Tube Feeding At Home
A Guidebook for Patients, Families & Caregivers
Tube Feeding at Home

This guidebook is for

________________________________________

Date

________________________________________

RD
# Table of Contents

**What is Tube Feeding?** ................................................................. 4

**Your Feeding Tube** ........................................................................ 5
  Diagram and Information About Your Feeding Tube ......................... 5
  Replacing your Feeding Tube .......................................................... 5
  Checking and Maintaining your Feeding Tube’s Position ....................... 7
  Keeping your Feeding Tube Clean and Clear ....................................... 7

**Looking after your Skin and Stoma** ............................................... 8
  Checking the Stoma or Feeding Tube Site .......................................... 8
  Cleaning the Stoma or Feeding Tube Site .......................................... 9
  Bathing and Showering with a Stoma ................................................ 10
  Caring for Your Mouth ..................................................................... 10

**Your Tube Feeding Supplies** ......................................................... 11
  Formula and Feeding Sets ............................................................... 11
  Syringe, I.V. Pole, Feeding Pump ...................................................... 12
  Cost of Supplies .............................................................................. 13

**Your Tube Feeding Schedule** ......................................................... 15

**Giving Tube Feedings by Gravity** .................................................. 16

**Giving Tube Feedings by Pump** ...................................................... 18

**Cleaning and Storing Your Tube Feeding Supplies** ......................... 18

**Giving Medications Through Your Feeding Tube** .......................... 20

**Preventing and Solving Problems** ................................................ 23
  Aspiration ....................................................................................... 24
  Nausea and Vomiting ....................................................................... 25
  Stomach Fullness, Bloating ............................................................... 26
  Constipation .................................................................................... 27
  Diarrhea .......................................................................................... 28
  Dehydration ...................................................................................... 29
  Fluid Leaking at Site ......................................................................... 30
  Blocked or Clogged Feeding Tube ..................................................... 30
  Feeding Tube Appears to be in the Wrong Position ............................. 32
  Feeding Tube Falls Out .................................................................... 32
  Irritation or Infection at the Tube Insertion Site ................................ 33
  Diabetes - High Blood Sugars ......................................................... 35
  Diabetes - Low Blood Sugars .......................................................... 36

**Who to Call: Names and Phone Numbers** ..................................... 37
**What is Tube Feeding?**

Tube feeding is a way of giving liquid food (formula) directly into the stomach or small bowel. This liquid food provides your body with the building blocks (called “nutrients”) needed for good health.

Tube feeding provides total nutrition for people who cannot eat at all or extra nutrition for people who cannot eat enough regular food. Sometimes tube feeding is short term; other times it is long term.

The information in this booklet and the education and guidance provided by your health care team will help you carry out tube feeding at home safely and effectively.

If you have problems with your feeding tube, please bring this booklet to your doctor.
Your Feeding Tube

This diagram shows different types of feeding tubes. Your type of tube is highlighted.

- Gastrostomy (tube tip in stomach)
- Gastro-jejunostomy (tube tip in jejunum through the stomach)
- Jejunostomy (tube tip directly in jejunum)
- Other ____________________________

Brand of tube: ____________________________

Internal Retention Device: ____________________________

Tube size: ____________________________

Service that placed tube: ____________________________

Date tube was placed: ____________________________
Replacing your Feeding Tube

Tubes do not need routine replacement. All feeding tubes eventually need to be replaced but the time for replacement varies with the type of tube.

You may need your feeding tube replaced if:

- The tube has a crack or looks like it is breaking down.
- There is a change in the amount of or look of the drainage from the opening where the tube enters the body.
- The tube is blocked (you may be unable to flush or feed through the tube, or feeding takes longer than normal).

Tube Replacement

The Endoscopy Clinic, Radiology Clinic, or Trauma Services Clinic at Vancouver General Hospital (VGH) can replace broken tubes, broken adaptors, and replace tubes that have come out. All three clinics can replace feeding tubes that were placed radiologically, endoscopically or surgically.

If your tube has come out, URGENT REPLACEMENT IS REQUIRED (the stoma may close if not replaced urgently). Alert the clinic of this when you call to book an appointment. Be prepared to tell them the date the tube was placed and the date the tube came out.

Contact Information for Tube Replacement

Monday to Friday, call the service that placed your previous tube:

- VGH Endoscopy Clinic: 604-875-4155
- VGH Radiology Clinic: 604-875-4770
- VGH Trauma Services Clinic: 604-875-5088
- Lions Gate Hospital patients: Contact your family Doctor or the Doctor who placed the first tube.

On weekends, visit your local emergency room for tube replacement.
Checking and Maintaining Your Feeding Tube's Position

How to check the feeding tube position

Make a mark on the feeding tube where the tube exits your body. Use a permanent marker. Measure the length of the tube that remains outside your body.

- Write down this measurement here: ________________________

This measurement is the correct position of your feeding tube.

- Always check the position of your feeding tube before giving your tube feeding formula and/or medications.
- The tube length should always be the same length or up to one inch longer to be in the correct position.
- If the feeding tube moves by more than 1 inch, refer to page 32 “Feeding Tube Appears to be in the Wrong Position”.
  Note: For surgically placed J tubes, the tube should not move at all.

Keeping your Feeding Tube Clean and Clear

Flush your feeding tube with water to clear inside the tube and prevent clogs.

To flush your tube:

1. Fill the syringe with the recommended amount of water.
2. Put the tip of the syringe into the feeding tube opening. Push the plunger through the syringe to deliver the flush.
- Flush your tube before and after each tube feeding (intermittent feeding), or every _____ hours if you are on continuous feeding with at least 30 mL water.
- Flush before and after each medication and anytime you stop a tube feeding.
- If you have your tube feeding overnight, you may not need to get up and flush your feeding tube. Refer to the flushing instructions on page 15.
Looking After Your Skin and Stoma

• The stoma is the opening on the skin where the feeding tube enters your body.

General Directions

• Keep the skin around the stoma as clean and dry as possible. Bandages are not usually needed unless the stoma is draining.
• Check and clean the stoma every day according to the following instructions.

Checking the Stoma

Look carefully at and around the stoma for any of the following signs of skin irritation or infection:

• Skin redness greater than ½ inch (1 to 2 cm) around the tube tenderness, discomfort or pain around the tube
• Discharge (leakage) from the stoma
• Swollen skin
• Bad smell

If you see any of these signs, go to page 34 where you will find information on “How to Treat Skin Irritation or Infection”.

8
Cleaning the Stoma

Keep the skin clean and dry to avoid skin irritation and breakdown.

1. Gather the equipment you need:
   - Clean facecloth
   - Cotton tip swab (Q-tip)
   - Mild soap
   - Warm water
   - Other: ____________________________

2. Wash your hands before and after cleaning the stoma site.

3. Follow these steps:
   - If you have dressings, carefully remove them and throw them away.
   - At least once every day, wash the skin around the tube. Use a clean facecloth and water. (You may use mild soap, but do not use it every day as this causes skin to dry out and can lead to irritation faster.) Also clean the skin anytime there is leakage around the tube.
   - If you have a disc, gently turn it to reach all areas of the skin.
   - Use a Q-tip to gently clean under the disc. Do not pull hard on the tube. This can harm the inside of the stomach or intestine.
   - Clean the outside of the tube with soap and water.
   - Rinse the skin with warm water, and then dry it well with a soft towel.
   - Follow the steps on page 7 that explain how to keep your tube in the correct position.
   - If you use tape to keep the tube in place, avoid taping over the same patch of skin each time, as this can irritate the skin. Use a soft, cloth, surgical tape such as 3M Medipore™ Tape, or transparent adhesive tape. Do not use white adhesive tape as it will leave a sticky material on the skin that is hard to remove and may irritate the skin.
   - The best way to secure your tube is by using a cath-secure device. Refer to the manufacturer’s instructions if you have a cath-secure device.
**Taking a Bath or Shower with a Stoma**

- **Taking a Bath:**
  - Keep the stoma above water.
- **Taking a Shower:**
  - If your stoma is less than 2 weeks old or has not yet completely healed, cover the stoma site with a waterproof bandage or Saran wrap and tape.
  - If the stoma is more than two weeks old and completely healed, you do not need to cover it. You may clean around the stoma while showering.

**Mouth Care**

- Brush your teeth at least twice a day with fluoride containing toothpaste.
- Swish and spit with alcohol free mouthwash every 4 hours between brushings.
- Floss your teeth regularly.
- Keep your lips moist using water based lip moisturizers (do not use petroleum jelly).
- **If you have dysphagia (difficulty swallowing), follow the guidelines provided by your swallowing therapist.**
Your Tube Feeding Supplies

This section explains what you need for tube feeding, where to obtain supplies, how much the supplies cost and how to store your formula.

To give your tube feedings, you will need the following:

- Formula and feeding bag with attached tubing to hold and deliver the formula during the feeding OR closed system “Ready to hang” formula and spike set.
- Syringe (2 sizes; details below).
- Sturdy object on which to hang the feeding bag during feeding. You can use an I.V. pole, coat rack, hook/nail in the wall.
- Feeding pump for certain types of feeds as instructed by your dietitian.

Formula and Feeding Sets

<table>
<thead>
<tr>
<th>Open System</th>
<th>Closed System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of formula:</td>
<td>Name of formula:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>If this formula is not available, use:</td>
<td>If this formula is not available, use:</td>
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<tr>
<td></td>
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</tr>
<tr>
<td>*Do NOT use any other formulas before checking</td>
<td>*Do NOT use any other formulas before checking</td>
</tr>
<tr>
<td>with your dietitian.</td>
<td>with your dietitian.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeding bag/tubing set:</td>
<td>Spike set:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Brand:</td>
<td>Brand:</td>
</tr>
<tr>
<td>Type:</td>
<td></td>
</tr>
<tr>
<td>Size:</td>
<td></td>
</tr>
</tbody>
</table>
**Syringes**

The recommended size (volume) of syringe for flushing water through your tube is:

- 60 mL Catheter tip
- 60 mL Luer lock with adaptor

The recommended size (volume) of syringe for unblocking your tube is:

- 10 mL or 20 mL Slip tip syringe
- 10 mL Luer lock with adaptor

**I.V. (Intravenous) Pole**

You can rent an I.V. pole from a medical supply store. Your dietitian will provide information on renting or purchasing an I.V. pole.

You may be able to borrow an I.V. pole for up to 3 months from the Canadian Red Cross Health Equipment Loan Program (HELP). If you wish to do this, your dietitian will provide you with a referral form to a HELP location near your home. If you need an I.V. pole for more than 3 months, you may want to consider purchasing one from a medical supply store.

**Feeding Pump**

If you need a pump to deliver your tube feedings, your dietitian will help arrange this before you leave the hospital. Make sure you get a trouble shooting guide with your pump.

The source of your feeding pump is:

Company:  

Contact (if problems arise with your pump or to return pump):  

## How Much Will Tube Feeding Cost Me?

<table>
<thead>
<tr>
<th>Open System</th>
<th>Closed System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of formula each month:</td>
<td>Amount of formula each month:</td>
</tr>
<tr>
<td>Cost per case:</td>
<td>Cost per case:</td>
</tr>
<tr>
<td>Amount of syringes each month:</td>
<td>Amount of syringes each month:</td>
</tr>
<tr>
<td>Cost per syringe:</td>
<td>Cost per syringe:</td>
</tr>
<tr>
<td>Amount of feeding sets each month:</td>
<td>Amount of spike sets each month:</td>
</tr>
<tr>
<td>Cost per feeding set:</td>
<td>Cost per spike set:</td>
</tr>
<tr>
<td>Other supplies: eg. feeding adaptors, stoma care supplies, G-tube maintenance kit (from Lancaster only):</td>
<td>Other supplies:</td>
</tr>
</tbody>
</table>

### Summary of Total Monthly Costs

<table>
<thead>
<tr>
<th>Formula:</th>
<th>Syringes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding Sets:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

| Total:                                 |                                         |

You should reorder supplies when you have ________ cases of formula and ________ feeding sets left.
You can buy the formula and feeding bags at:

- **Lancaster Medical Supplies**
  
  #203-6741 Cariboo Road  or  #1-601 West Broadway
  Burnaby, BC, V3N 4A3  or  Vancouver, BC, V5Z 4C2
  Telephone: 604-708-8181  or  Telephone: 604-873-8585
  Fax: 604-708-8180  or  Fax: 604-873-2381
  Contact person: Dave Kotow

- **MacDonald's Prescriptions and Medical Supplies**
  
  746 West Broadway,
  Vancouver, BC, V5Z 1G8
  Telephone: 604-872-5496
  www.macdonaldsrx.com/hhc

- **Davies Pharmacy**
  
  1401 St Georges Ave
  North Vancouver, BC, V7L 3J3
  Telephone: 604-985-8771
Your Tube Feeding Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Flush before feeding</th>
<th>Formula, Amount and Rate</th>
<th>Flush After Feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

This is your schedule when you first go home from hospital. It may need to change if your condition changes. Unless you depend on scheduled home care or have diabetes, the timing of each feeding can be flexible.

If you have questions or feel that you schedule should be changed, contact your community healthcare provider.

Check your weight weekly. If you are losing or gaining too much weight, contact your community health provider.

Additional Notes/Instructions:
Giving Tube Feedings by Gravity

These guidelines explain how to give tube feedings by gravity drip. If you use a feeding pump at home, you will have separate instructions.

Setting a gravity drip requires physical practice in hospital. Gravity rates are set by counting drops in the drip chamber over a 10 second period.

\[ \text{___________ drops} = \text{___________ mL/hr} \]

Before You Start:

1. Always wash your hands with soap and water.
2. Set up tube feeding supplies. You will need
   - Formula (Rinse and wipe the top of the formula container)
   - Feeding bag and tubing (check that feeding bag is clean before reusing it. See instructions on page 18)
   - Syringe _______ size
   - Container filled with clean water for flushing
   - Small towel to wipe spills
   - I.V. pole or other object to hang feeding bag

Preparing the Feeding Bag:

(Do this over a counter or sink to prevent spills on yourself, furniture or carpet)

1. Open the container(s) of formula.
2. Close the clamp on the feeding bag tubing. Pour formula into feeding bag. Hang the feeding bag on an I.V. pole, nail, or coat rack. The bag needs to be higher than your head for the formula to flow properly.
3. Squeeze the chamber at the bottom of the feeding bag to let a small amount of formula into the chamber. (For Patrol pump bags, partially fill drip chamber without squeezing.)
4. Open the clamp and let the formula flow to the end of the tubing.
5. Close the clamp.
Giving Your Tube Feeding:

1. Sit in a comfortable, upright position.
2. Flush your tube according to your feeding schedule.
3. Connect the feeding bag tubing to the tip of your feeding tube.
4. Open the clamp on the feeding bag tubing to allow a steady drip at the rate shown above.

After Your Tube Feeding is Done:

1. Wash your hands.
2. Disconnect the feeding set from your feeding tube.
3. Flush your tube according to your feeding schedule.
4. Clean your tube feeding supplies.

Remain upright or keep head of bed >30 degrees during your feeding and for at least 30-60 minutes after your feeding. This is very important if you have an overnight feed.

You can create a 30-45 degree angle by using foam cushions or pillows, as shown below.
Giving Tube Feedings by Pump (Open or Closed System)

Please see separate booklet that gives instructions on using your particular brand and model of enteral feeding pump.

Notes from Dietitian:

Cleaning and Storing Your Tube Feeding Supplies

Depending on the type of feeding supplies you have, follow the instructions in A or B.

A. Combined Feeding Bag and Tubing (e.g. Kangaroo® and Compat®)

Steps to clean bag after each feeding:

1. Wash the feeding bag and tubing in warm, soapy water. If you are using the pump set, squeeze the chamber to run water through the tubing. Then rinse well in warm water.

2. Shake excess water from the feeding set, wrap the set in a clean, dry towel and store it in the refrigerator. Storing the bag and tubing in this way helps reduce bacterial growth.

   Tip: Be sure to rinse all soap out of your feeding bag.

Steps to clean bag at the end of the day:

1. Wash feeding bag after your last feeding, or once per day if you are on continuous feeds.

2. Mix \( \frac{1}{4} \) cup of vinegar and 1 cup of water.

3. Pour vinegar mixture into the bag.

4. Open the tubing to allow vinegar mixture to flow through into the sink.

5. Rinse the bag and tubing set with clean, cool water.
6. Shake out excess water.
7. Wrap the set in a clean, dry towel and store it in the refrigerator.

*** Manufacturers recommend discarding feeding bags and tubing after 24 hours of use. However, if you follow these cleaning instructions, you may be able to use them longer. Your dietitian recommends you replace your feeding bag and tubing with a new set every ________ days.

B. Closed System

Closed system formula and spike sets can be used for a maximum of 2 days (48 hours) after inserting a spike set.

Throw out the closed system formula container and spike set when you are finished with it. Do not re-use spike sets. A new spike set must be used with each new closed system formula container.

C. Syringes

- Use one syringe for your water flushes and a separate syringe for your medications.
- Take apart and clean the syringes with warm, soapy water after each use and rinse well.
- Allow the syringes to air-dry between uses.

*** Throw out the syringe after one week of use.

D. Storing the Formula

- Store unopened formula containers (i.e. cans, tetrapaks, prismapaks, or closed system bags) in a dry place at room temperature.
- Store opened cans, tetrapaks or prismapacks in the refrigerator. Label the formula package with the date and time you opened it. Discard opened formula if not used within 24 hours.
- For closed systems, label the container with the date and time you spiked it. Discard unused formula after 48 hours.
- Do not use formula after the expiry date stamped on the container.
Giving Medications Through Your Feeding Tube

Use the following steps to safely give your medications:

- Give your medications one at a time, and never mix them together.
- Do not mix medications with formula as this can cause formula to curdle and clog the feeding tube and may also decrease the action of the drug. Flush the tube prior to giving medication to clean any remaining formula from the tube.
- Check with your pharmacist whether you should take medications on a full or empty stomach. This may depend on whether you have a tube in your stomach or in your intestine.

Step-by-Step Directions for Giving Medications Through the Feeding Tube

Step 1
Wash your hands and collect the following items:

- Medication
- 2 clean syringes, one for water flushes and one for medications
- Clean warm tap water in a large cup
- Pill crusher OR mortar and pestle (You can buy pill crushers from medical supplies stores and pharmacies.)
- Small cup

Step 2
Stop your tube feed while delivering medication if needed (if you are giving medications during a feeding time).

Step 3
Prepare medications as described in the table below.
<table>
<thead>
<tr>
<th>Form of Medication</th>
<th>Method of Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid</td>
<td>Place into a cup</td>
</tr>
<tr>
<td>Tablet</td>
<td>Crush tablet into a fine powder using your tablet crusher or mortar and pestle. Place into a small cup.</td>
</tr>
<tr>
<td>Capsule with powder inside</td>
<td>Pull capsule apart and place contents into a small cup.</td>
</tr>
<tr>
<td>Capsule with liquid inside</td>
<td>Poke a pinhole in one end of the capsule and squeeze contents out into small cup.</td>
</tr>
<tr>
<td>Capsule with granules</td>
<td>This may clog your tube. Speak to your pharmacist before putting through your tube.</td>
</tr>
</tbody>
</table>

**Step 4**

Using the warm tap water from a cup, mix medications with 15-30 mL water in a separate cup. Make sure medications are completely crushed and dissolved in water before drawing into the syringe.

**Step 5**

Draw medication into the syringe, and make sure no medication is left behind in the cup.

**Step 6**

Using a second syringe (non-medication syringe) FLUSH the tube vigorously with 15-30 mL warm tap water.
**Step 7**

Insert the syringe containing the dissolved medication (from Step 5) into your feeding tube and push the medication/water mixture into your tube. If you are taking more than one medication at a time, flush your tube with 15 mL of water in between each medication.

**Step 8**

Using the non-medication syringe FLUSH the tube vigorously with 15-30 mL water after the last medication is given.

**Step 9**

Restart your tube feed according to your schedule.

**Other Information**

Long-acting medications and tablets with a special coating cannot be crushed. Check with your pharmacist to make sure that each of your medications can be crushed.

Bulk-forming medications such as Metamucil should be avoided because they quickly congeal when mixed with water and can clog the feeding tube.

Never mix medications with antacids or vitamin supplements containing iron, calcium and/or magnesium.

Check with your hospital dietitian or home care nutritionist before giving any herbal preparations or vitamin/mineral supplements through your feeding tube.

Liquid medications may cause diarrhea.

If safe to do so, take medications by mouth. Check with your physician or swallowing therapist if you can do this.
Preventing and Solving Problems

This section explains how to prevent, recognize and treat the problems that sometimes happen to people on tube feeding:

- Aspiration (formula or water going into the lungs)
- Nausea and vomiting
- Stomach fullness, bloating
- Constipation
- Diarrhea
- Dehydration (body lacking fluids)
- Fluid leaking at site
- Blocked or clogged feeding tube
- Feeding tube in the wrong position
- Feeding tube falls out
- Irritation or infection at the tube insertion site
- Diabetes – high blood sugars
- Diabetes – low blood sugar
Aspiration occurs when formula or water enters the lungs. It is a very serious problem. You should know how to prevent and recognize aspiration, as well as what to do if it occurs.

Signs of Aspiration:

- Coughing and/or choking while giving the feeding
- Difficult, noisy breathing
- Wet, gurgly voice
- Pale or bluish lips
- Shortness of breath
- Possibly fever

To Prevent Aspiration:

- Make sure the feeding tube is in the right position (see page 7) before you give the feeding and when you do site care.
- Sit upright or raise the head of your bed at least 30 degrees during each feeding, and for at least 30-60 minutes after the feeding is finished.

If Aspiration Occurs or is Suspected:

1. Stop the feeding right away.
2. Sit upright and make sure your airway is clear.
3. If you have a nasogastric tube, remove it.

- If your condition does not improve immediately after taking these steps, call an ambulance right away.
- If your condition improves after taking these steps, do not restart your tube feedings, as the tube may be in the wrong place. Instead, call your family doctor or go to Emergency.
Nausea and Vomiting

As long as you correctly follow your usual feeding guidelines for formula, rate and schedule, the tube feeding should not cause nausea and vomiting. Some possible causes of nausea and vomiting include medications, an infection such as the flu, or any changes in your medical condition or treatment.

To Prevent Nausea and Vomiting:

- Make sure you wash your hands well, before handling the formula.
- Make sure you are following the instructions for storing the formula and cleaning and reusing the feeding bag and tubing or set and other supplies.
- Give your tube feedings at the recommended rate. Do not speed up the rate without first checking with your dietitian or home care nurse.
- Sit upright, or make sure the head of the bed is raised at least 30 degrees during each feeding, and for at least 30-60 minutes after the feeding is finished.

If Nausea and/or Vomiting Occurs:

- **If you feel nauseated, do not give the tube feeding.** Wait one or two hours, and if your stomach feels better, restart the tube feeding.
- **If you vomit, stop the tube feeding immediately.**
  Check to see if you are showing any of the signs of aspiration:
  - Coughing and/or choking while giving the feeding
  - Difficult, noisy breathing
  - Wet, gurgly voice
  - Pale or bluish lips
  - Shortness of breath
  - Fever
- Restart tube feeding when you are no longer vomiting, be sure to recheck tube placement.
- **If your nausea or vomiting continues for more than 24 hours, and you cannot follow your usual tube feeding schedule, call your family doctor. This is especially important if the tube feeding is your only source of fluid and you are unable to drink.**
Stomach Fullness, Bloating

To Prevent Fullness or Bloating:

✓ Follow your feeding guidelines for formula, rate and schedule.
✓ Sometimes, a bloated, full feeling relates to constipation. See the next section for tips to prevent constipation.

If Fullness or Bloating Occur:

- Decrease the feeding rate.
- Stop the feeding for 1-2 hours and then restart the feeding at a slower rate. Slowly increase the rate to the highest rate comfortable. Call your doctor if you feel bloated or full for more than one day.
- Ask your dietitian about using a more concentrated formula.
Constipation

Constipation means infrequent bowel movements that are hard and difficult to pass. Each person has his or her own pattern: some people have one or more bowel movements every day whereas other people have a bowel movement only once every few days. When you first start on tube feeding, your bowel pattern may change and you may have bowel movements more or less often than your usual routine. Call your home care nurse or family doctor if constipation becomes uncomfortable, you begin to have other problems tolerating your tube feedings, or you have not had a bowel movement for more than 3 to 4 days.

To Prevent Constipation:

✓ Make sure you are taking in the recommended amount of water flushes.
✓ If you can, include activity such as walking every day.

If Constipation Occurs:

Call your doctor or home care nurse if:
» You have discomfort in your abdomen.
» Have not had a bowel movement in 3-4 days.
» Ask your doctor or pharmacist if your medication may be causing constipation.
» Talk to your doctor, home care nurse, or dietitian about keeping bowel movements regular.
» Ask your dietitian if you should try a different formula or take in more water, or both.
Diarrhea

Diarrhea is frequent, watery bowel movements. Diarrhea may be caused by contamination of the tube feeding formula, use of unclean equipment, some medications, gastrointestinal infection, and changes in medical condition or treatment.

To Prevent Diarrhea:

- Give your formula at the recommended rate.
- Make sure all tube feeding supplies are clean and rinsed clear of soap.
- Wash your hands well before giving the tube feeding.
- Make sure you are following the instructions on “Storing the Formula” on page 19.
- Do not hang formula for more than 8 hours, unless you are using a closed system. Discard opened unused cans of formula after 24 hours and closed system formula after 48 hours.
- Do not use formula after the expiry date.

If Diarrhea Occurs:

- Call your family doctor if you have more than five watery bowel movements in 24 hours.
- Keep a daily record of the number of bowel movements and other symptoms, and when they occur.
- Keep a daily record of your weight.
- Try a slower feeding rate. If you are not able to tolerate your feedings at the final rate within 48 hours, see your family doctor or call your dietitian.
- Ask your home care nurse, dietitian, pharmacist or family doctor if your medications might be causing diarrhea. For example, some liquid medications contain sorbitol that can cause diarrhea.
- Check for signs of dehydration and follow treatment guidelines.
Dehydration

Dehydration means your body does not have enough fluid. Signs of dehydration include thirst, small amounts of dark yellow urine, constipation, weight loss, and dizziness standing or sitting up.

To Prevent Dehydration:

- Make sure you are giving the recommended amount of formula and water flushes.
- If you have diarrhea, increase water flushes before, after and between tube feedings.

If Dehydration Occurs:

- Increase the amount of water flushes you give before, after and in between your tube feedings.
- See your doctor if signs of dehydration continue after increasing your water flushes.
Fluid Leaking at Site

To Prevent Leakage

☑ Make sure you are giving the correct flow rate and volume of formula.
☑ Check and clean the skin around the feeding tube site every day.

If Leakage Occurs

➤ Call your home care nurse or family doctor.
➤ Use zinc oxide cream or skin protection barrier ointment (e.g. Proshield) from local pharmacy and gauze to protect the skin.

Follow directions for properly securing your tube as provided by your nurse.

Blocked or Clogged Feeding Tube

To Prevent Clogging:

☑ Flush tube as scheduled.
☑ Follow instructions for flushing feeding tubes.
☑ Follow instructions for giving medications through your feeding tube.
☑ Ask pharmacist if a liquid form of medication is available for hard-to-crush pills.
☑ Do not mix medication with formula.
To Unclog a Feeding Tube:

1. Measure ½ teaspoon (2 mL) of baking soda (sodium bicarbonate). Use a ½ teaspoon (2 mL) size measure rather than a spoon used for eating. Level the teaspoon by using a knife to scrape off any overflow – do not overfill. See picture below.

2. Dissolve the baking soda in 15 mL warm (not hot) tap water.

3. Open one pancrelipase capsule (VIOKASE) and empty contents in 15 mL warm tap water.

4. Draw up both baking soda and pancrelipase solutions into one small syringe.

5. Attach an empty syringe to the feeding tube; then draw back on plunger of syringe to decompress all air and fluid from the feeding tube. Pinch off the tube with your fingers, and discard syringe.

6. Attach syringe with baking soda and pancrelipase/baking soda to feeding tube; push plunger in to add the mixture into feeding tube.

7. Clamp the tube (or leave syringe attached to the end of feeding tube); wait 30 minutes.

8. After 30 minutes, flush the tube with 30 mL of tap water.

9. Repeat once if necessary.

10. If the blockage does not clear, and other causes of blockage (e.g. kinked tube) have been ruled out, contact your physician or go to the nearest emergency room to have the tube replaced.

Alternatively, you can purchase a G-tube maintenance kit, which contains the items you will need and instructions to unclog a tube. (This can be purchased from Lancaster Medical Supplies - see page 14.)
Feeding Tube Appears to be in the Wrong Position

To Prevent the Tube from Moving to the Wrong Position:

✔ Follow the instructions for “Checking your Feeding Tube’s Position and Maintaining Correct Position” (see page 7).

If the Tube Appears to be in the Wrong Position:

➤ If the tube has moved by less than 1 inch (2-3 cm), carefully try to pull it back in place by gently pushing or pulling it to the original position, shown by the markings on the tube.

➤ If the tube appears to have moved by more than 1 inch (2-3 cm) or if you feel any resistance, discomfort or pain when you move the tube, contact the service that placed your tube or go to the hospital Emergency Department. Do not give anything through the tube until a nurse or doctor has checked the tube is in the right position. It may need to be replaced.

Note: for surgically-placed J tubes, the tube should not move at all. Go to the hospital Emergency Department.

Feeding Tube Falls Out

To Prevent the Tube from Falling Out:

✔ Follow the instructions for “Checking your Feeding Tube’s Position and Maintaining Correct Position” (see page 7)

If the Tube Falls Out:

➤ Cover the site with a clean gauze pad.

➤ Go to the nearest hospital emergency department right away as the stoma will start to heal.
Irritation or Infection at the Tube Insertion Site

To Prevent Irritation or Infection:

✓ Follow the instructions for “Checking and Cleaning the Stoma” on pages 8-9.

The Signs of Skin Irritation or Infection:

Irritation

• Skin is redder than normal and raw-looking.
• Discharge is watery and clear.
• Skin is tender to touch.

Infection

• Skin is fiery red, hot and swollen.
• Discharge is thick and cloudy with a white or yellow-green colour.
• Skin hurts a lot and all the time.
• Fever (temperature above 38.5°C or 101.3°F).
• Stoma area smells bad.

To Treat Irritation or Infection:

• If you think you have an infection, call your doctor or home care nurse.
**How to Treat Skin Irritation**

1. Wash your hands.
2. Keep the area clean. Wash and pat dry.
3. Expose the area to air for about 30 minutes 3 times a day.
4. If your tube has a disc, turn and use only tape to secure it.
5. Call your nurse or doctor if this treatment does not clear the skin irritation within three days.
6. If you have a lot of discharge, follow these steps and call your nurse or doctor.
   - Purchase skin preparation wipes (e.g. 3M Cavilon No Sting) and/or skin protection barrier ointment (e.g. Proshield) from local pharmacy and apply to clean dry skin surround the stoma.
   - Apply basic gauze dressings.
   - Do this every time the dressings are wet (saturated).
   - If skin irritation worsens, apply stoma powder to clean dry skin and blot with skin preparation wipes. Repeat twice.
   - Then apply a skin barrier wafer (e.g. Colopast #3210) cutting a hole to fit the water around the stoma and the tube.

**How to Treat Skin Infection**

Soak the area 3 times a day.
1. Wash your hands.
2. Gather supplies
   - Cotton-tipped swabs (Q-tips)
   - Clean bowl
   - 1 cup (250 mL) tap water
   - ½ teaspoon (2 mL) salt
3. Clean the work surface.
4. Add salt and water to a clean bowl.
5. Hold on to the middle of the cotton-tipped swab. Do not touch the cotton tip on the swab.

6. Dip the swab into the salt and water mixture.

7. Clean around the stoma. Move from the inner edge of the stoma outward towards the outer edge of the infected area. Always move from the inner edge to the outer edge. Use the swab once and then throw it away.

8. Repeat step #7 until the infected area is clean. You may need to use several swabs.

9. Let the skin air dry.

10. If your doctor has prescribed an antibiotic cream, apply it now.

11. To protect clothing, place a dry dressing cut to fit around the tube.

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### Diabetes – High Blood Sugars

**To Prevent High Blood Sugars:**

- Check blood sugars regularly.
- Follow tube feeding schedule.
- Take the right amount of formula at each feeding.
- Take diabetes medication as ordered.

**If High Blood Sugars Occur:**

- **DO NOT** skip your tube feeding. Continue with tube feedings according to your schedule.
- If blood sugars are high for more than _____ hours, call your diabetes doctor or family doctor.
Diabetes – Low Blood Sugars

To Prevent Low Blood Sugars:

✓ Check blood sugars regularly.
✓ Follow tube feeding schedule.
✓ Take the right amount of formula at each feeding.
✓ Take diabetes medication as ordered.

If Low Blood Sugars Occur (<3.9 mmol/L):

➤ If you are allowed to drink: Have 175 mL of juice.
➤ If you are not allowed to drink: Deliver 175 mL of juice through your feeding tube.
  • Re-check your blood sugars.
  • Re-start your tube feeding if blood sugars >3.9 mmol/L.
  • If <3.9 mmol/L, have another 175 mL of juice if allowed to drink or deliver another 175 mL of juice through your feeding tube if not allowed to drink.
➤ Call your diabetes doctor or family doctor for more information.
Who to Call

<table>
<thead>
<tr>
<th>If you have questions or concerns about:</th>
<th>You should call:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight...</td>
<td>...Your dietitian</td>
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<tr>
<td>Tube feeding supplies...</td>
<td>...Your dietitian</td>
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<tr>
<td>Switching to a different formula...</td>
<td>...Your dietitian</td>
</tr>
<tr>
<td>Feeding tube or feeding tube site care...</td>
<td>...Your home care nurse</td>
</tr>
<tr>
<td>Skin problems...</td>
<td>...Your home care nurse or doctor</td>
</tr>
<tr>
<td>Feeding pump...</td>
<td>...The pump rental store or company</td>
</tr>
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Names and Phone numbers

<table>
<thead>
<tr>
<th>Health Care Professional</th>
<th>Name</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Home Care Nurse</td>
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<tr>
<td>Family Doctor</td>
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<tr>
<td>Dietitian</td>
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