

Feeding Tube Care at Home

(Gastric and Jejunal Feeding Tubes)

Flushing of the Feeding Tube:

1. Sit upright or lie with your head raised to a 45-degree angle prior to flushing or feeding through a gastric tube **(G-tube vs. PEG tube only)**.
2. Observe the feeding tube insertion site for any redness, swelling, or drainage. Cleanse the site as needed with soap and water.
3. Place a towel or absorbent pad over the abdomen/lap.
4. Uncap the feeding tube and insert the syringe with the piston removed.
5. Fill the syringe with **at least** 30 milliliters of room-temperature or warm water; unclamp the feeding tube, and allow the water to flow in to ensure patency. The water should flow easily without pain.
6. If water flushes in easily, re-clamp tube and remove syringe. You may move on to "Medication Administration" and "Tube Feeding" as instructed.
7. If water does not flush in easily, ensure the feeding tube is not clamped.
8. Insert the piston into the syringe and apply gentle pressure. Using the piston, attempt to flush 30 milliliters more warm water through the feeding tube.
9. When the feeding tube is patent, flush **at least** 50 milliliters more warm water through the feeding tube to clear any additional occlusion from the tube.
10. If the feeding tube still does not flush after applying gentle pressure, contact your physician's office at (785) 354-5300.

Medication Administration

1. **G-tubes only:** After establishing the feeding tube is flushing without difficulty, remain sitting upright at a 45-degree angle for medications.
2. The physician or nurse practitioner will advise which medications can be crushed and which should be changed to liquid form.
3. Medications should be dissolved in warm water and given separately in the feeding tube to avoid clogging the feeding tube.
4. Flush the feeding tube with **at least** 30 milliliters of water before and after administering **each** medication.
5. With the syringe in the feeding tube, unclamp the tube. As this tube is a direct entry to the GI tract, there may be some bubbling or backflow of stomach contents into the syringe. Wait for the bubbling to stop, then pour the medications in and allow them to flow in by gravity.
6. If medication flow is sluggish, you may gently insert the syringe piston. Make sure to always clamp the tube before removing the syringe.
7. Flush before and after **each** medication with **at least** 30 milliliters of warm water. **(One of the most common causes of tube blockage is improper flushing before/after/between medications.)**
8. **G-tubes only:** Remain sitting upright at a 45-degree angle for at least 30 minutes to prevent backflow.

Feeding Tube Care at Home

(Gastric and Jejunal Feeding Tubes) Continued

Tube Feeding:

1. **G-tubes only:** After establishing that the feeding tube is flushing without difficulty, remain sitting upright at a 45-degree angle for the feeding.
2. The dietitian will advise you on feeding formula and feeding regimen. They will also assist in obtaining the necessary supplies.
3. **G-tubes only:** For bolus feedings, open the feeding tube port and insert the syringe with the piston removed into the tube. Unclamp the tube and allow for backflow and bubbling to stop before starting the feeding.
4. **G-tubes only:** Slowly pour in feeding formula, allowing it to flow in via gravity. If using a gravity feed bag, you will connect the tubing from the gravity feed bag to your feeding tube and pour the tube feeding formula into the bag. You will adjust the roller bar to control the flow rate of the tube feeding formula.
5. Flush the feeding tube with **at least** 30 milliliters of water before and after each feeding.
6. **G-tubes only:** Remain sitting upright at a 45-degree angle for at least 30 minutes to prevent backflow.
7. J-tubes require a feeding pump, and sometimes, G-tube feedings utilize a feeding pump. If feeding is through a continuous pump, flush the tube with **at least** 30 milliliters of water to ensure it is clear, and connect the pump as directed. Remember that you must remain sitting or lying with your head elevated to 45-degrees throughout the duration of the feeding (**G-tubes only**).

When to Call the Provider's Office:

1. Call the office if the skin around the tube becomes red, swollen, has excessive drainage, or becomes more tender.
2. If the tube becomes dislodged, go to the emergency room for replacement of the tube.
3. Call the office if you have a fever greater than 100.4, increased stomach pain, diarrhea, nausea, or vomiting that is not well controlled, or you are not maintaining adequate hydration and nutrition.
4. If you are uncomfortable with use of the tube or have any new questions or concerns, please feel free to call.

