When you have a Feeding Tube

A guide for you, family and friends
Important Information . . .

This book belongs to: _________________________________

Doctor who put tube in: _______________________________

Family Doctor: ________________________________________

Dietitian: _____________________________________________

Nurse: ________________________________________________

Pharmacy: ____________________________________________

Specialty Food Shop: _________________________________

Equipment Supplier: _________________________________

Formula Supplier: ___________________________________

Other Supplies: ______________________________________

Other Information: __________________________________

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Tube Feeding
Tube Feeding

What is tube feeding?

Tube feeding helps you stay well by giving you:

- liquid food – also called nutrition
- water – also called hydration
- medications

You need a tube feeding because:

- you are having trouble swallowing
- swallowing is not safe for you
- you have just had surgery and cannot eat
- you are not able to eat enough calories to keep up your strength
- treatments such as radiation therapy may make it hard for you to eat enough

You may need tube feeding for a few weeks or for many months.

Right now, your tube feeding is:

- giving you all of your nutrition and hydration
- adding to the nutrition and hydration you are able to take. This is called supplementing.
Where is the tube in my body?

There are many types of feeding tubes. You have a:

- Nasogastric tube or NG-tube
- Gastrostomy tube or G-tube
- Jejunostomy tube or J-tube
- Tracheoesophageal Fistula tube or TEF tube

The next few pages show pictures of where the different tubes go.

- **Nasogastric or N-G-tube**: The tube goes into the nose, down the esophagus or food tube, into the stomach.

- **Gastrostomy or G-Tube**: The tube goes through the stomach wall with the tip located in your stomach.
Jejunostomy or J-tube: There are different kinds of J-tubes. The kind you have is checked.

- The J-tube goes through an opening in the skin of the abdomen and through the stomach wall. The end of the tube is in the jejunum or the first part of the small intestine. The stomach wall is also called the gastric wall so this is sometimes called a gastro-jejunostomy.

- The J-tube goes through an opening in the skin of the abdomen with the end of the tube in the jejunum or the first part of the small intestine. The tube may be stitched in place.
Tracheoesophageal Fistula tube or TEF tube: The tube goes through a hole in the neck and connects the trachea (windpipe) and the esophagus (food tube). It then goes down the esophagus into the stomach.
Tube Feeding Formula

Prepared liquid formula

- Containers that have not been opened can be stored at room temperature. Make sure you check expiry dates on the containers.

- Opened containers must be used within 24 hours. Throw out formula if it is:
  - past the expiry date or
  - open longer than 24 hours or
  - left open at room temperature for longer than 4 hours.

- Opened containers must be covered and stored in the refrigerator.

- Before each feeding, take the formula out of the refrigerator and let warm to room temperature for ½ hour before using.

Powder formula

- Follow the directions on the package or the recipe the Dietitian gave you.
- Put the mixed formula in the refrigerator until you need it.
- Let the formula warm to room temperature for ½ hour before using.
- Prepare 1 day of formula at a time.
• You can buy formulas at most drug stores and specialty food shops. Call the store ahead of time. They may need time to order a supply of your formula.

• If you are having services from the Community Care Access centre (CCAC) or have an Ontario Drug Benefit card, the cost of some types of feeding formulas may be covered. Your equipment may be provided or rented for a limited time.

• If you are not having CCAC and do not have an Ontario Drug Benefit card, check with your insurance company and social worker for help with the cost.

• You can apply to the Government’s Assistive Devices Program called ADP. This program may cover 75% of the approved cost of supplies such as feeding tubes, bags and containers.
**Equipment and Supplies**

This is a picture of the equipment and supplies. Yours may look a bit different but they all have the same features.

- **Formula**
- **Towels for washing hands and cleaning up**
- **Syringe and water for flushing and giving medications**
- **Container or bag that holds formula**
- **Clamp to start and stop flow of formula**
- **End of tubing that connects to tube in your body**
Steps to Feeding

Before Starting:

1. Wash hands well with soap and water.

2. Draw up _____ ml of water into the syringe.

3. Make sure the clamp on the feeding tube is closed.

4. Open the cap on the feeding tube.
5. Insert the end of the syringe into the end of the feeding tube.

6. Open the clamp on the feeding tube.

7. Push the water from the syringe into the feeding tube.

8. Close the clamp on the feeding tube.
9. Remove the syringe from the feeding tube.

10. Check expiry date on the formula.

11. Wipe the top of the formula can with a clean towel.

12. Shake the formula well to mix.
Feeding by Gravity

If you use a Feeding Pump skip this section. Go to page 15.

1. Close the roller clamp on the feeding bag (roll down) to prevent formula from dripping out of the feeding set.

2. Pour the formula into the feeding bag and put top on.

3. Hang the feeding bag on an IV pole or any sturdy object that is higher than your head.
4. Open the roller clamp on the feeding set (roll up).

5. Let the formula flow. Squeeze the drip chamber gently. Wait until the formula reaches the end of the tubing. Catch a few drops in the formula can.

6. Close the roller clamp (roll down).

7. Open the cap on the tube going into your body.
8. Connect the tubes. This is a good connection. You are now ready to start the feeding.

9. Open the roller clamp on the feeding bag (roll up).

10. Open the clamp on the tube going to your body and let the formula flow into your body.

You can adjust the speed of the feed using the roller clamp:
   a. If the feed is too slow, open the roller clamp more
   b. If the feed is too fast, close the roller clamp a bit
When a Feed is Finished

1. Close the roller clamp on the feeding set.

2. Remove the end of the feeding set from the tube.

3. Flush the tube with water as described in Steps 1 to 9 starting on page 8.

4. Then go to “Cleaning up after a Feeding” on page 18.
1. Close the roller clamp on the feeding tube bag.

2. Open the formula and pour into the feeding bag.

3. Close the feeding bag and hang on the IV pole.
4. Plug the pump into an electrical outlet.

5. Follow the pump manual for setting up the delivery set properly. The manual shows you how to fill the drip chamber, set the flow rate and start the pump.

6. Open the roller clamp on the delivery set. Let the formula flow through to the tip.

7. Open the cap on the tube connected to your body.

   Connect the tip of the delivery set to the feeding tube connected to your body.
8. Open the clamp on the tube connected to your body and let the formula flow into your body.

9. Refer to the feeding schedule (on page 37) for routine flushes.

   Press the HOLD button on the pump before flushing the tube and then continue feeding.

10. After a feeding is finished, flush the feeding tube with water.

11. Press the STOP button on the pump.

12. Press the POWER OFF button on the pump.

13. Disconnect the tip of the feeding bag set from the feeding tube and replace the cap at the end of the feeding tube.

14. Wash and store equipment as described in “Cleaning up after a Feeding” on page 18.
1. Wash equipment with warm water and dish soap.

2. Rinse well until water runs clear.

3. Mix 1/8 cup (30 ml) of vinegar with ½ cup (120 ml) of water.

4. Pour vinegar mixture into bag and shake.
5. Open the tube clamp and let the vinegar solution run through. Then rinse well with clean water. Let the water run through the tubing until clear.

6. Wrap the equipment in a clean towel.

7. Store the equipment in the refrigerator until the next feeding.
Taking Medications

Take medication by mouth when you can.

If you have to take medication through the feeding tube, it is important to ask your pharmacist if:

- a tablet can be crushed
- a capsule can be opened and dissolved
- the medication is available in a liquid
- the medication should be taken on an empty stomach or with food
- you should follow any other special rules

Remember:

- Do not put medication in the feeding bag
- Do not mix any medications with the formula
Taking Medication through a Feeding Tube

1. Collect the supplies listed below and then wash your hands:
   - clean 60 ml syringe
   - medication(s)
   - lukewarm tap water in a clean glass
   - medicine crusher or 2 spoons
   - a small cup for each medication

2. Follow this chart to prepare the medication:

<table>
<thead>
<tr>
<th>Form of Medication</th>
<th>Method of Preparation</th>
</tr>
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<tbody>
<tr>
<td>Liquid</td>
<td>Go to Step 3 on next page.</td>
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<tr>
<td>Tablet</td>
<td>Crush tablet into a fine powder using a medicine crusher or two spoons and place into a small cup. Go to Step 3 on next page.</td>
</tr>
<tr>
<td>Capsule with powder inside</td>
<td>Pull capsule apart and place contents into a small cup. Go to Step 3 on next page.</td>
</tr>
<tr>
<td>Capsule with liquid inside</td>
<td>Poke a pinhole in one end of the capsule and squeeze contents out into a small cup. Go to Step 3 on next page.</td>
</tr>
<tr>
<td>Capsule with granules inside</td>
<td>This may clog your tube. Talk to your pharmacist and dietitian before putting it through the tube. Go to Step 3 on next page.</td>
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</tbody>
</table>
3. Mix the medication with 1 tablespoon (15 ml) of warm water. Do not mix more than one medication at a time. Make sure that the medication is completely dissolved before putting it through the feeding tube.

4. Flush the tube with 60 ml of water as you do before a feed (see Steps 1 to 9 starting on page 8).

5. Draw up the first medication into the syringe.

6. Insert the syringe into the feeding tube and gently push the plunger down to inject the medication into the feeding tube.

7. Clamp the feeding tube and disconnect the syringe from the feeding tube.

8. If taking more than one medication at a time, flush the tube now with 10 ml of water.
9. Follow Steps 4 to 8 for each medication taken.

10. After the last medication, flush with 60 ml of water to be sure that all the medication is through the feeding tube.

11. Remove the syringe from the feeding tube. Close the cap on the feeding tube.

12. Separate the plungers from the syringes and wash both with warm water and dish soap. Rinse well with water and allow to air dry.
Check for weight gain or weight loss

• You need to check your weight to make sure you are getting enough calories.

Remember...

• Since all scales are different, use the same scale each time you weigh yourself.

• Since your weight changes through the day, weigh yourself at the same time of the day.

• Weigh yourself every 3 to 4 days unless you have been given other instructions.

• Keep a written record of your weight.

<table>
<thead>
<tr>
<th>Date</th>
<th>Weight in: ☐ pounds ☐ kilograms</th>
<th>Comments</th>
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</table>
Looking After Yourself with a Feeding Tube

Mouth Care

Clean your teeth with toothpaste. If your mouth feels dry, do mouth care more often.

You can rinse your mouth with:
- alcohol free mouthwash or
- mouthwash suggested by your health care provider

You can also rinse your mouth with:
- a solution of ½ teaspoon (5 ml) baking soda in 1 cup (250 ml) warm water
  or
- a solution of ½ teaspoon (5 ml) salt in 1 cup (250 ml) warm water

Use petroleum jelly such as Vaseline® to keep your lips moist. **However, if you are having radiation therapy, do not use petroleum jelly.** Talk to your health care provider instead.

Securing and checking the tube

Most tubes have a securing device to hold them in place. If your tube does not have a securing device on the outside, your nurse will mark the tube and show you how to tape it in place. Check for this mark every day. If you cannot find the mark, pull the tube until you can see the mark and tape the tube in place.

Do not let the end of the tube hang loose. When you are not using your tube for feeding, make sure it is closed with a clamp or cap. Put the tube inside your undergarment to hold it in place:
- If you have an NG-tube you may use an anchoring device to hold it in place. The nurse will show you how to do this.
- If a G-tube or J-tube falls out, cover the opening with a clean towel or dressing. Call the visiting nurse or go to the Emergency Department right away with your tube.
Check the skin around the tube

- Check the skin around the tube each day. If the skin is red, painful and weepy, call the visiting nurse, family doctor or your health care provider.

Caring for the skin around the tube

- Clean the skin around the tube each day with warm water and soap.

- Rinse the soap off and dry the skin with a soft cloth.

- You may need a dressing if there is a lot of drainage around the tube. Change the dressing often and clean the skin with each dressing change.

- If the skin is healed, you do not need a dressing.

- If your skin is dry, you may use a water based moisturizer. Your pharmacist can help you buy the correct product.

- If you are having radiation therapy, check with a member of the radiation team before using any skin product.
Tube Feeding

Living with a Feeding Tube

When you have a feeding tube you are getting your nutrition, hydration and medication in a different way than most people. This does not mean that you, as a person, have changed. You should try to keep on with your normal lifestyle.

What should I say when people ask about the tube?

Since a G-tube cannot be seen by others, people will not know you have one unless you tell them. This is your choice.

Since an N-G Tube can be seen one way to answer might be, "I am having trouble swallowing. This is the way I feed myself." You could also say, "I am not able to eat so this is the way I feed myself."

You may want to give more information to relatives and friends. This is your choice.

When you feel comfortable with your feeding tube, others will too.

What can I wear?

With a G-tube or J-tube, you can wear soft elastic or lycra undergarments to hold the tube close to your body. Do not pin the tube to undergarments. Anchoring devices may be available to secure the tube. Ask your visiting nurse or health care provider about using an anchoring device.

Can I have a bath or shower?

You may shower or bath one day after the tube is put in if your doctor or nurse tells you it is alright. Remember to clamp the tube before you get into the bath or shower.

If you have a dressing around the tube, take it off. Bath and dry well and then put a new dressing on.

Talk to your health care provider about how to shower if you have a tracheostomy or laryngectomy stoma.
What activity and exercise can I do?

You can begin your normal activity and exercise, when you feel ready. Check with your doctor before going back to work or sports activities.

Can I swim?

When you have a G-tube or J-tube, you need to protect the opening on your skin from water. You can use a special pouch to cover your tube and the opening in your skin. An Enterostomal (ET) Nurse can teach you how to do this.

❌ If you have a tracheostomy or laryngectomy stoma, you cannot swim.

What about sexual activities?

You can have sexual relations as soon as you feel comfortable. It is best to wait about 1 hour after a feeding. Make sure the tube is well secured before you begin.

Can I travel?

Local trips are easy to do. Take your formula and extra supplies with you. You may want to keep a checklist of things to pack so you do not forget anything. You can use clothes hangers, lamp poles or design your own travel hook to hang your feeding bag on.

Going on longer trips and trips out of the country takes some planning. If travelling by air, carry 2 days of supplies with you. Do not check this luggage. Keep your bag with you always. You may check the rest of your supplies with your luggage.

Before planning a longer vacation, discuss the details with your doctor, nurse, dietitian or health care provider. For out of country trips, it is important to ask about insurance, how and where you get supplies and the cost of supplies. Your health care team can help you with the details.
What do I do in a restaurant?

If you are not allowed anything by mouth, you can still go to a restaurant. You would not be able to eat or drink anything but you can enjoy the company.

If you are allowed to eat and drink, choose food items from the menu the same as you eat and drink at home.

You may want to start by going with one or two good friends. You can then try getting together with more people.
## What to do When Things Do Not Seem Right

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<tr>
<th>What to watch for?</th>
<th>What does this mean?</th>
<th>What to do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>This could mean that:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• your feeding is going in too fast</td>
<td>1. Slow the rate of flow of your feeding. Double the time it takes to feed.</td>
</tr>
<tr>
<td></td>
<td>• your formula needs to be adjusted</td>
<td>2. If that does not work, try holding the feeding for an extra hour and then take it slowly again.</td>
</tr>
<tr>
<td></td>
<td>• you have the flu</td>
<td>3. If step 2 does not work, try holding the feeding.</td>
</tr>
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<td></td>
<td></td>
<td>4. If you still feel nauseated the next day, call your doctor.</td>
</tr>
<tr>
<td>Vomiting</td>
<td>There are many reasons for vomiting.</td>
<td>Call your doctor.</td>
</tr>
<tr>
<td>Feeling thirsty</td>
<td>You are not getting enough fluid. This is called dehydration.</td>
<td>Increase the amount of fluid between feedings. Be sure to flush with at least ½ cup or 125 ml of water after each feeding.</td>
</tr>
<tr>
<td></td>
<td>You may be dehydrated because you have diarrhea.</td>
<td>Talk to the dietitian, nurse, doctor or health care provider</td>
</tr>
<tr>
<td>What to watch for?</td>
<td>What does this mean?</td>
<td>What to do?</td>
</tr>
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<tr>
<td>Dark, yellow urine. You pass water less than 2 times a day.</td>
<td>You are not getting enough fluids. This is called dehydration.</td>
<td>Add ½ cup or 125 ml of extra water between feeds until you pass urine every 3 to 4 hours. Your urine should look light yellow.</td>
</tr>
<tr>
<td>Weight loss of more than 2 pounds or 1 kilogram a week for 3 weeks.</td>
<td>You are not getting enough calories.</td>
<td>Review your feeding amount with the dietitian.</td>
</tr>
<tr>
<td>Weight gain of more than 5 pounds or 2 kilograms a week over 3 weeks.</td>
<td>You are getting too many calories or fluids.</td>
<td>Review your feeding amount and flushes with the dietitian.</td>
</tr>
<tr>
<td>What to watch for?</td>
<td>What does this mean?</td>
<td>What to do?</td>
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<tr>
<td>Diarrhea: more than 3 loose watery stools a day</td>
<td>Side effects of some medications.</td>
<td>Talk to the doctor or health care provider who ordered the medication or the health care provider providing treatment advice.</td>
</tr>
<tr>
<td></td>
<td>This may mean your feeding is being given too fast.</td>
<td>Dilute the medication with ½ water.</td>
</tr>
<tr>
<td></td>
<td>The feeding tube may have moved out of place.</td>
<td>Slow down the flow rate of formula by ½ hour.</td>
</tr>
<tr>
<td></td>
<td>You may have an infection caused by soiled equipment or poor hygiene.</td>
<td>Check the position of the feeding tube and make sure you can see the black mark.</td>
</tr>
<tr>
<td></td>
<td>You may have another illness</td>
<td>Wash your hands well before feeding.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Always use very clean equipment. Refer to Page 18.</td>
</tr>
<tr>
<td>For any diarrhea, you need to replace fluids:</td>
<td>Talk to the dietitian about how to do this.</td>
<td>If diarrhea lasts longer than 2 days, call your doctor or health care provider.</td>
</tr>
<tr>
<td>What to watch for?</td>
<td>What does this mean?</td>
<td>What to do?</td>
</tr>
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</tr>
<tr>
<td>Constipation: firm, hard stool or no bowel movement for 3 days.</td>
<td>You are not taking enough fluid.</td>
<td>Take extra water between feeds. Begin with an extra ½ cup or 125 mls of water 4 times a day. Review the amount of fibre in your feeding with your dietitian. Exercise such as walking may relieve constipation. If you try the above and you are still constipated, call your doctor or health care provider. Ask your doctor or health care provider about any medication you are taking that may cause constipation.</td>
</tr>
<tr>
<td></td>
<td>Medication can cause constipation.</td>
<td></td>
</tr>
<tr>
<td>Cramping</td>
<td>Formula is cold causing intestines to contract.</td>
<td>Make sure formula is at room temperature before using.</td>
</tr>
<tr>
<td>Fever</td>
<td>There are many reasons for fever.</td>
<td>Call your doctor or health care provider.</td>
</tr>
</tbody>
</table>
### Tube Feeding

<table>
<thead>
<tr>
<th>What to watch for?</th>
<th>What does this mean?</th>
<th>What to do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloating</td>
<td>Fullness after feeding caused by running the feeding too fast.</td>
<td>Delay your next feeding by 1 hour or slow the rate of feeding by ½ for 4 to 6 hours. Then slowly increase to previous level.</td>
</tr>
<tr>
<td></td>
<td>Excess gas in your stomach.</td>
<td>Open the cap on the feeding tube to let gas out of the stomach.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exercise such as walking helps relieve gas.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If problem persists for more than 2 or 3 days, talk to your dietitian.</td>
</tr>
<tr>
<td>Formula does not run through the feeding tube.</td>
<td>Feeding tube is blocked.</td>
<td>Using a 60 ml syringe, remove fluid from the tube by pulling back on the plunger slowly. Dispose of the fluid. Draw up 25 to 30 ml of warm water in the syringe. Attach the syringe to the feeding tube. Push the warm water in gently and pull the plunger back slowly. Repeat several times. If tube remains blocked, call your visiting nurse, dietitian, doctor or health care provider.</td>
</tr>
<tr>
<td>What to watch for?</td>
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<tr>
<td>Skin around the opening is red, weeping and sore. You may have pain and swelling.</td>
<td>The tube is rubbing on your skin. Leaking around the tube is causing skin irritation or infection.</td>
<td>Ask your visiting nurse or health care provider about using a skin barrier.</td>
</tr>
<tr>
<td>Skin around the opening is thick and uneven in shape</td>
<td>This is called granulation tissue or ‘proud flesh’. It is a normal body reaction to the tube but can be irritating and may bleed.</td>
<td>Talk to your doctor or health care provider.</td>
</tr>
<tr>
<td>There is leaking around the tube.</td>
<td>Your tube may be too small.</td>
<td>Make sure the tube is taped well and not swinging or stretching. If leaking does not stop, call your health care provider. You may need a tube change.</td>
</tr>
<tr>
<td>Tube comes out.</td>
<td>Tube has come out by accident.</td>
<td>Cover the opening with a clean towel right away. Call your health care provider or go to the nearest Emergency Department with the tube.</td>
</tr>
<tr>
<td>What to watch for?</td>
<td>What does this mean?</td>
<td>What to do?</td>
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</tr>
<tr>
<td>Broken clamp.</td>
<td>Clamp wears out.</td>
<td>Call your health care provider.</td>
</tr>
<tr>
<td>Cap breaks off tip of G-tube</td>
<td>Cap wears out.</td>
<td>Call your health care provider.</td>
</tr>
<tr>
<td></td>
<td>Build up of oils inside tube.</td>
<td>Clean the inside of the tube adapter and the tip of the feeding set with a cotton tip swab moistened with water.</td>
</tr>
<tr>
<td>Pump not working.</td>
<td>Many causes:</td>
<td>Refer to pump manual and call the company contact number.</td>
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<td></td>
<td>• Check that the pump is plugged in</td>
<td>Speak to health care provider or dietitian.</td>
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<tr>
<td></td>
<td>• Check that battery is working</td>
<td></td>
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<tr>
<td>Sudden cough or trouble breathing during a feeding or right after.</td>
<td>Your formula may be coming back up from your stomach.</td>
<td>Slow down the formula flow rate by ½ hour.</td>
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<td>If symptoms continue, call your health care provider.</td>
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</tbody>
</table>
Feeding and Flush Schedule

Formula: ________________________________

Feed Schedule:

<table>
<thead>
<tr>
<th>Feeding by gravity:</th>
<th>Feeding by pump:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Amount</td>
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Water flushes:

Before starting feed, flush with _______ ml water.

When feed is completed, flush with _______ ml water.

OR

Every ______ hours, flush with _______ ml water.

Notes:

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
Quick Steps to Tube Feeding

Gather supplies:
- cup with water
- syringe
- feeding bag
- formula

1. Draw up _______ ml (cc) of water into the syringe.
2. Attach the syringe to your tube.
3. Open the clamp on your tube.
4. Push the water into your tube.
5. Close the clamp on your tube.
6. Take the syringe off your tube.
7. Shake the can(s) of formula gently.
8. Close the feeding bag by closing the roller clamp.
9. Pour the formula into the feeding bag.
10. Open the feeding bag by opening the roller clamp.
11. Let the formula flow to the tip of the feeding bag tube.
12. Close the roller clamp on the feeding bag.
13. Attach the feeding bag tube to your tube.
14. Open the clamp on your tube.
15. Open the roller clamp on the feeding bag and let the formula flow into your body.
16. After the formula has gone in, pour _____ ml (cc) of water into the feeding bag.
17. When the water has gone in, close the roller clamp on the feeding bag.
18. Close the clamp on your tube.
19. Take the feeding bag tube off of your tube.
20. You are now done.
21. Clean up supplies for next time.