

Troubleshooting Feeding Tubes



Clogged or Blocked Feeding Tubes

Signs:

- Inability to flush with water
- Inability to administer tube feeding or medications

Causes:

- Inadequate flushing of tube
- Medications not adequately crushed and dissolved before being put in tube
- Tube clamp is closed
- Defective tubing
- Tube feeding infusion rate is too low

Prevention:

Flush the tube with 5 ml water between each medication.

- To prevent tube blockage, flush the tube with 30-50 ml warm water:
- Before and after each feeding
- Every 4 hours if the patient is receiving continuous feedings
- After checking for stomach content residuals
- Do not mix medication with formula.
- Medication should be in liquid form when possible. If not, crush finely and make sure it is well dispersed in water.
- Give multiple medications one at a time and rinse the tube with warm water before and after.
- Open clamp when flushing, feeding or administering medications.

What do I do when I have a clogged tube?

1. Draw up warm (never hot or cold) water with plunger into the syringe, attach to feeding tube and gently work it back and forth to loosen the clog.
2. Pull out as much of the contents of the tube as you can.
3. "Milk" or massage the tube to loosen the residual.
4. Contact your healthcare provider if the clog is not released easily.

Nausea/Vomiting:

Signs:

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- Nausea, vomiting
- Abdominal cramping, pain, feeling bloated

Causes:

1. Mechanical problem

- Tube displaced
- Patient not positioned properly

2. GI problems

- Poor gastric emptying, reflux, ulcer
- Bowel obstruction
- Constipation

3. Side effect of medication or other treatments

4. Problem with formula

- Unable to tolerate tube feeding formula
- Rate of tube feeding is too high
- Allergy or intolerance to formula

5. Offensive odors, sight and smell of food

Prevention:

- Use good hand washing when handling tube feeding and equipment.
- Wash all equipment with hot water after use.
- Do not use one tube feeding bag longer than 24 hours. Before reusing bag, clean with soap and hot water, rinse well and allow to air dry.
- Before reusing a bag, wash in warm water.
- Check expiration date of formula.
- Cover and store any open formula in the refrigerator and discard after 24 hours.
- Check the label of the formula to determine the maximum number of hours it may be infusing at room temperature.
- Elevate the head of the bed to 30 degrees or higher, or administer while seated in an upright position.

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- When starting new medications, ask your healthcare provider if nausea/vomiting are possible side effects.
- Ask physician about medications that can be prescribed to assist with gastric emptying, reflux and ulcers.
- Remove all offensive sights or smells.

Immediate Action:

- Stop feeding.
- If vomiting continues for more than 24 hours, call your healthcare provider for further intervention.

Diarrhea:

Signs:

- Frequent, loose stools with abdominal pain and cramping

Causes:

- Not tolerating formula
- Rate of administration is too high
- Formula contaminated
- Side effects of medications
- Not tolerating oral diet

Prevention:

- Use appropriate feeding method and rate.
- Use good hand washing when handling tube feeding and equipment.
- Discuss the possibility of switching formulas with healthcare provider.
- Inform your healthcare provider of recent changes in medications, particularly antibiotic use.
- Review oral diet for contents that may lead to diarrhea (spicy food, high sugar or fat, lactose).

Immediate Action:

- Decrease the tube feeding administration rate.
- Call your healthcare provider if diarrhea is excessive for more than 24 hours, or if there is blood in the stool.

Constipation:

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Signs:

- Infrequent, hard stools
- Stool impaction
- Abdominal bloating, cramping, pain

Causes:

- Not getting enough fluid or fiber in diet
- Side effect of medication
- Decreased physical activity

Prevention:

- Discuss increasing water and fibers with healthcare provider.
- Discuss use of stool softeners and/or laxatives with healthcare provider.
- When starting new medications ask healthcare provider if constipation is possible side effect.
- Stay as physically active as possible.

Immediate Action:

- Increase fluid and fiber intake per healthcare provider's instructions.
- Administer or increase stool softeners or laxatives per your healthcare provider's instructions.
- Call your healthcare provider if there is no bowel movement for more than 3 days, and/or you are experiencing vomiting or continued abdominal bloating and cramping.

Aspiration:

Signs:

- Vomiting, heartburn
- Coughing or choking with difficulty breathing or chest pain
- Shortness of breath
- Possible fever

Causes:

- Swallowing disorder, decreased gag reflex, GERD
- Delayed gastric emptying

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Prevention:

- Elevate head of bed to at least 30 degrees or use an upright sitting position when administering tube feeding, water boluses or medications through tube.
- Do not feed if stomach feels full or distended, or if person is vomiting.
- Take prescribed medication for GERD or to assist in gastric emptying.

Immediate Action:

- Stop tube feeding, and/or water bolus.
- Call your healthcare provider for appropriate intervention.

When to Call the Doctor

Call your physician if any of the following occurs with a feeding tube:

- Problems with the function of the tube or drainage around the tube
- If the stoma is persistently red, swollen, sore, has leakage, bleeding (more than a small amount) or has a foul odor
- Headaches, muscle aches, dizziness or general ill feeling
- No bowel movement for more than 3 days, and/or you are experiencing vomiting or continued abdominal bloating and cramping
- Signs of aspiration, including coughing, choking, shortness of breath and possible fever
- Excessive diarrhea lasting more than 24 hours, or if there is blood in the stool
- Vomiting that continues for more than 24 hours
- Significant weight gain or loss

Complication	Nursing Intervention
Aspiration of gastric secretions	Discontinue feeding immediately. Perform tracheal suction of aspirated contents, if possible. Notify doctor. Prophylactic antibiotics and chest physiotherapy may be ordered. Check (NG) tube placement before feeding to prevent complications.
Tube obstruction	Flush the tube with warm water. Flush the tube with 50 ml of water after each feeding to remove excess sticky formula, which can clog the tube. When possible, use liquid forms of medications. Otherwise,

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	crush well.
Oral, nasal or pharyngeal irritation or necrosis	Perform frequent oral hygiene using mouthwash or sponge-tipped swabs. Use petroleum or water based lubricant on cracked lips. Change the position of the tube.
Vomiting, bloating, diarrhea or cramps	Reduce the flow rate. If doing bolus, place the syringe lower to decrease the rate of the bolus. Warm the formula to prevent GI distress (run under warm water until lukewarm). NEVER MICROWAVE! For 30 minutes after feeding, position the patient on his right side with the head elevated to facilitate gastric emptying. Notify your doctor. He/she may want to reduce the amount of formula given.
Constipation	Provide additional fluids if the patient can tolerate them. Administer a bulk-forming laxative (with doctor's approval).
Hyperglycemia	Monitor blood glucose levels. Notify doctor of elevated levels. Administer insulin, if ordered.