

Tube Feeding at Home A Guidebook for Patients and Caregivers

This manual provides information on the following:

What is Tube Feeding?

How to Flush Your Feeding Tube

Problems That May Occur With Tube Feeds

Stomach Fullness and Bloating

Nausea and Vomiting

Constipation

Diarrhea

Dehydration

Blocked Feeding Tube

Feeding Tube Position has Moved

Feeding Tube Falls Out Fluid is

Leaking at Site

Aspiration

Who to Call for Help

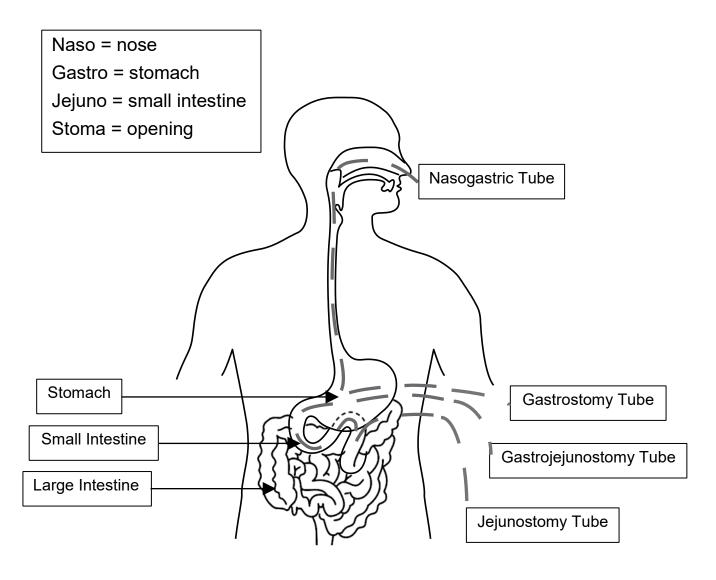
Your nurse will also provide information on skin care and how to administer medications through your tube.

What is Tube Feeding?

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

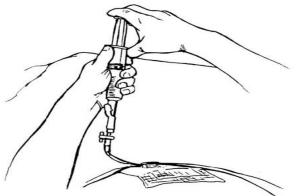
Tube feeding provides total nutrition for people who cannot eat at all or extra nutrition for people who cannot eat enough regular food.

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



Flushing Your Feeding Tube

Flushing your tube with water is important to keep your tube clean and prevent blockage.



How Do I Flush My Feeding Tube?

- Fill a 60 mL syringe with lukewarm water.
- Twist the tip of the syringe securely into feeding tube.
- If you have a clamp or stopcock on your tube, open it.
- Push down on the plunger until the syringe is empty.
- Close the clamp or stopcock, or pinch your tube.
- Remove syringe, close the cap on your tube.



How Often Do I Flush My Feeding Tube?

- Flush your tube with at least 60 mL of water before and after each tube feed to prevent blockage or clogging.
- Flush your tube before and after each medication and in between medications if you are taking more than one at a time. Do not mix medications.
- If you are on continuous feeds with a pump, flush your tube every 4 hours.
- If you are not using your tube for feeding or medications, flush your tube with 60 mL of water at least twice a day.
- Your dietitian may ask you to flush more often or with more water to help meet your fluid needs. It is important to follow your tube feed schedule.

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Problems That May Occur With Tube Feeds

Symptom	What to Do
Stomach Fullness and Bloating	 Slow down the feeding rate. Take a break for one or two hours and try again at a slower feeding rate. Ask your dietitian about using a different type of formula or making changes to your feeding schedule. Ask your doctor about medications that may help.
Nausea and Vomiting	 Stop your tube feed. Wait one or two hours, and if your stomach feels better, restart the tube feed. Call the nursing phone line 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 the dehydration section below).
Constipation Decreased frequency of bowel movements that are hard and difficult to pass.	 Ask your doctor or pharmacist about medications that may help. Ask your dietitian if you need to take more water. Call the nursing phone line if: You have not had a bowel movement in 3 days. You are experiencing vomiting or severe abdominal discomfort.

Diarrhea

An abnormal increase in stool frequency and volume, or watery stool.

- Slow down the feeding rate.
- Increase water flushes before and after tube feeds.
- · Call the nursing phone line if:
- You have more than 3 watery stools in 24 hours.
- You have blood in your stool.
- · You have severe abdominal pain.
- You have signs of dehydration (refer to the dehydration section below).

Dehydration

Signs of dehydration may include:

- Small amounts of dark yellow urine
- Dizziness when standing or sitting up
- Rapid weight loss
- Constipation
- Increased thirst

- Increase the amount of water flushes you give before, after and in between your tube feeds.
- Call the nursing phone line if signs of dehydration continue after increasing your water flushes.

Blocked Feeding Tube

- Attach a 20 mL syringe to the end of your feeding tube. Pull back on the syringe plunger to withdraw any formula from inside the tube. Repeat several times.
- Next, use a 20 mL syringe and flush your feeding tube with lukewarm water. Pump the syringe plunger gently back and forth. Repeat several times.
- Call the nursing phone line if your tube remains blocked or if you have any questions.

Feeding Tube Position has Moved	 Follow your doctor's or nurse's recommendations for checking your tube position. Call the nursing phone line if you have any concerns about your tube position.
Feeding Tube Falls Out	 Cover the site with a clean gauze pad. Go to your nearest emergency room as soon as possible. Your tube needs to be replaced right away so the opening on the skin does not close up.
Fluid is Leaking at Site	 Call the nursing phone line. Apply skin protection barrier ointment and gauze to protect the skin as recommended by nursing.
Aspiration When formula or water enters the lungs. Signs of aspiration include: • Coughing and/or choking • Wet, gurgly voice • Fever	 Stop tube feeding right away. Sit upright and make sure your airway is clear. Call the nursing phone line or go to your local emergency room.

Who to Call for Help

If you:	You should call:
 Are not tolerating your tube feeding schedule. 	Your Dietitian:
 Are losing or gaining weight. 	
 Have questions about tube feed supplies, or 	
switching to a different formula.	
 Have questions about feeding tube site care or skin irritation. 	Your Nursing Phone Line:
 Have questions about medications. 	
 Have questions about managing side effects 	
from treatment.	

The information in this document is intended solely for the person to whom it was given by the health care team.