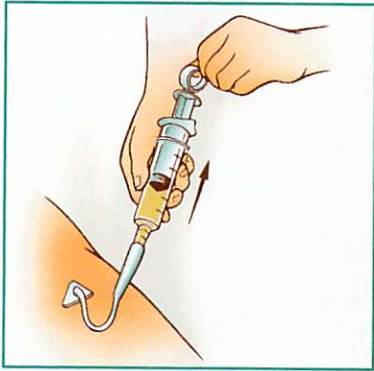
To help prevent gas or bloating, make sure the food is at room temperature. Give the feedings more slowly. If symptoms occur, stop the feeding. If symptoms keep you from giving the next feeding, call the healthcare provider.

Vomiting or coughing

Stop the feeding if the person is vomiting or coughing up food. Turn him or her on one side. Or sit the person up and tilt the head forward. Then call the health-care provider.

Food Staying Too Long in the Stomach

After a tube feeding, the food needs to move through the stomach and into the intestines. Sometimes it may stay too long in the stomach. So you may be asked to measure the contents of the stomach. This is called **checking for residual**. You need a clean syringe and a clean measuring cup.



1. If you use a pump, turn it off. Clamp the feeding bag tubing and unhook it.
2. Put the syringe in the feeding port. Pull up slowly on the plunger.
3. If the syringe is full, empty the liquid into a measuring cup.
4. Put the syringe in the port one more time and pull up on the plunger.
5. Measure how much liquid you withdraw. Then be sure to put all the liquid you withdraw back through the port and into the stomach.

If the residual amount is less than 250 cc, return all the liquid you withdrew back through the port into the stomach. Flush the feeding tube with the prescribed amount of water. Then start the feeding. If you withdraw 250 cc or more, wait 1 hour. Then check again. If you withdraw more than 250 cc a second time, call the healthcare provider.

When to Call the Healthcare Provider

Call the home health nurse or the doctor if the person has any of the following:

Problems with the tube

- Redness, swelling, leakage, sores, or pus around the tube
- Blood around the tube, in the stool, or in the contents of the stomach
- A tube that feels loose or comes out, or an increase in the size of the opening where the tube enters the stomach
- A change of more than two numbers at the base of the tube or more than 1 inch in the position of the mark
- A clogged tube that you can't clear

Problems with digestion

- Recurring vomiting or coughing up of food or a change in breathing
- Nausea that lasts for more than 4 hours
- Gas or bloating that lasts for more than 24 hours or that prevents you from giving the next feeding
- Loose stool for more than 24 hours
- No bowel movement for 3 days or hard stool for more than 5 days
- More than 250 cc of liquid remaining in the stomach after the second check

For the Caregiver

Caring for a person with a feeding tube isn't hard. But it takes time. So you need to care for yourself, too. Don't feel you have to do all the work yourself. Have a family member or a friend help you. This will give you time to enjoy yourself and stay healthy. And be sure to:

- Keep in touch with friends. Go out together or talk on the phone.
- Set aside time for yourself each day. Do something you enjoy.
- Exercise regularly. Get plenty of rest. And make time for healthy meals.
- Talk with someone you're close to or with the home health nurse if you feel overwhelmed. Also, ask the home health nurse about local support groups.



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