TUBE FEEDING INTOLERANCE TROUBLESHOOTING GUIDE

NAUSEA/VOMITING/REFLUX

CHECK FOR	POSSIBLE SOLUTIONS
Anxiety	Reassure the patient, provide additional instructions and psychological help based on their needs
Medication Side Effects[3]	Evaluate medications, consult pharmacist[3]
Gastrointestinal Obstruction[3]	Discontinue tube feeding until medical evaluation
Tube Position[6]	Consider post-pyloric feeding below the Treitz ligament[2] Note: attention to oral hygiene is important with EN as alteration of microbiota in the oral cavity has been associated with aspiration pneumonia[10]
Formula Odor[3]	Consider closed system feedings; consider antiemetic agent if appropriate[3]
Positioning of Patient[2,3]	Elevate the headboard to 30-45 degrees during continuous feeding unless contraindicated; for intermittent feeding, elevate the headboard to the upright position during feeding and at least 30 minutes after.
Formula Characteristics	Consider a whey protein formula to facilitate gastric emptying[7-9]; Consider formulas with real food ingredients[10]
Delayed Gastric Emptying[3]	Assess abdomen, review medical history for any underlying motility disorders, consider prokinetic medications, monitor glucose control if relevant[3]; consider a whey based formula[7-9]
Tube Position	Check for proper placement (e.g., nasogastric tube has not migrated into small bowel)
Rapid Infusion Rate[3]	Review feeding regime, reduce rate/volume or adjust feeding schedule as needed, use room temperature formula[3]
Fecal Impaction/ Constipation[3]	Assess abdomen; disimpact as needed using enemas; monitor stool frequency and consistency. Unless contraindicated, consider a fiber-containing formula or fiber modular.

CONSTIPATION

CHECK FOR	POSSIBLE SOLUTIONS
Fecal Impaction/ Constipation[3]	Assess abdomen; disimpact as needed using enemas; monitor stool frequency and consistency
Formula Characteristics, Dehydration[3]	Evaluate fiber and fluid intake (concentrated formulas or those containing fiber may increase water intake needs).[3] Consider use of blenderized formulas[10]
Inactivity[3]	If possible, encourage activity/ambulation[3]

*The information provided is only intended as a guideline. Clinical judgment, facility guidelines and the individual needs of the patient must always be considered. Consult other members of the healthcare team as needed

ABDOMINAL BLOATING OR DISTENSION

CHECK FOR	POSSIBLE SOLUTIONS
Positioning of Patient[2,3]	Elevate the head of bed to 30-45 degrees during continuous feeding unless contraindicated; for intermittent feeding, elevate the head of bed during feeding and at least 30 minutes post-feeding
Formula Characteristics	Consider a whey protein formula to facilitate gastric emptying[7-9]; consider formulas with real food ingredients[10]
Delayed Gastric Emptying[3]	Assess abdomen, review the medical history for any underlying motility disorders, consider prokinetic medications, monitor glucose if relevant[3]; consider a whey based formula[7-9]
Tube Position	Check for proper placement (e.g., nasogastric tube has not migrated into small bowel)
Rapid Infusion Rate[3]	Review feeding regime, reduce rate/volume or adjust feeding schedule as needed, use room temperature formula[3]
Fecal Impaction/ Constipation[3]	Assess abdomen; disimpact as needed using enemas or osmotic laxatives such as macrogol; monitor stool frequency and consistency; unless contraindicated consider a fiber-containing formula or fiber modular

DIARRHEA

CHECK FOR	POSSIBLE SOLUTIONS
Tube Position	Check for proper placement (e.g., nasogastric tube has not migrated into small bowel)
Medication Side Effects[3]	Evaluate medications (e.g., broad spectrum antibiotics, hyperosmolar or sorbitol containing meds, prokinetics, laxatives)[3]; consult pharmacist
Clostridium Difficile Infection[2,3]	Rule out infectious etiology and treat if necessary[2]
Rapid Infusion Rate[3]	Review feeding regime, reduce rate/volume or adjust feeding schedule as needed, use room temperature formula[3]
Formula Characteristics	Consider fiber-containing formula unless contraindicated and assess fluid needs[3], consider peptide-based formula[2,11] ; consider formulas with real food ingredients[10]
Bacterial Contamination of Feeding Solution[3,6]	Review enteral feeding and equipment handling procedures – using aseptic technique to reduce the risk of touch contamination; follow hang time guidelines; consider closed feeding system[3,6]
Malabsorption, Maldigestion, Steatorrhea[3]	Perform medical exams and testing if needed, review fat content of formula, consider peptide-based, MCT-containing formulas[11]
Underlying GI Disorders, Gastroenteritis or Flu	Assess and treat underlying illnesses; focus on fluid needs; consider peptide-based formulas with MCT[3,11]
Fecal Impaction/ Constipation[3]	Assess abdomen; disimpact as needed using enemas; monitor stool frequency and consistency; unless contraindicated consider a fiber-containing formula or fiber modular

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