GASTROSTOMY TUBE FEEDING 54

PURPOSE: To provide nourishment as prescribed by the physician to residents with a gastrostomy tube directly into the stomach and unable to take food orally. Commercially prepared products will be used via the closed filled system.

EQUIPMENT: Bottle of ordered feeding supplement

Spike set

Pump

Feeding syringe

Water

Alcohol wipes

PROCEDURE: 15 min. 0.25 hr.

a. Gather appropriate supplies (bottles and spike set)

b. Complete label for bottle and spike set-date and initial both.

c. Wash hands thoroughly.

d. Provide privacy.

e. Explain procedure to patient.

f. Check for tube placement daily.

g. Check stomach residuals according to protocol (based on hourly rate-double rate to determine residual limit). Notify physician if residuals are greater than patient tolerance allows.

h. Spike and initiate feeding. Document initiation of feeding.

i. Flush feeding tube based on additional fluid requirements as ordered by physician.

j. Administer medications according to protocol.

k. Keep HOB elevated to 30-45 at all times unless contraindicated by Physician.

OBSERVATIONS:

1. Check skin around gastrostomy tube for irritation from gastric juices each shift.

2. Observe for over distention of abdomen.

3. If there appears to be an obstruction, vomiting or diarrhea, stop feeding and report the problem to the doctor.

4. Force should not be used nor should feeding be given directly from refrigerator. This may cause abdominal discomfort.

5. Care of gastrostomy tubes is under the direction of the doctor and carried out as to the doctor's specific orders.

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DOCUMENTATION:

1. Observation of site weekly by licensed nurse.

2. Site care as ordered by physician on Treatment Sheet.

3. Administration of ordered formula each shift on MAR.

4. Record formula intake on I and 0 sheet.

EQUIPMENT CLEANING:

At least weekly, and prn, usually on 11:00 pm to 7:00 am shift.

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