 Tube Feeding At Home

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

This guidebook is for

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Date

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**What is Tube Feeding?**

Tube feeding is a way of giving liquid food (formula) directly into the stomach or small bowel.

Tube feeding provides nutrition for people who cannot eat at all, or extra nutrition for people who cannot eat enough 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.

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**Your Feeding Tube**

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

- Gastrostomy (tube tip in stomach)
- Gastrojejunostomy (tube tip in jejunum through the stomach)
- Jejunostomy (tube tip directly in jejunum)
- Other ____________________________
Tube Feeding At Home

Brand of tube: ____________________________________________________________

Internal Retention Device:  □ bumper  □ balloon  □ none

Tube size: _______________________________________________________________

Service that placed tube: ________________________________________________

Date tube was placed: ___________________________________________________

Checking and Maintaining Your Feeding Tube's 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.
• If the feeding tube moves by more than 1 inch, go to your nearest hospital to check tube placement.

Note: For surgically placed J tubes, the tube should not move at all.
Balloon-style feeding tubes:
If you have a balloon-style feeding tube, this means that there is a balloon inside your stomach holding the tube in place. The balloon was filled with a specific amount of water when your feeding tube was inserted. This volume should be checked weekly, starting four weeks after your tube insertion date.

To check the volume, use a Luer Lok or a Slip Tip Syringe. Attach the syringe to the balloon port of your feeding tube. Deflate and re-inflate the balloon by drawing up and pushing back. Ensure the original balloon volume is the same. Add additional water to the balloon as needed.

Your balloon volume is: ____________________________________________________

How to Flush Your Tube
Flushing your feeding tube with water will help keep the tube clean and prevent blockages.

To flush your tube:
• Fill a 60 mL syringe with the recommended amount of water.
• Put the tip of the syringe into the feeding tube opening.
• If you have a clamp or stopcock on your feeding tube, open it.
• Push down on the syringe’s plunger to deliver the flush.
• Close the clamp or stopcock on your feeding tube, or pinch your tube.
• Remove the syringe and close the cap on your tube.

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, 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.

If your tube is broken or needs replacement, call the service that placed your tube.
If your tube has come out, please go to your nearest emergency department as URGENT REPLACEMENT IS REQUIRED (see page 13).

Contact Information for Tube Replacement
Monday to Friday, call the service that placed your previous tube. Some of the more common services include:

- 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.
- UBC Hospital Radiology – Requires a physician requisition: 604-822-7267
- St. Paul’s Radiology – Requires a physician requisition: 604-806-8006
- St. Paul’s GI Clinic – Requires a physician requisition: 604-806-8080

Looking After Your Skin and Stoma at Home

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

Checking the Stoma
Check your stoma daily for signs of skin irritation or infection. Notify your health care provider if you notice any of the following:

- 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
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 plastic 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.

Cleaning the Stoma Daily

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

Follow these steps:

1. Wash your hands. If you have dressings, remove and discard them. **Note:** dressings are not usually needed unless the stoma is draining.
2. Wet a soft clean cloth with warm soapy water.
3. Gently wipe the skin around the feeding tube.
4. If you have a disc/bolster against your skin, be sure to clean all areas of the skin underneath. Use a moistened cotton swab to do this, and be careful not to pull hard on the tube. If possible, rotate your disc/bolster slightly.
5. If you have a G-tube, rotate your feeding tube by a ¼ turn by gently gripping and turning it. Do not rotate any J-tubes, and/or tubes that are sutured in.
6. Clean the outside of the tube with mild soap and water.
7. Dry the area well with a soft, clean towel. Allow the site to air dry for a few minutes before covering with clothing.
8. If you have drainage around your stoma, replace dressings.
9. 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 cloth, surgical, or transparent adhesive tape.
Mouth Care
Effective daily mouth care reduces bacteria in the mouth which can decrease your risk of lung infections. While brushing your teeth at least twice a day and flossing your teeth daily is usually recommended, you may have special instructions for keeping your mouth clean after leaving the hospital. You may be encouraged to use alcohol-free mouthwash or water-based gels to keep your mouth and lips moist.

Your Tube Feeding
Information on your tube feeding schedule, supplies, and how to give your tube feeding will be provided by your dietitian.

Giving Medications through Your Feeding Tube
If safe to do so, take medications by mouth. Check with your Health Care Provider if you can do this. If this is not possible, tell all of your Health Care Providers that you take medications through your tube.

Check with your pharmacist whether your medications can be given safely through a feeding tube, and if 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.

Do not mix medications with formula, antacids or vitamin supplements containing iron, calcium and/or magnesium.

Check with your Health Care Provider before giving any herbal preparations, fibre supplements, or vitamin/mineral supplements through your feeding tube.

Liquid medications need to be diluted with water, or these may cause diarrhea.

Buy a pill crusher from your local pharmacy or medical supply store, or use a mortar and pestle to crush your medications.

Flush your tube before, between, and after giving medications to prevent the tube from getting clogged.
Follow these steps to give medications through your tube:

1. In a small cup, measure the prescribed amount of liquid medicine and add 15 mL of warm water, or crush pills and dissolve powder thoroughly in 15 mL – 30 mL of warm water.
2. Draw all of the medication/water mixture into one syringe and set aside.
3. Using a second syringe, flush your feeding tube with 15-30 mL of warm water.
4. Insert the medication syringe and push your medication/water mixture into your tube.
5. If you are taking more than one medication at a time, flush your tube with 5 mL of water in between each medication.
6. After the last medication is given, flush your tube with 30 mL of warm water.
Preventing and Solving Problems

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

<table>
<thead>
<tr>
<th>Problem</th>
<th>What to Do</th>
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| **Stomach fullness, gas, bloating, and/or cramping** | • Slow down the feeding rate*  
• Stop feeding for 1-2 hours and then restart feeding  
• Talk to your Health Care Provider about trying a different type of formula, making changes to your feeding schedule, or using your tube for decompression by “venting” (if possible)  
• If using opened formula from the refrigerator, remove formula for 30 minutes before feeding time. |
| **Nausea, vomiting and/or reflux**   | • Stop your tube feed. Wait 1-2 hours, and if your stomach feels better, restart the tube feed  
• Slow down the feeding rate*  
• Sit upright or lie at a 45 degree angle.  
• Call your Health Care Provider if:  
  » Your nausea or vomiting continues for more than 24 hours  
  » You cannot follow your tube feed schedule. This is especially important if tube feeding is your only source of fluid and you are unable to drink  
  » You have signs of dehydration (refer to dehydration section below). |
| **Aspiration**                       | • Stop tube feeding immediately  
• Sit upright and make sure your airway is clear  
• If your condition does not improve right away, call your family doctor and go to the Hospital Emergency |

When formula or water enters the lungs. Signs of aspiration include:  
• Coughing and/or choking  
• Wet, gurgly voice  
• Wheezing  
• Pale or bluish lips  
• Above symptoms with fever
| **Diarrhea** | • Slow down the feeding rate*  
• Increase water flushes to prevent dehydration  
• Make sure you wash your hands well before handling the formula and equipment  
• Call your Health Care Provider if:  
  » You have more than 5 watery stools in 24 hours  
  » You have blood in your stool  
  » You have severe abdominal pain  
  » You have signs of dehydration (refer to dehydration section below)  |
| **Constipation** | • Talk to your Health Care Provider about increasing your water flushes and fibre intake  
• Talk to your doctor or pharmacist about medications that may help  
• If possible, increase your physical activity  
• Call your Health Care Provider if:  
  » You are vomiting or having severe abdominal discomfort  |
| **Dehydration** | • Increase water flushes before, after, and in between tube feedings  
• Call your Health Care Provider if signs of dehydration continues after increasing your water flushes  |
| **Blocked/clogged feeding tube** | • Check the tube for any bends or kinks.  
• Using a small volume syringe, flush your feeding tube with 30mL of lukewarm water. Pump the syringe plunger back and forth. Repeat several times.  
• If the tube remains clogged, refer to the Blocked or Clogged Feeding Tube section (page 14) for further instruction.  
• Contact your Health Care Provider, or go to the Hospital Emergency if you are unable to unblock your tube.  |
| **Feeding tube falls out** | • Cover the site with a clean gauze pad  
• Call your Health Care Provider or go to the Hospital Emergency as your tube needs to be replaced right away so the opening on the skin does not close up. **Do not try to replace the tube yourself.** |
|---|---|
| **Stoma leakage, irritation or infection** | • Follow the instructions for cleaning your stoma daily  
• If the skin around your tube is hot, red, swollen and painful with discharge that is thick and cloudy with a white or yellow-green colour you may have an infection.  
• Call your Health Care Provider if you think you have an infection at your tube site. |

*If you have slowed down your feeding rate, this may reduce the amount of nutrition that you are getting. Check with your Health Care Provider if you are not able to return to your original rate in 1-2 days and/or you are unable to get the amount of recommended formula and water indicated in Your Tube Feeding Plan.*
Blocked or Clogged Feeding Tube

Follow these steps:

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 Health Care Provider 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 with a prescription from your Health Care Provider.
Resources

Healthlink BC: Tube Feeding: Living with a Feeding Tube
https://www.healthlinkbc.ca/health-topics/abo0957

Mytubefeeding (Adults)
https://www.nestlehealthscience.ca/en/mytubefeedingadult

Oley Foundation
www.oley.org

Who to Call

Questions about your weight, tube feeding supplies/formula, feeding tube/tube site care, and skin problems should be addressed to your Health Care Provider.

For feeding pump related questions, visit the pump company’s website for FAQ sections/video tutorials, or contact your pump rental/supply store.