For additional resources, please visit:

myTubeFeeding.com
NestleHealthScience.us
1-800-422-ASK2 (2752)

Your Guide to Home TUBE FEEDING

Nestlé Health Science acknowledges Abby Wood, MS, RDN, LD, CNSC and Maria Mahady, RD, LD, CNSC for their expert review and contributions to this booklet

myTubeFeeding
Tube Feeding Information & Resources

Nestlé HealthScience

NEST-10352-1024

myTubeFeeding
Tube Feeding Information & Resources

Your Healthcare Resources

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

Physician.....

Address.....

Phone.....

Email/Other .....

Nurse .....

Address.....

Phone.....

Email/Other .....

Registered Dietitian .....

Address.....

Phone.....

Email/Other .....

Home Health Company .....

Address.....

Phone.....

Email/Other .....

Nestlé Health Science has endeavored to include in this Guide only clinical information that it believes to be accurate and reliable as of the date of publication. Nestlé Health Science makes no representation or warranty, express or implied, as to the accuracy or completeness of the information. The information contained herein is not intended as a substitute for medical advice, standards of care, approved practices or policies of a licensed and qualified healthcare professional or healthcare facility, all of which should be considered when utilizing this Guide.

Contents

Introduction to Home Tube Feeding

It's good to be home

As you or your loved one adjusts to being home, know that we're here for you. With these easy-to-follow instructions you will 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.

The importance of this booklet

This booklet is intended to help you learn the proper technique of home tube feeding. Your healthcare provider will explain how to obtain your tube feeding supplies, monitor your progress, and help you deal with any problems that might arise.

Making your home tube feeding a pleasant experience

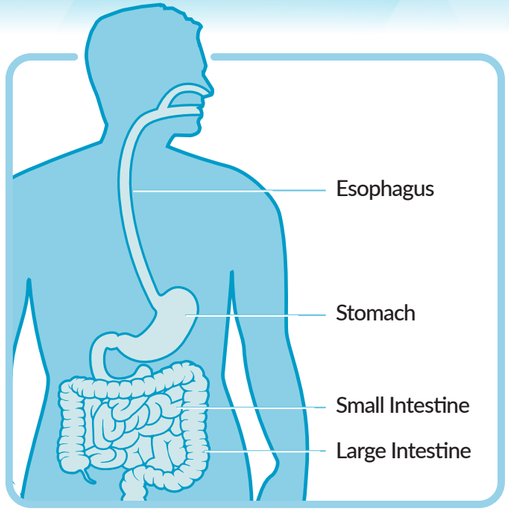
The transition to home tube feeding requires time and patience. There are ways to make the adjustment easier.

For example, family and friends can play an important part in easing your transition. Talk to friends and family about your tube feeding. Ask your healthcare provider to help you arrange your feeding schedule so you take your tube feeding during family meals. If you choose to take your feedings in private, be sure to also engage in family and social activities. 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 or (NG-Tube). The feeding tube passes through the nose, down the throat and esophagus, and ends in the stomach.
- ☐ Nasointestinal (may be referred to as nasoduodenal or 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 (G-Tube). The feeding tube is inserted through the skin directly into the stomach.
- ☐ Jejunostomy (J-Tube). The feeding tube is surgically inserted into the jejunum — the middle section of the small intestine.
- ☐ Gastrojejunostomy (GJ-Tube). The feeding tube is surgically inserted into the stomach but will feed into the jejunum. The "G" portion can be used to vent, drain, or suction the stomach and the "J" portion can be used for feeding.



Your healthcare team has chosen the tube they believe will work best for you at home to make sure you receive the nutrition you need.

There are different ways to provide a tube feeding.

Tube feedings may be:

- **Bolus or Intermittent**: formula is given at mealtimes or spread out during the day at specific times
  For example, feed at 8 am, noon, 6 pm or every four to 6 hours
- **Continuous:** formula is delivered all day or for many hours throughout the day and/or night typically delivered by a feeding pump
- A mix of these two methods

Depending on the tube feeding plan, the formula may be delivered by:

- **Syringe (**for bolus feeding)
- **Gravity** (for intermittent feedings) May not be appropriate for thicker formulas made with real food ingredients or blenderized formulas
- **Feeding Pump** (for continuous feeding and some intermittent feedings)

A feeding method (the timing and delivery) may be chosen because of:

- The type and location of the feeding tube you have
- The reason you need the tube feeding
- How often you need tube feeding
- How you manage your tube feeding at home

Syringe Feeding

Uses a large syringe to deliver the formula. The formula can be gently pushed into your feeding tube using the syringe plunger or it can flow from the syringe into your feeding tube using gravity.

Gravity Feeding

Uses a feeding bag and tubing which you hang on a pole above the level of your stomach. Gravity will move the formula from the bag through the tubing and into your feeding tube.

Feeding Pump

A special device that controls the timing and amount of formula given. Formula flows from a feeding bag or pre-filled container through tubing that runs into the pump and then into your feeding tube.

You will be using a ☐ Syringe
☐ Gravity
☐ Pump

Your Tube Feeding Schedule

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

Syringe feeding

Your tube feeding formula is _____

Use _____ cartons per day or _____ mL per day.

Deliver syringe feedings _____ times each day.

Example feeding times: _____

Each of your syringe feedings should include _____ carton(s) or _____ mL of formula.

Before each feeding, flush your tube with _____ mL of lukewarm water, using a 60 mL syringe*.

After each feeding, flush your tube with _____ mL of lukewarm water, again using a 60 mL syringe*.

You will need an additional _____ mL of free water per day.

*Or appropriate size syringe directed by your healthcare professional.

Time	Tube Flush (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 (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

Gravity feeding

Your tube feeding formula is _____.

You will use _____ cartons per day or _____ mL per day.

Deliver your gravity feedings _____ times each day.

Example feeding times: _____

Each of your gravity feedings should include _____ carton(s) or _____ mL of formula.

Before each gravity feeding, flush your tube with _____ mL of lukewarm water, using a 60 mL syringe*.

After each gravity feeding, flush your tube with _____ mL of lukewarm water, again using a 60 mL syringe*.

You will need an additional _____ mL of free water per day.

*Or appropriate size syringe directed by your healthcare professional.

Pump feeding

Your tube feeding formula is _____.

Your total daily feeding should equal _____ cartons or _____ mL of formula.

Your goal pump flow rate is _____ mL per hour, for _____ hours 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.

If using a pump that offers a separate bag to deliver water for hydration, fill your water bag with _____ mL of water. Your flush rate is _____ mL every _____ hours.

If NOT using a pump that offers a separate bag to deliver water for hydration, flush your tube with _____ mL of water, using a 60 mL syringe* _____ times per day.

Regardless of feeding system, you should flush your tube with _____ mL at start and stop of pump feedings to help keep your tube from clogging.

To assure adequate fluid intake, a total of _____ mL of lukewarm water should be delivered each day in addition to the formula.

Checking the placement of your feeding tube

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 with soap and water.
2. For a **nasogastric or nasojejunal** tube, check the proper tube position as instructed by your healthcare professional (there may be a special mark drawn on the tube or a certain length it should be from the end of your nose).
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.

Measuring gastric residual

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 is not necessary to check residual.

Managing Your Tube Feeding

Proper Positioning

Proper positioning during your feeding is important to help reduce the risk of aspiration which can occur if your tube feeding formula gets into your lungs. During your 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 to help prevent nausea or reflux. If you are on continuous feedings, your head must remain elevated at least 30 degrees at all times.

Hang Time

If receiving tube feeding using a feeding pump, limit how long you let your formula stay at room temperature, often referred to as "hang time". To reduce the risk of bacterial contamination, fill your feeding bag with only enough liquid formula for an 8 hour "hang time". If using a powdered formula that is mixed with water, fill your feeding bag with just enough formula for a 4 hour "hang time". When your "hang time" has expired, rinse your feeding bag and tubing before adding fresh formula. Never add new formula to a bag with existing formula.

*Or appropriate size syringe directed by your healthcare professional.

Formula Safety and Storage

Store your supplies and unopened formula in a cool, dry place out of direct sunlight, such as in your pantry. Reclose or tightly cover and refrigerate any unused opened tube feeding formula for up to 24 hours before discarding. Always check the expiration date before using.

Flushing Your Feeding Tube

To keep your feeding tube clean and prevent clogging, flush your tube with water several times a day or as directed by your healthcare professional. Flush your tube before and after giving medications and before and after giving formula. Your healthcare professional will prescribe how much water you should receive.

Follow the steps below to flush your tube:

1. Fill a clean measuring cup with lukewarm water (Avoid using cold water as this can cause cramping).
2. Using a 60 mL syringe*, put the tip of the syringe in the water and draw up the prescribed amount of water into the syringe.
3. Open (uncap) your feeding tube or feeding tube extension and attach the syringe.
4. Gently push on the plunger to flush with the prescribed amount of water, as directed by your healthcare professional.
5. Close (recap) feeding tube or feeding tube extension when flush is complete.

Administering Your Tube Feeding — SYRINGE

Syringe Feeding Supplies:

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

Setting Up:

1. Wash your hands thoroughly with soap and water.
2. Wipe the top of the formula container with clean, wet paper towel.
3. Mix the formula well by shaking or mixing as directed.
4. Pour formula into a clean measuring cup (or directly into the syringe once attached to your feeding tube or feeding tube extension).

*Or appropriate size syringe directed by your healthcare professional.

Administering Your Tube Feeding — SYRINGE

Starting the Syringe 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. Open (uncap) your feeding tube or feeding tube extension and attach syringe and gently flush with 30 mL of lukewarm water or the amount directed by your healthcare professional and close (recap) feeding tube or feeding tube extension.
3. Remove plunger from the syringe.
4. Pinch, clamp, or fold over your feeding tube or feeding tube extension to stop the flow of any fluid. Open (uncap) feeding tube or feeding tube extension and reattach the syringe.**
5. Fill syringe with the prescribed amount of formula and release (unpinch/unclamp/unfold) feeding tube or feeding tube extension to allow formula to flow by gravity into your stomach.
6. Raise or lower the height of the syringe to increase or decrease the feeding rate. **If you prefer to control the flow of your formula you can leave the plunger in the syringe, draw up your formula, and slowly push on the top of the plunger to force formula into your feeding tube.
7. If indicated, add more formula to the syringe until you have received your full prescribed amount and close (recap) your feeding tube or feeding tube extension.
8. After feeding is complete, replace the plunger into the syringe and draw up 30 mL of lukewarm water or the amount directed by your healthcare professional. Open (uncap) the feeding tube or feeding tube extension and reattach the syringe and flush feeding tube.
9. Detach the syringe from the feeding tube or feeding tube extension and close (recap) the feeding tube.
10. Clean, rinse, and dry your equipment after each feeding.
11. Replace your syringes as directed by your home care supplier.

Administering Your Tube Feeding — GRAVITY

Gravity Feeding Supplies:

- ☐ Feeding bag/container
- ☐ Formula
- ☐ 60 mL syringe*
- ☐ Tubing (gravity set)
- ☐ Pole
- ☐ Water (lukewarm)

Setting Up:

1. Wash your hands thoroughly with soap and water.
2. Wipe the top of the formula container with clean, wet paper towel.
3. Mix the formula well by shaking or mixing as directed.
4. Fill the feeding container with _____ mL or _____ containers of formula and close 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 bag, shake the bag and connect to the gravity set as directed and continue from this step.
7. Open the clamp on the flow regulator until the formula flows towards the end of the tubing to approximately ¼ to ½ inch above the connector to avoid spilling formula into the moat of the ENFit® connector.
8. Close the clamp on the flow regulator.
9. Make sure the drip chamber is approximately half full.

*Or appropriate size syringe directed by your healthcare professional.

ENFit® is a registered trademark of GEDSA.

Administering Your Tube Feeding — GRAVITY

Starting the Gravity Feeding:

1. 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.
2. Open (unclamp or uncap) your feeding tube or feeding tube extension.
3. Before starting the feeding, use the syringe to flush your feeding tube with 30 mL of lukewarm water or the amount directed by your healthcare professional.
4. Connect the end of the gravity set tubing to your feeding tube or feeding tube extension (unclamp feeding tube or feeding tube extension if applicable).
5. Open the flow regulator clamp to adjust the flow rate to _____ drips or _____ mL per minute.
   Or slowly adjust the roller clamp up or down to increase or decrease the flow of formula.
6. Each feeding should take about _____ minutes.
7. After the feeding, close and disconnect the feeding set.
8. Using the syringe, flush your feeding tube again with 30 mL of lukewarm water or the amount directed by your healthcare professional.
9. Close (reclamp or recap) your feeding tube or feeding tube extension.
10. Rinse the feeding container, tubing and syringe with warm water after each feeding and let dry.
11. If using a pre-filled bag of formula, throw it away when empty or no later than 48 hours after starting the feeding.
12. Replace your gravity set container with tubing and syringes as directed by your home care supplier.

Administering Your Tube Feeding — PUMP

Pump Feeding Supplies:

- ☐ Pump
- ☐ Formula
- ☐ 60 mL syringe*
- ☐ Feeding container and tubing (pump set)
- ☐ Pole or feeding pump backpack
- ☐ Water (lukewarm)

Setting Up:

1. Wash your hands thoroughly with soap and water.
2. Wipe the top of the formula container with clean, wet paper towel.
3. Mix the formula well by shaking or mixing as directed.
4. Pour formula into feeding container and close cap. To reduce the risk of bacterial contamination, fill your feeding container with just enough formula for up to 8 hours. If you are using powdered formula, fill your feeding container with enough formula for up to 4 hours.
5. Hang the feeding container on the pole above the feeding pump or place securely inside the backpack.
6. If you are using a pre-filled feeding bag, shake the bag and connect to the pump set 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.

*Or appropriate size syringe directed by your healthcare professional.

Starting the Pump 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. Prime your feeding pump and set flow rate on pump as directed to the recommended mL per hour. (_____mL/hour)
3. Open (uncap) your feeding tube or feeding tube extension.
4. Before starting the feeding, use the syringe to flush your feeding tube with 30 mL of lukewarm water or the amount directed by your healthcare professional.
5. Connect the end of the pump set tubing to your feeding tube or feeding tube extension.
6. If applicable, open the clamp or roller clamp on the pump set tubing.
7. Start your pump to begin infusing the formula.
8. If additional formula is needed for hang times >8 hours, rinse out the feeding bag and tubing with lukewarm water before adding fresh formula. Refill your feeding bag again with just enough formula for up to 8 hours, 4 hours if using a powdered formula.
9. After the feeding, disconnect the pump set tubing from your feeding tube or feeding tube extension. Recap the end of the tubing with the plastic cap.
10. Using the syringe, flush your feeding tube again with 30 mL of lukewarm water or the amount directed by your healthcare professional.
11. Close (recap) your feeding tube or feeding tube extension.
12. Don't forget to rinse before refilling your feeding container with formula (at least every 8 hours).
13. If using a pre-filled bag of formula, throw it away when empty or no later than 48 hours after starting the feeding.
14. Replace your feeding bag, tubing and syringes as directed by your home care supplier.

How to Give 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 properly.

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
- Medications that need special considerations when given through a feeding tube

*Or appropriate size syringe directed by your healthcare professional.

ENFit® is a registered trademark of GEDSA

When administering water and medications, follow all the steps below:

Refer to page 11 for guidelines on how to flush your feeding tube with water only.

1. Do NOT add medication directly to your tube feeding formula, unless specifically directed to by your healthcare professional.
2. Avoid mixing medications together during administration. Administer each medication separately.
3. Using a 20 mL or larger syringe*, flush your feeding tube with at least 15 mL of lukewarm 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 Figure 1**.

Figure 1

How to Give Medication Using a Syringe

4. Using a 20 mL or larger syringe*, draw up correct dose of medication or water for flushing into syringe. **See Figure 2.** Open your feeding tube or feeding tube extension and connect the syringe to your feeding tube **See Figure 3** or feeding extension. **See Figure 4.**
5. Gently push the water and medication into the feeding tube **See Figure 3** or feeding tube extension. **See Figure 4.**
6. Remove the syringe from your feeding tube or feeding tube extension and refill the syringe with at least 15 mL of lukewarm water or the amount directed by your healthcare professional to flush after the medication.
7. Repeat each step with each medication, always rinsing your syringe between medications.
8. Flush a final time with at least 15 mL of lukewarm water. (unless instructed otherwise by your healthcare professional).
9. Close (recap) your feeding tube or feeding tube extension when finished and place the cap back on the end of the syringe.

Figure 2

Figure 3

Figure 4

Your Mouth

Regardless of the type and location of your feeding 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 oral swabs, ice chips or sugar-free chewing gum.
- Freshen your mouth and breath by using mouthwash. For children, check with your healthcare professional.
- 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 receiving 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.

Personal Care

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 with soap and water.
- 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.

NOTES:

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 be mobile or engage in enough physical activity
- Medication side effects

Important Guidelines:

Provide additional water through your feeding tube as instructed by your healthcare professional.
Check with your registered dietitian nutritionist or doctor 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 or discuss a bowel regimen.

Home Tube Feeding Problems and Solutions

Diarrhea

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

Probable causes:

- Medication side effects
- Formula is too cold
- Feeding pump rate is too high
- No fiber, or not enough fiber, in your formula
- Formula is being fed too fast by syringe or gravity feeding
- Formula may be spoiled or contaminated by bacteria
- Formula intolerance

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.

Wash your hands thoroughly with soap and water and wipe the top of the formula container with a clean wet paper towel before you handle the formula and tubing.

Unopened formula should be stored in a cool, dry place.

Opened containers of formula should be reclosed or tightly covered and stored in the refrigerator for up to 24 hours.

Discard formula that has been opened and left in the refrigerator for longer than 24 hours.

Do not exceed the recommended hang time.

Replace your feeding container and tubing as directed by your home care supplier.

Contact your healthcare professional:

- For advice on slowing the feeding rate
- About changing to a formula that contains fiber or higher amount of fiber
- To discuss changing to a special formula with ingredients that are easier to digest and absorb
- To discuss medications that may contribute to diarrhea

Stomach Upset

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

Probable causes:

- Formula is being fed too fast
- Formula is too cold
- Formula is left open at room temperature or in feeding bag for too long
- Formula is too concentrated
- Too much formula given in a short amount of time
- Lying flat during or immediately after receiving your feeding
- Constipation
- Medication side effect
- Exercising or engaging in too much activity right after a feeding
- Intolerance to the formula

Home Tube Feeding Problems and Solutions

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 allow formula to sit at room temperature or hang longer than the recommended time.

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.

Review medications or bowel regimen with your healthcare provider.

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 before or after feedings
- Wound is draining large amounts of fluid
- Perspiring heavily
- Increased secretions (such as drooling)

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.

Home Tube Feeding Problems and Solutions

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 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.

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:

- Improper feeding tube placement
- 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 10)**.
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 (gastric) residual before re-starting the next feeding.
Do not start a feeding if the residual is over _____ fluid ounces or _____ mL.

Home Tube Feeding Problems and Solutions

Clogged Feeding Tube

Probable causes:

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

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 30 mL of lukewarm water or the amount directed by your healthcare professional.

When taking medications, dissolve them thoroughly in warm water before administering them through your feeding tube **(see page 18)**.

Flush your tube with at least 15 mL of lukewarm water before and after administering your medications or the amount directed by your healthcare professional.

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

	Sunday	Monday	Tuesday
Date			
Weight			
Amount of Formula Received			
Water Received			
Other Food or Fluid			
Stool Frequency			
Stool Consistency			
Tube Site (clean, red, sore)			
Temperature			
Stomach (gastric) 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

To help your healthcare professional monitor and evaluate your progress with your tube feedings, a daily diary may be requested. The diary shown above gives you an idea of one possible format to use. When you visit your healthcare professional, bring this booklet and your diary with you. Month _____Formula Name _____

Tube Feeding Orders

Formula Name _____

Total Calories/Day_____

Total Volume/Day_____ mL or _____ number of containers or
_____ mL per feeding and _____feedings per day

If Pump Feeding:
Pump Rate = _____ mL per hour

If Syringe/ Gravity Feeding:
_____mL per feeding and _____ feedings per day at the following times:_____

Flush Feeding Tube:
with _____ mL of lukewarm water before and after each feeding, Or every _____ hours,
Or at the following times: _____

Total amount of water needed to meet hydration needs: _____ mL per day

Your Personalized Instructions

Supply Information:

Formula Name _____

Type of Feeding Tube _____

Size of Feeding Tube (French size and length) _____

Manufacturer of Feeding Tube _____

Type of Feeding Container (syringe, gravity bag, pump bag, etc.) _____

Manufacturer 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)

Brand of Pump _____

Manufacturer of Pump _____

Pump Serial Number _____

For parents or caregivers of infants and children — The U.S. Food and Drug Administration (FDA) is warning healthcare providers, parents and caregivers of children who receive enteral feeding that there is a risk of strangulation from the use of tube feeding delivery sets. To the extent possible, avoid leaving the feeding set tubing where infants or children can become entangled. Discuss with your child's healthcare provider the steps you can take to avoid the risk of tubing wrapping around your child's neck. To learn more, visit the FDA site at https://www.fda.gov/medical-devices/safety-communications/potential-risk-strangulation-children-who-use-enteral-feeding-delivery-sets

Additional Resources

Avanos
www.Tubefed.com

Caring Bridge
www.CaringBridge.org

Feeding Matters
www.feedingmatters.org

FreeArm
www.freearmcare.com

Nestlé Health Science
www.myTubeFeeding.com

The Oley Foundation
www.Oley.org

Tubie Friends
www.tubiefriends.com

U Deliver Medical
www.udelivermedical.com

NOTES: .....

Important Phone Numbers:

Doctor .....

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

Emergency Contact .....

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

Home Care Agency .....

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

Home Care Nurse/Dietitian .....

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

Supplies/Equipment Company .....

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