PURPOSE:
To provide hydration, nutrition or medication via surgical opening into the stomach or jejunum when oral route is contraindicated.

CONSIDERATIONS:
1. Special formulas or blender-prepared nutrients may be administered at room temperature and should be discarded if not used within a 24-hour period.
2. Possible side effects to consider are distention, vomiting, diarrhea and constipation. Therefore, frequency of feeding, amount of formula, concentration of formula and content of formula may need to be adjusted. Consultation with physician or registered dietician may be indicated.
3. During continuous feedings, assess frequently for abdominal distention.
4. Medications may be administered through the feeding tube. Liquid preparations are preferred. Enterocoated tablets cannot be used. Flush tubing with water before and after to ensure full instillation of complete dose of medication. Each medication should be given separately and flushed with 20 to 30 mL water between each medication.
5. Gastrostomy tubes (G-tubes) that have a balloon tip should be changed as ordered by physician; other types of G-tubes (e.g. mushroom, molecot) are changed in an outpatient setting. Jejunostomy tubes are only changed by physician.
6. If patient needs more water intake than is allowed with the enteral feeding, physician orders need to be obtained to determine the amount of extra water and frequency needs to be given to the patient daily.

EQUIPMENT:
- 60 mL syringe
- Graduated container
- Glass of water
- Prepared formula
- Clamp
- Gloves
- Protective sheet
- Enteral feeding bag and tubing
- Enteral feeding pump (optional)

PROCEDURE:
1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Prepare measured amount of formula or medication in appropriate container.
4. Elevate the patient's bed to a high- or semi-Fowler's position to prevent aspiration and to facilitate digestion.
5. Place protective sheet under tubing to protect bedding and clothes.
6. Remove cap or plug from the feeding tube.
7. Aspirate stomach contents with syringe. Note amount of residual withdrawn and inject gastric fluid back into tube. DO NOT discard this fluid. If the residual is greater than 100 mL or twice the hourly rate of feeding, call the physician. DO NOT administer feeding.
8. Connect enteral bag tubing, pump tubing or syringe to gastrostomy or jejunostomy tube.
9. If using a bulb or catheter-tip syringe, remove the bulb or plunger and attach the syringe to feeding tube to prevent excess air from entering. **Jejunostomy should not be bolus fed. DO NOT use this option for jejunostomy.**
10. If using the infuser controller, follow manufacturer's directions. Purge the tubing of air and attach it to the feeding tube.
11. Open the regulator clamp of enteral tube or pump and adjust flow rate. When using syringe, fill syringe with formula and release the feeding tube to allow formula to flow through. When syringe is three-quarters empty, add more solution. Recommended rate is 200-350 mL over 10 to 15 minutes depending on the patient's tolerance and the doctor's orders.
12. Flush tube with 50-60 mL of water after each feeding to ensure patency.
13. Pinch tubing and remove enteral bag, controller tubing or syringe and then clamp or cap feeding tube.
14. Leave patient in semi-Fowler's position for at least 30 minutes.
15. Discard soiled supplies in appropriate containers.

AFTER CARE:
1. Cleanse reusable equipment and rinse. Allow equipment to air-dry and wrap in clean towel to be used at next feeding.
2. Document in patient's record:
   a. Verification of proper tube placement.
   b. Amount of aspirated stomach content.
   c. Feeding solution and amount.
   d. Medications administered.
   e. Amount of water administered.
   f. Patient's response to procedure.
   g. Instructions given to patient/caregiver.