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| **GASTROSTOMY TUBE FEEDING, BOLUS OR GRAVITY** | | | | NO. | |
| Purpose:  The facility will provide specific guidelines in regard to enteral feeding of a resident through a gastrostomy tube by bolus or gravity.  Statement of Policy:  Facility will provide enteral tube feedings for residents with a gastrostomy tube as ordered by the attending physician. Only licensed nursing personnel may perform this procedure.  Procedure:  Supplies needed prior to performing the procedure are:   1. Feeding solution ordered by the physician 2. Gavage bag 3. Gavage bag tubing 4. 60 cc syringe 5. Gloves   Steps to be followed in performing the procedure using clean technique are:   1. Assemble the equipment and supplies needed 2. Knock before entering room 3. Identify yourself and explain the procedure to the resident 4. Provide privacy 5. Assist the resident to Semi-Fowlers position unless otherwise indicated 6. Wash hands using soap and water 7. Put on gloves 8. Check tube placement before each feeding by auscultation of stomach contents (notify physician if 100 cc or more of residual is noted) 9. Flush the tube with preferably 30cc of warm water before and after each feeding and before and after each medication (unless contraindicated by physicians orders) 10. The volume of feeding will be allowed to flow by gravity using a gavage bag or 60 cc syringe as ordered by the physician 11. Gavage bag must be labeled with date, time, rate of infusion and nurse’s initials. Label tubing with date, time and nurse’s initials 12. Tube feeding formula administered per gravity cannot hang for more than 24 hours 13. Remove gloves and discard 14. Wash hands using soap and water 15. The resident needs to remain upright for 1 hour after feeding administered at a minimum of 30 degree angle | | | | | |
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| **GASTROSTOMY TUBE FEEDING, BOLUS OR GRAVITY** | | | | NO. | |
| During and after the procedure monitor for:   1. Redness, tenderness, edema, irritation, drainage or gastric leakage at the gastrostomy insertion site 2. Signs of tube feeding complications such as aspiration, nausea, vomiting, fluid and electrolyte imbalance, diarrhea or constipation   Documentation in the clinical record should include:   1. Date and time procedure was performed 2. Type of feeding and rate of infusion 3. Assessment data obtained during the procedure. 4. Document the tube placement checks by aspiration of stomach contents prior to administering tube feeding formula and/or medications being administered 5. How the resident tolerated the procedure 6. Signature and title of the nurse completing the procedure | | | | | |
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