STANDARD OF CARE	**Manual:** Clinical	**Section:** Interdisciplinary Clinical	**Code No.:** I F002	**Old Code No.:** F2-SOC, I F2
Title: Feeding Tube - Care of Enteral Feed in the Adult Patient			**Original Effective Date:** May 01, 1999	
			Review/Revised Effective Date: Sep 15, 2020	
			Next Review Date: Sep 01, 2023	
Cross Index: I F003, I F005, I F007, I N004	**Authoring Committee/Program/Dept:** Professional Practice		**Approved By:** SLT	

Expected Outcome(s):

The feeding tube will be properly placed and remain in the gastrointestinal tract

- Tube position will be verified with initial placement and re-verified before any medications or feeds are administered through the tube.
- Patency of the feeding tube will be maintained.
- Patient will receive enteral nutrition as ordered by the MRP.
- Skin and mucosa surrounding feeding tube will remain intact with minimal inflammation, tenderness, and erosion.
- Patient will have no respiratory distress or signs of discomfort due to the enteral feeding.
- Aseptic technique will be used when handling all enteral feed products and equipment as enteral feeds are a high growth medium for potentially pathogenic micro-organisms.

Responsibility:

- Nurse

Action:

1. Verification and re-verification of tube position will be done as per the Feeding Tube - Enteral Nutrition - Initiation and Management procedure. If the tube appears to have moved immediately stop enteral feeding and report to the MRP. Identify conditions that may increase the risk of spontaneous tube dislocation such as retching, vomiting, nasotracheal suctioning and severe bouts of coughing.
2. Inspect and care for the tube entry site Q shift and PRN:
    - Nasal tubes - Nasogastric:
        - Change anchor device or tape on nose as needed, or every 3 to 5 days; if loose or soiled change more frequently.
        - Check mouth and pharynx Q shift and PRN, inspect and clean nares Q shift and PRN with warm water or saline, maintain good oral hygiene.
    - Abdominal tubes - Gastrostomy and Jejunostomy:
        - Inspect the site daily for signs of impaired skin integrity, drainage, infection or bleeding. Refer to Feeding Tube - Enteral Nutrition - Initiation and Management for more information.
        - Care of tube site:

        - New tube - if the tube tract has drainage or crusting, clean site with normal saline. If tract is healed, clean site daily with water. If dressing is ordered, dry site completely and place drain-gauze dressing over site and secure with tape. Place date, time and initials on dressing. Dressings are changed 48 hours post placement, and/or if there is drainage at the site and then daily and PRN.
        - Long term abdominal wall tube – the tube should be gently pushed in approximately 1 cm and daily rotated 90 degrees to prevent the balloon or internal bumper from adhering to the gastric wall.
3. Flush tube:
    - With at least 30 mL of room temperature water (sterile water in all critical care areas) q4h.
    - With at least 30 mL of room temperature water (sterile water in all critical care areas) before and after checking gastric residual volumes.
    - With at least 30 mL of room temperature water (sterile water in all critical care areas), before and after intermittent feeds and every 4 hours for continuous feeds.
4. Evaluation and Documentation as per the Feeding Tube - Enteral Nutrition - Initiation and Management procedure.

Special Considerations:

Not Applicable

References:

- Perry, A & Potter, P. (2018). *Clinical Nursing Skills & Techniques, 9th* Ed., "Enteral Nutrition." pg. 839-860.
- http://www.saferhealthcarenow.ca/