



Policy Name  <b>ENTERAL FEEDING TUBES: MAINTENANCE AND ADMINISTRATION OF MEDICATIONS</b>			Policy Number: <b>0270</b>
			Effective Date: June 20, 2007
Approved By: Management Committee	Drafted by: Clinical Care Coordinator	Review Date: February 2018	Date Revised: February 19, 2013
Classification: Pain and Symptom Control			Page No: Page 1 of 5

## **POLICY**

Residents may be admitted to The Salvation Army Agapé Hospice who have an enteral feeding tube in place and may continue to receive tube feeds. Administration of medications through enteral tubes can be continued as long as a physician's order is present and the tube remains patent. Tube feeds will not be initiated at the hospice.

Residents admitted from acute care centers on tube feeds must be seen by the Home Enteral Feeding Program before transferring to the hospice. Prior to admission, confirmation must be received that Residents transferred from home are being followed by the Home Enteral Feeding Program. All Residents receiving tube feeds should be asked to bring any supplies they have to the hospice. When a Resident is being followed by the Home Enteral Feeding Program supplies will be available from them.

## **TYPES OF ENTERAL TUBES**

Percutaneous Enteral Tube is a tube that is inserted through an artificial opening (stoma) in the abdominal wall into the stomach or small intestine.

Gastrostomy tube is a tube inserted by a physician through the abdominal wall into the stomach. Different types include:

- PEG tube is percutaneous endoscopic gastrostomy tube inserted in an endoscopy suite
- PG tube is percutaneous gastrostomy tube inserted by interventional radiology or surgery
- GD tube is a gastro-duodenal tube inserted through the abdominal wall into the stomach and advanced into the duodenum
- GJ tube is a gastro-jejunostomy tube inserted through the abdominal wall into the stomach and advanced into the jejunum

Jejunostomy tube - a tube inserted through the abdominal wall into the jejunum.

Duodenostomy tube - a tube inserted through the abdominal wall into the duodenum.



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## **MAINTENANCE OF ENTERAL FEEDING TUBES:**

\*\*\*Clean technique is required for all care of enteral tubes\*\*\*

### **FEEDING BAG AND DRESSING CHANGES**

Enteral tube feeding bags should be rinsed out following each use. Allow water to drain through the bag and tubing to ensure that the feeding solution is rinsed out. The feeding bag should be changed weekly and as needed. The new bag should be marked with the date it was changed.

If present, the dressing around the insertion site should be changed weekly and as needed using a clean technique.

### **PROCEDURE**

1. Wash hands and apply non-sterile gloves
2. Remove the old dressing
3. Remove gloves, perform hand hygiene and apply a clean pair of non-sterile gloves
4. Cleanse around the insertion site with normal saline or wound cleanser
5. Observe condition of skin and insertion site
6. Redress with 4X4 drain sponge and cover with 4x4 gauze if necessary
7. remove gloves and perform hand hygiene
8. Document dressing change in the Resident's health record indicating any concerns such as drainage from site, redness, swelling or pain and the Resident's tolerance of the procedure.

### **BLOCKED ENTERAL TUBES:**

1. For blocked tubes, the Registered Nurse (RN) will attempt to:

- instill Coke soda pop into the tube;
- allow to sit for a few minutes;
- Gently try to instill and withdraw Coke with syringe;

If unsuccessful, contact Pharmacy on Call (POC) to provide sodium bicarbonate tablets and pancreas or pancreatic enzymes;

- individually crush medications;
- mix with 5 milliliters of water and instill into the feeding tube;
- allow the solution to sit in the tube for a few minutes;
- attempt to gently instill and withdraw the solution a few times.



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2. If RNs are not able to correct the problem, the choice to be transported to the hospital for replacement will be made by the Resident and/or health advocate. If the Resident/health advocate chooses not to replace the tube, then alternate routes of medication administration will be considered if applicable.

## **RE-INSERTION OF BALLOON TYPE G-TUBES:**

### **POINTS TO EMPHASIZE**

This procedure is to be completed by an RN and to be used for replacement of balloon-type G-tubes in very well established tracts (3 months or older). When able, the procedure should be done before or two (2) hours after a feeding to avoid excessive leakage from the insertion site.

**\*\*When at all possible the reinsertion of a tube into an immature tract (less than 6 weeks) should be done by a physician.\*\*** If the physician is not available to do the reinsertion, the RN must receive an order from the physician indicating that the RN can replace the tube. In the event of inadvertent tube removal from an immature tract insert a clean tube of the same size or smaller **within 30 minutes** to maintain the integrity of the tract. The physician should be contacted to discuss confirmation of placement of the new tube prior to using.

### **PROCEDURE**

Equipment required:

- Gastrostomy tube, same size as the tube that was displaced or removed
- 2x2 gauzes
- Blue pad (or any plastic backed pad)
- Normal saline or wound cleanser
- Water soluble lubricant
- 2 – 10 milliliter (ml) syringes
- 10 mls sterile water
- 4x4 drain sponge
- Tape
- 50-60 ml syringe

1. Clean the work space
2. Place the Resident in a supine position unless contraindicated
3. Perform hand hygiene
4. Inflate the balloon of the new G-tube with sterile water to check the balloon's integrity



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5. Deflate and remove the syringe
6. Lubricate the tip of the G-tube
7. Apply non-sterile gloves
8. Remove the old dressing if present. Note any drainage color, amount, odor and character of the drainage and the condition of the skin
9. Remove gloves and perform hand hygiene
10. Re-glove with clean non-sterile gloves
11. Cleanse around the exit site with normal saline or wound cleanser
12. If replacing existing G-tube, deflate the balloon and gently remove
13. Remove gloves and perform hand hygiene
14. Re-glove with clean non-sterile gloves
15. Holding the new G-tube at a 90 degree angle, insert the tube estimating the distance of the previous tube
16. Inflate the balloon
17. Gently pull back on the tube until resistance is felt
18. Slide external bumper into place. \*Leave about a 2 millimeter (width of a dime) between the bumper and the Resident's abdomen to allow for air circulation.\*
19. Check placement of the tube by: aspirating stomach contents and/or auscultating air instilled into the tube
20. Cleanse around the insertion site with normal saline or wound cleanser
21. Apply a 4x4 drain sponge around insertion site. Cover with 4x4 gauze if required.
22. Document in the Resident's health record the re-insertion of the G-tube including the size of the tube inserted, the amount of water used to inflate the balloon, placement check used and the Resident's toleration of the procedure. Record date of re- insertion on the Resident's care plan.

**ADMINISTRATION OF MEDICATIONS:**

**PROCEDURE**

Equipment required:

- Tap or sterile water may be used
- 50-60 ml syringe with appropriate tip to attach to enteral tube
- 30 ml plastic medication cup

1. Stop the feeding solution prior to medication administration.
2. Elevate head to a minimum of 30-45 degrees during administration of medications and for 30 minutes afterward unless contraindicated.



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3. Flush enteral tube prior to and after the administration of meds. Use a minimum of 20mls of water to flush.
4. Use liquid medications whenever possible. Crush oral tablets into a fine powder and mix in a medication cup with sterile or tap water. Medications may be mixed together if medications are compatible.

**DO NOT CRUSH**

- enteric coated tablets
- sustained release or long-acting tablets/capsules

5. Avoid administering chewable, sublingual and buccal tablets/capsules through enteral feeding tubes.
6. Document on the Residents Medication Administration Record (MAR):
  - Amount of water given for flushes after medication. This should also be indicated on the care plan so that the same amount is given by the RN each time.

## **REFERENCES**

Alberta Health Services, Regional Nursing Policy and Procedure Manual (2005). [Enteral tubes: Administration of Medications](#). T-20. pages 1-6.

Alberta Health Services, Regional Nursing Policy and Procedure Manual, (2005). [Enteral Tubes: Percutaneous Tube Maintenance, Troubleshooting and Re-Insertion of Balloon-type G-Tubes](#).

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Alberta Health Services, Health Information; [How to Replace a Balloon Gastrostomy Tube](#)  
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