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| Assisted Nutrition and Hydration (G-Tube feeding) F693 | | | | NO. | |
| Assisted Nutrition and Hydration (G-Tube feeding) F693  PURPOSE:  To provide specific guideline in regard to enteral feeding of a resident through a gastrostomy tube by bolus, gravity feeding, or pump. The feedings may be intermittent or continuous,  STATEMENT OF POLICY:  Based on a resident’s comprehensive assessment, the facility must ensure that a resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident’s clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident.  A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal; ulcers.  The facility will provide enteral tube feedings for residents with a gastrostomy tube as ordered by the attending physician. Only licensed nursing personnel may perform procedure. Licensed Nurses will be trained in the correct procedure to follow when providing enteral feeding.  PROCEDURE:   1. Supplies needed prior to performing the procedure are: 2. Feeding solution (as prescribed) 3. Gavage bag 4. Gavage bag tubing 5. Large syringe (60 cc) 6. Personal protective equipment 7. Steps to be followed in performing the procedure using clean technique are: 8. Wash your hands thoroughly before beginning the procedure. 9. Assemble the equipment and supplies (See I.) and take to resident’s room. 10. Knock before entering room. 11. Identify yourself, explain procedure to resident and ask permission to perform. 12. Arrange the necessary supplies so that they can be easily reached. 13. Provide privacy by closing the door, closing blinds, and pulling cubicle curtain around bed. 14. Unless otherwise instructed, assist the resident to the Semi-Fowlers Position, a minimum of 30 degrees upright. 15. Wash Hands. 16. Put on gloves. 17. Check tube placement before each feeding and medication administration. Aspiration of gastric contents confirms that the tube is in the stomach. | | | | | |
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| 1. For continuous gastric feedings, tube placement should be checked before administration of medications and/or feeding. 2. Check the amount of gastric residual as ordered by the attending physician. It is no longer recommended for individuals who are alert and able to report symptoms that indicate a feeding is not well tolerated. It is appropriate when initiating tube feedings or for individuals who are ***unable*** to report symptoms such as bloating, nausea, or abdominal pain. Observe changes in external length of tubing. This may indicate a change in position but can only be used if the exit site is marked upon initial placement; this method does not apply to low profile G tubes (tube that sits at skin level). 3. Flush tube with water before and after feeding with amount ordered by the physician to meet resident’s fluid needs. Also flush before and after medication administration per policy. 4. Volume of feeding ordered by the physician should then be allowed to flow by gravity using a gavage bag or feeding syringe. Gavage bag must be labeled with date, time, rate of infusion and nurse’s initials. Label tubing with date, time and nurse’s initials. 5. Formula provided in a closed system, and tubing may not hang longer than 36 hours. Formula provide in an open system and tubing may not hang longer than 24 hours. 6. Avoid excessive force when administering medication or irrigating the tube. Gentle pressure may be used to start flow if necessary. 7. Remove gloves and discard into designated container. Wash hands. 8. To prevent aspiration, position the resident and/or instruct the resident to remain in an upright position for one hour following feeding. 9. Place the call light within easy reach of the resident. 10. Place bedrails into appropriate position. 11. Open blinds, cubicle curtain and door, as appropriate. 12. Wash hands 13. During and after procedure, observe for: 14. Redness, tenderness, swelling, irritation, purulent drainage or gastric leakage at the gastrostomy insertion site. 15. Signs of tube feeding complications such as aspiration, nausea, vomiting, fluid and electrolyte imbalance, diarrhea or constipation. 16. Documentation in the clinical record should include: 17. Date and time the procedure was performed. 18. Type of feeding and rate of infusion. 19. Assessment data obtained during the procedure. Document the tube placement checks performed prior to administering a bolus or gravity feeding and medication administering of the MAR. 20. How the resident tolerated the procedure. 21. If the resident refused, the reason why. 22. Signature and title of nurse recording the data. | | | | | |
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