myTubeFeeding.com
Tube Feeding Information & Resources
Provided by
Nestlé HealthScience
500ml
YOUR GUIDE TO Home Tube Feeding
visit mytubefeeding.com

Your Healthcare Resources

The resource people listed below will help you with questions about your home tube feeding program.

Physician

Address.....

Phone.....

Email.....

Nurse

Address.....

Phone.....

Email.....

Registered Dietitian

Address.....

Phone.....

Email.....

Supply Source

Address.....

Phone.....

Email.....

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Introduction to Home Tube Feeding

It's good to be home

As you or your loved one adjusts to being home again, know that we're here for you. With the easy-to-follow instructions in **Your Guide to Home Tube Feeding**, we will help you understand how to manage your nutritional requirements and make sure you get the nourishment you need to grow, heal and thrive.

To meet your nutritional needs, your doctor has prescribed home enteral nutrition—commonly known as home tube feeding. Enteral is another word for stomach and intestines. Enteral nutrition means that a liquid, nutrient-rich formula flows gently through a special tube into your stomach or intestine.

Enteral nutrition is very important when you are not able to eat or digest food normally. Just like regular food, your tube feeding will provide all the essential nutrients—calories, protein, carbohydrates, fats, vitamins and minerals to help you heal and maintain good health.

The importance of this booklet

This booklet is part of the training for your home tube feeding program, which has been designed for you by your physician, nurse and dietitian. In addition to helping you learn the technique of home tube feeding, your healthcare professionals will explain how to obtain your tube feeding supplies, will monitor your progress, and will help you deal with any problems that might arise.

Making your home tube feeding a pleasant experience

For most people, the transition to home tube feeding requires a certain amount of adjustment, but there are ways to make that adjustment much easier.

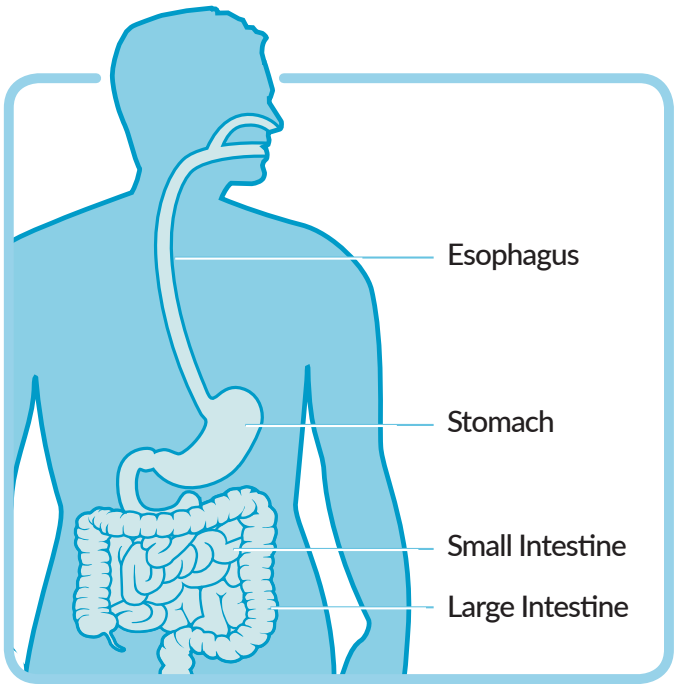
For example, your family and friends can play an important part in easing your transition. Talk to your friends and family about your tube feeding. If you like, ask your healthcare provider to help you arrange your feeding schedule so you take your tube feeding during family meals. But if you choose to take your feedings in private, be sure to continue to engage in family and social activities. The adjustment to home tube feeding

requires time and patience. The support of loved ones and caregivers can be a big help during this period of change.

The Location of Your Feeding Tube

There are several different locations, or routes, through which a feeding tube is placed to deliver the formula. Each of these routes allows the nutrients in the formula to be used by your body just as if you were eating a regular meal.

- ☐ **Nasogastric.** The feeding tube passes through the nose, down the throat and esophagus, and ends in the stomach.
- ☐ **Nasojejunal.** The feeding tube passes through the nose, throat and esophagus, continues through the stomach, and ends in the first section of the small intestine.
- ☐ **Gastrostomy.** The feeding tube is inserted through the skin directly into the stomach.
- ☐ **Jejunostomy.** The feeding tube is surgically inserted into the jejunum — the middle section of the small intestine.



Your feeding tube is a _____ tube. Your physician selected this type of feeding based on your medical condition.

Your Tube Feeding Schedule

Intermittent or bolus feeding

In order to provide the nutrition you need, this schedule for your **intermittent** or **bolus** tube feeding and flushes has been developed by your healthcare professional:

Your tube feeding formula is _____ _____.

Take your feedings _____ times each day.

Each of your feedings should include _____ fluid ounces or _____mL of formula.

You will use _____ containers at each feeding.

Before each feeding, flush your tube with _____fluid ounces or _____mL of room temperature water, using a 60 mL or larger syringe to gently push the water through the tube.

After each feeding, flush your tube with _____fluid ounces or _____mL of room temperature water, again using a 60 mL or larger syringe to gently push the water through the tube.

Time	Tube Flush (fl. oz. or mL before feeding)	Amount of Formula (containers per feeding)	Rate for Gravity Feeding* (drops per minute) OR	Rate for Pump Feeding* (mL per hour)	Tube Flush (fl. oz. or mL after feeding)

*Not necessary with bolus feeding

Metric Conversion Table: Liquid (1cc = 1mL)	Standard	1 tablespoon	1 fluid ounce	1 cup	1 quart
	Metric	15 mL	30 mL	237 mL	946 mL

Your Tube Feeding Schedule

Continuous feeding

In order to provide the nutrition you need, this schedule for **continuous** tube feeding and flushes has been developed by your healthcare professional:

Your tube feeding formula is called _____.

Your total daily feeding should equal _____ fluid ounces or _____ mL of formula. This represents _____ containers of formula per day.

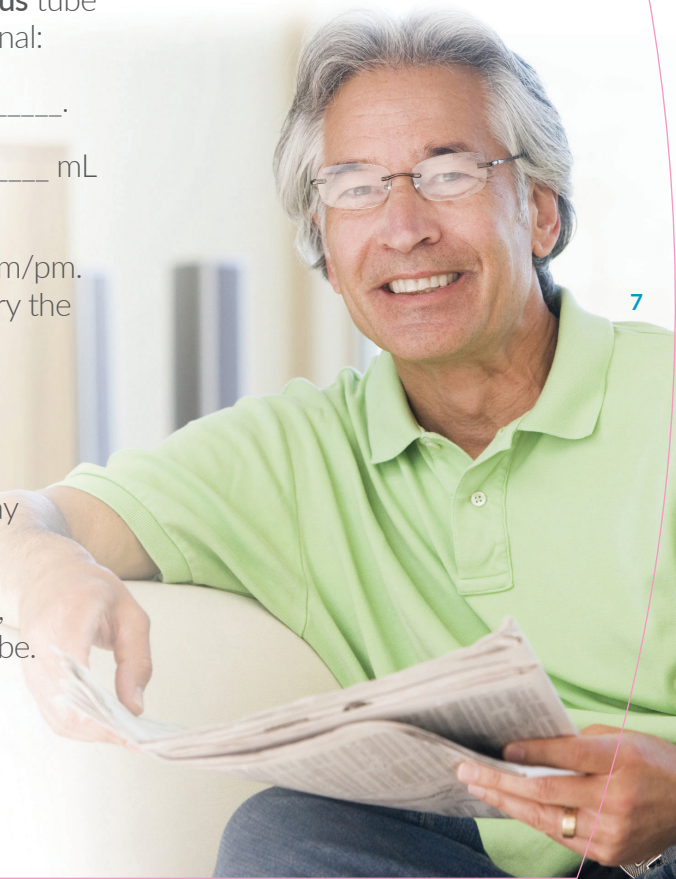
Your feeding should be taken from _____ am/pm to _____ am/pm. As you become more familiar with your feedings, you may want to vary the feeding times. Check with your healthcare professional.

Set the pump flow rate at _____ mL per hour.

To assure adequate fluid intake, a total of _____ fluid ounces or _____ mL of room temperature water should be taken each day in addition to the formula.

Flush your tube with _____ fluid ounces or _____ mL of water, using a 60 mL or larger syringe to gently push the water through the tube.

It is easiest to give this water divided into _____ times per day of _____ fluid ounces or _____ mL per time.



Administering Your Tube Feeding

Checking the placement of your feeding tube

(if instructed by your healthcare professional)

If your healthcare professional has instructed you to check the position of your tube before you begin a feeding, follow these instructions:

1. Wash your hands thoroughly.
2. For a nasogastric tube, confirm the proper tube position as instructed by your healthcare professional.
3. For a gastrostomy or jejunostomy tube use a ruler or non-stretchable tape measure to measure the number of inches from the site where your tube exits your skin to the end of the tube (as pictured).
4. Compare the number with previous measurements. If there is more than _____ inch(es) difference, call your healthcare professional. Do not begin the feeding.

Administering Your Tube Feeding

Measuring gastric residual

(if instructed by your healthcare professional)

If you have a **nasogastric or gastrostomy** tube and are feeling nauseated or bloated, your healthcare professional may suggest that before each feeding you check to see if there is still some formula in your stomach. This is called the "gastric residual." Talk with your healthcare professional for specific instructions on how to check the gastric residual.

Note: There should be little or no residual when a jejunostomy tube is in place, so it may not be necessary to check residual.

Administering Your Tube Feeding

Syringe feeding supplies:

- ☐ Formula
- ☐ Clean measuring cup with pour spout (optional)
- ☐ 60 mL syringe
- ☐ Water (room temperature)

Setting up:

1. Wash your hands thoroughly.
2. Wipe the top of the formula container with clean, wet cloth.
3. Mix the formula well by shaking or mixing as directed.
4. Before starting the feeding, use the syringe to flush your feeding tube with _____ fluid ounces or _____ mL of warm water.
5. Pour _____ fluid ounces or _____ mL of formula into the clean measuring cup or directly into the syringe.

Starting the feeding:

1. To administer the feeding, sit or lie with your head elevated at least 30 degrees (about the height of two pillows) and remain in this position for 30 to 60 minutes after each feeding.

2. Fold over and pinch the end of the feeding tube to stop the flow. Then, open (unclamp or uncap) your feeding tube.

3. Attach the syringe to the end of your feeding tube, releasing the pinch or fold to open the flow.

4. Raise or lower the height of the syringe to increase or decrease the feeding rate.

5. If indicated, add more formula to the syringe as formula flows into the feeding tube.

6. After the feeding, use the syringe to flush your feeding tube with_____ fluid ounces or _____ mL of warm water.

7. Detach the syringe from the feeding tube and close (reclamp or recap) the feeding tube.

8. Clean, rinse and dry your equipment after each feeding.

9. Replace your equipment as directed by your healthcare professional.

Administering Your Tube Feeding

Gravity feeding supplies:

- ☐ Feeding container
- ☐ Formula
- ☐ 60 mL syringe
- ☐ Tubing (gravity set)
- ☐ Pole
- ☐ Water (room temperature)

Setting up:

1. Wash your hands thoroughly.
2. Wipe the top of the formula container with clean, wet cloth.
3. Mix the formula well by shaking or mixing as directed.
4. Fill the feeding container with _____ fluid ounces or _____ mL or _____ containers of formula and close the bag as instructed.
5. Hang the feeding container on the pole so it is at least 18 inches above the level of your stomach.

6. If using a pre-filled feeding container, shake the container, spike the container as directed and continue from this step.

7. Open the clamp on the flow regulator until the formula fills the tubing.

8. Close the clamp on the flow regulator.

9. Make sure the drip chamber is approximately half full.

Starting the feeding:

1. Open (unclamp or uncap) your feeding tube.

2. Before starting the feeding, use the syringe to rinse or flush your feeding tube with _____ fluid ounces or _____ mL of warm water. See Fig. 1.

3. Connect the tip on the end of the tubing to your feeding tube.

4. To administer the feeding, sit or lie with your head elevated at least 30 degrees (or about the height of two pillows) and remain in this position 30 to 60 minutes after the feeding.

5. Open the flow regulator clamp to adjust the flow rate to _____ drips or _____ mL per minute.

6. Each feeding should take about _____ minutes.

7. After the feeding, close and disconnect the feeding set.

8. Using the syringe, rinse or flush your feeding tube again with _____ fluid ounces or _____ mL of warm water.

9. Close (reclamp or recap) your feeding tube.

10. Clean, rinse and dry your equipment after each feeding.

11. Replace your feeding container and tubing as directed by your healthcare professional.

Administering Your Tube Feeding

Pump feeding supplies:

- ☐ Pump
- ☐ Feeding container and tubing (pump set)
- ☐ Formula
- ☐ Pole
- ☐ 60 mL syringe
- ☐ Water (room temperature)

Setting up:

1. Wash your hands thoroughly.
2. Wipe the top of the formula container with clean, wet cloth.
3. Mix the formula well by shaking or mixing as directed.
4. Fill the feeding container with _____fluid ounces or _____mL or _____ containers of formula.
5. Hang the feeding container on the pole above the feeding pump.

6. **If you are using a pre-filled feeding container, shake the container, spike the container as directed and continue from this step.**

7. Since every pump is different, follow the instructions provided by your healthcare professional to set up and operate your pump.

Starting the feeding:

1. To administer the feeding, sit or lie with your head elevated at least 30 degrees (about the height of two pillows) and remain in this position for 30 to 60 minutes after the feeding.

2. Open (unclamp or uncap) your feeding tube.

3. Before starting the feeding, use the syringe to rinse or flush your feeding tube with _____ fluid ounces or _____ mL of warm water.

4. Insert the tip on the end of the tubing into your feeding tube.

5. Set the flow rate on the pump to _____ mL per hour.

6. If applicable, open the roller clamp on the feeding set.

7. Start your pump.

8. After the feeding, disconnect the feeding set from your feeding tube. Recap the end of the tubing with the plastic cap.

9. Use the syringe to rinse or flush your feeding tube with _____ fluid ounces or _____ mL of warm water.

10. Close (reclamp or recap) your feeding tube.

11. Clean, rinse and dry your equipment.

12. Throw away the pre-filled container when it is empty.

13. Replace your feeding container and tubing as directed by your healthcare professional.

How to Give Water and/or Medication Using a Syringe

Water is part of your formula, but **extra** water and sometimes medications are needed to keep your body healthy and your feeding tube working.

Your healthcare professional will tell you how much water or medication to take.

Crush medications into fine particles or use liquid medications when available. Check with your nurse, doctor or pharmacist to get specific instructions on:

- ☐ How to crush medications
- ☐ How much water to mix with your medication
- ☐ Which medications should not be crushed
- ☐ Which medications should not be given together
- ☐ Medications that need special considerations when given through a feeding tube

When administering water **and** medications, follow all the steps below. When administering **water only**, start at step 3 and follow the remaining steps.

1.

Using a 60 mL or larger syringe, rinse or flush your feeding tube with 15-30 mL of warm water before administering medication (unless instructed otherwise by your healthcare professional). Do not force the water flush. If you have difficulty flushing your feeding tube, contact your healthcare professional. **See Fig. 1.**

Fig. 1

2.

Using a 60 mL or larger syringe, draw up correct dose of medication or water for flushing into the syringe. Open your feeding tube and connect the syringe into your feeding tube. **See Fig. 2.**

3.

Gently push the water and medication into the tube. When administering water only, you may remove the plunger of the syringe and allow the water to run in by gravity. **See Fig. 3.**

4.

Remove the syringe from your feeding tube and refill the syringe with warm water as needed until desired amount of water is given, or to flush all the medication out of the syringe.

5.

Close (reclamp or recap) your feeding tube when finished and place the cap back on the tip of the syringe.

Fig. 2

Fig. 3

Personal Care

Your mouth

Whether you are taking your feeding through a gastrostomy or jejunostomy tube, or through a nasogastric or nasointestinal tube, it's important to maintain good oral health. The following steps are recommended to keep your mouth as clean as possible. Follow any other special instructions from your healthcare professionals.

Special instructions:

_____

_____

_____

_____

Brush your teeth, gums and tongue at least two times a day using a soft toothbrush and toothpaste.

To moisten your mouth, use ice chips or sugar-free chewing gum. Freshen your mouth and breath by using mouthwash.

To moisten your lips, use lip balm or a lanolin-based moisturizing cream. To prevent chapping, avoid licking your lips.

Report bleeding or anything unusual in your mouth to your healthcare professional.

Your nose

If you are taking your feeding through a nasogastric or nasointestinal tube, the tube passing through your nose may cause mild soreness or you may notice some thick, crusty mucus in your nostrils. It is important to take care of your nose. Follow these steps:

On a daily basis, change the tape holding your tube in place. When retaping, allow some slack so that the tube does not rub against your nostrils.

Clean your nostrils at least once a day with a soft washcloth or cotton swabs moistened with warm water.

Remove sticky tape residue with a special adhesive remover.

Remove crusting on the nostril with warm water on a cotton swab.

Apply a lip balm or lanolin-based moisturizing cream to the inside edges of the nostril.

Report any redness, bleeding or numbness to your healthcare professional.

Your tube site

If you have a gastrostomy or jejunostomy tube, care of the skin surrounding the feeding site is very important. Follow these steps:

Wash your hands thoroughly.

Remove the old dressing and tape, being careful not to disturb the tube.

Cleanse the skin around the tube daily with soap and water as directed by your healthcare professional.

To remove any crusting around the tube site, use cotton swabs moistened with warm water.

Check the tube site every day for signs of redness, soreness, swelling or unusual drainage. Report anything unusual to your healthcare professional.

Dry the skin around the feeding tube site thoroughly. Healed gastrostomy or jejunostomy sites usually do not need a special dressing.
If you have been told to apply a dressing, follow the instructions from your healthcare professional.

Home Tube Feeding Problems and Solutions

Hopefully, your home tube feeding program will be trouble-free. If you have a problem, be sure to talk to your healthcare professional. Here is a brief description of some common problems, possible causes and some steps you can take to prevent problems.

Constipation

During tube feeding, bowel movements may be less frequent than usual due to lack of water, lack of fiber in the formula, or inactivity. Constipation—meaning difficult-to-pass and very infrequent bowel movements—can sometimes occur on a home tube feeding program.

Probable causes:

- Not enough water is being given with your feedings
- No fiber, or not enough fiber, in your formula
- Unable to engage in enough physical activity
- Medications

Important Guidelines:

Take additional water through your feeding tube as instructed by your healthcare professional.

Check with your doctor or dietitian to see if you should change to a formula that contains adequate fiber.

If it is permitted, and you are able, increase your physical activity.

Ask your healthcare professional to review your medications to see if any may cause constipation.

Home Tube Feeding Problems and Solutions

Diarrhea

Diarrhea—frequent loose and watery stools—can sometimes occur on a home tube feeding program.

Probable causes:

- Medications
- Formula is being fed too fast
- Formula is too cold
- Rate of feeding is too fast
- Formula may be spoiled or contaminated by bacteria
- No fiber, or not enough fiber, in your formula
- Intolerance to the formula

Important guidelines:

Because emotions can affect digestion, try to relax during the feeding.

Remove the formula from the refrigerator at least 30 minutes prior to feeding, allowing it to warm to room temperature.

Contact your healthcare professional for advice on slowing the feeding rate.

Do not use formula that has been opened and left at room temperature for longer than the manufacturer's recommendation.

Do not use formula that has been opened and left in the refrigerator for longer than 48 hours.

Check with your healthcare professional about changing to a formula that contains fiber.

Check with your healthcare professional to see if you should change to a special formula that contains ingredients that are easier to digest and absorb.

Wash your hands thoroughly, and rinse the top of the formula container in hot water, before you handle the formula and tubing.

Replace your feeding container and tubing as directed by your healthcare professional.

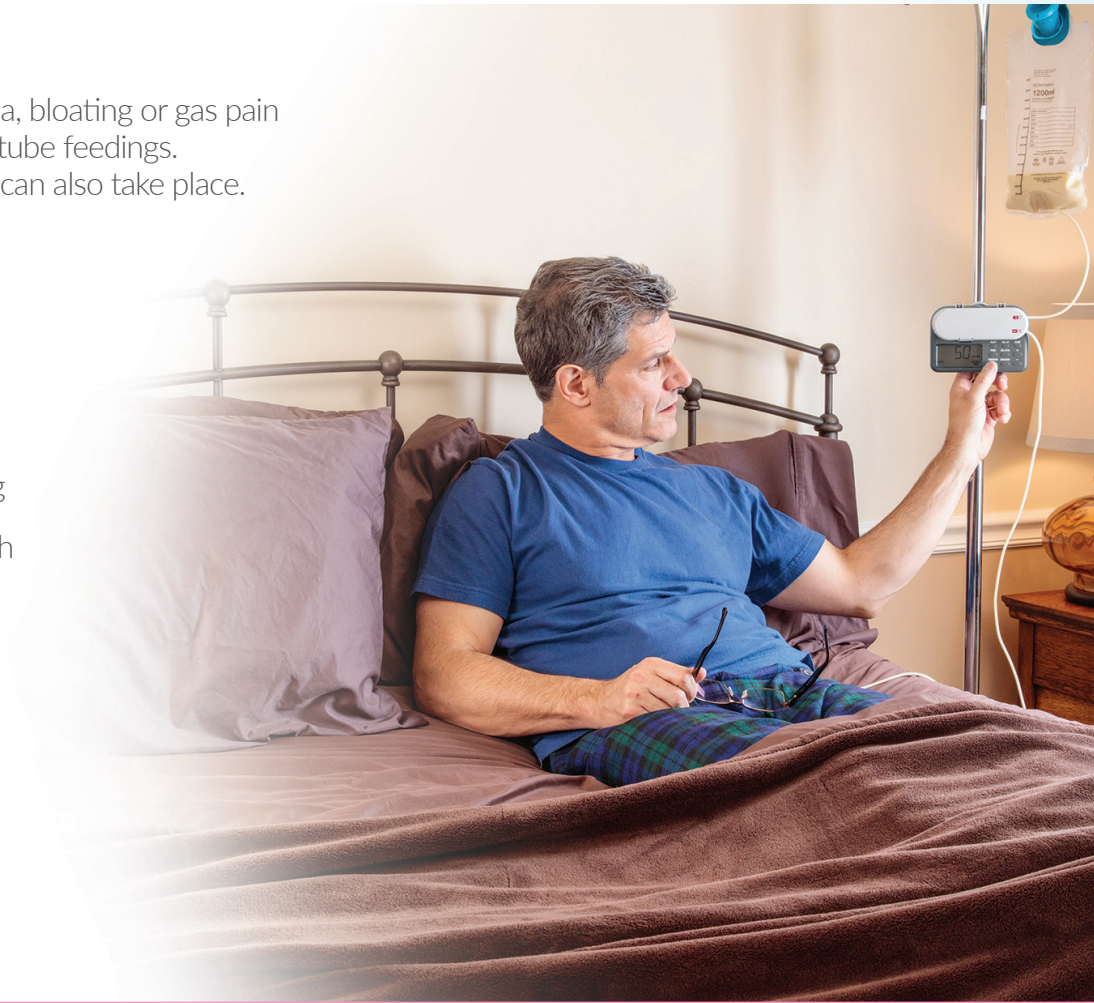
Home Tube Feeding Problems and Solutions

Stomach upset

An uncomfortable feeling of nausea, bloating or gas pain may sometimes result from home tube feedings. Occasionally, belching or vomiting can also take place.

Probable causes:

- Formula is being fed too fast
- Formula is too cold
- Too much formula
- Lying flat while taking the feeding
- Exercising or engaging in too much activity right after a feeding
- Intolerance to the formula



Important guidelines:

Consult your healthcare professional for advice on slowing the rate of feeding.

Remove the formula from the refrigerator at least 30 minutes prior to the feeding, allowing it to warm to room temperature.

Make sure you are following the directions for the prescribed amount of formula and/or correct flow rate.

Do not lie flat during or just after a feeding. Sit or lie at a 30-degree angle (about the height of two pillows) during the feeding and for 30 to 60 minutes after the feeding.

If directed by your healthcare professional, check the stomach residual before re-starting the next feeding. Do not start a feeding if the residual is over _____ fluid ounces or _____ mL.

Ask your healthcare professional to re-evaluate your formula. You may need to switch to a formula that has more calories in less volume or to a special formula that contains ingredients that are easier to digest and absorb.

Home Tube Feeding Problems and Solutions

Dehydration

You may be receiving too little fluid or you are losing too much fluid.

Probable causes:

- Formula is too concentrated
- Frequent diarrhea
- Prolonged fever
- Not taking enough water
- Wound is draining large amounts of fluid
- Perspiring heavily

Important guidelines:

Take the prescribed amount of water every day before and after your feedings.

If you are experiencing fever, diarrhea, excessive wound drainage or heavy sweating, consult your healthcare professional to determine how much more water you need.

Fluid overload

You may be receiving too much fluid or you are retaining too much fluid.

Probable causes:

- Taking too much water before or after your feedings
- Feeding rate is too high
- Fluid volume is too high due to diluted formula

Important guidelines:

Consult with your healthcare professional to determine if you should decrease the amount of water you take before or after feedings.

Use the prescribed volume and strength of the feeding formula. Do not dilute the formula with water unless your healthcare professional has told you to.

Ask your healthcare professional to re-evaluate your formula. You may need to switch to a formula that has more calories in less volume.

Home Tube Feeding Problems and Solutions

Aspiration

Aspiration refers to formula that enters the lungs and usually results in coughing, gagging and difficulty breathing. Consult your healthcare professional immediately if symptoms develop.

Probable causes:

- Formula has backed up or been inhaled into your lungs
- Lying flat during feeding

Important guidelines:

Check that your tube is properly positioned (see page 8).

Sit or lie at a 30-degree angle (about the height of two pillows) during your feeding.

Remain sitting up, standing or walking for at least 30 to 60 minutes after your feeding.

If you are taking your feeding at night, use two or three pillows to elevate your head, or put wooden blocks on the floor to elevate the head of the bed.

If you feel bloated, full or have been vomiting, do not begin a feeding. Consult your healthcare professional immediately if symptoms develop.

If directed by your healthcare professional, check the stomach residual before re-starting the next feeding. Do not start a feeding if the residual is over _____ fluid ounces or _____ mL.

Clogged feeding tube

Probable causes:

- Kink or bend in your feeding tube
- Dried formula or medication is blocking your feeding tube

Important guidelines:

Check to make sure there are no kinks or bends in your feeding tube.

Flush your tube before and after each feeding with at least _____ fluid ounces or _____ mL of water.

When taking medications, dissolve them thoroughly in warm water before administering them through your feeding tube (see page 13).

Flush your tube with warm water before and after administering your medications.

If tube is blocked, do not try to remove the blockage yourself. Consult with your healthcare professional for directions on how to proceed.

Keeping a Daily Diary

To help your healthcare professional monitor and evaluate your progress with your tube feedings, a daily diary may be requested. The diary shown below gives you an idea of one possible format you can use.

When you visit your healthcare professional, take along both this booklet and your diary.

Month _____ Formula

Name _____

	Sunday	Monday	Tuesday
Date			
Weight			
Amt. of Formula Taken			
Water Taken			
Other Food or Fluid			
Stool Frequency			
Stool Consistency			
Tube Site (clean, red, sore)			
Temperature			
Stomach Residual			
Physical Activity			

Metric Conversion Table: Liquid (1cc = 1 mL)				
Standard	1 Tablespoon	1 fluid ounce	1 cup = 8 ounces	1 quart = 32 ounces
Metric	15 mL	30 mL	237 mL	946 mL

Wednesday	Thursday	Friday	Saturday

Your Personalized Instructions

Important Phone Numbers:

Doctor .....

Phone..... Email .....

Emergency Contact .....

Phone..... Email .....

Home Care Agency .....

Phone..... Email .....

Home Care Nurse .....

Phone..... Email .....

Supplies/Equipment Company .....

Phone..... Email .....

Tube Feeding Orders:

Formula Name _____

Total Calories/Day _____Total Volume/Day _____ mL or _____ number of containers or _____ mL per feeding

If Pump Feeding: Pump Rate = _____ mL per hour

If Bolus/Intermittent Feeding: _____ mL or _____ number of containers or _____ mL per feeding at the following times:_____

Flush Feeding Tube: **Before** and **after** each feeding with _____ mL or _____ fluid ounces of room temperature water, or every _____ hours, or at the following times:_____

Supply Information:

Formula Name _____

Type of Feeding Tube _____ Size of Feeding Tube (French size) _____

Mfr. of Feeding Tube_____ Type of Feeding Container_____

Mfr. of Feeding Container_____ Change Feeding Container Every _____(hours or days)

Type of Tubing Needed to Attach to Feeding Container _____

Change Tubing Every _____ (hours or days)

Name of Pump _____ Mfr. of Pump_____

Notes

Things to remember:

Notes

Questions:

myTubeFeeding.com
Tube Feeding Information & Resources

SCAN CODE TO VISIT SITE:

This booklet has been provided through your healthcare professional as an educational service from Nestlé Health Science—your source for better nutritional care.

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