



Guide to

# ADULT TUBE FEEDING

Throughout this booklet you will see use of the words health care provider, which may be your doctor, nurse, or pharmacist. Please work with your preferred health care provider as part of your prescribed care plan.

The following booklet provides guidance for patients and caregivers on enteral nutrition. Patients and caregivers should first consult with their health care providers regarding any signs or symptoms (eg, diarrhea, dehydration, constipation, etc) and any other problem or concern associated with enteral feeding. This guide has undergone review and approval by the American Society for Parenteral and Enteral Nutrition (ASPEN). This guidance does not constitute medical or other professional advice and should not be taken as such. To the extent that the information published herein may be used to assist in the care of patients, this is the result of the sole professional judgment of the attending health care professional whose judgment is the primary component of quality medical care. The information presented in these recommendations is not a substitute for the exercise of such judgment by the health care professional. Circumstances in clinical settings and patient indications may require actions different from the guidance in this document. In those cases, the judgement of the treating professional should prevail.



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## Introduction

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We know that tube feeding brings major changes to your life. But you don't have to face them alone. We hope you find this guide a useful, practical resource that can help you tube feed successfully at home.

You'll find step-by-step instructions on handling issues you face every day, from coping with infections to preparing for your next appointment. The guide includes worksheets (pages 24-35) that make it simple to record important information about your progress. We also added a helpful glossary (pages 36-37) that you can refer to if you come across any unfamiliar terms.

While technical and medical support form the foundation of tube feeding success, we believe that emotional support is just as important. Hopefully, you'll find resources in this guide that make your journey easier.



## Finding Community Support

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With support and guidance, you can take control of the tube feeding process and adjust successfully to this new lifestyle change. Visit the link below to find educational resources, support groups and the opportunity to connect with others in your situation.

### The Oley Foundation

The Oley Foundation is a nonprofit organization for people who depend on home enteral (tube) feeding or parenteral (intravenous) feeding.

Resources include:

- Access to a network of individuals and caregivers who are involved in tube feeding at home
- Education and troubleshooting materials
- Newsletters
- Equipment and supply exchange
- Conference for you, family members, and caregivers
- Community enrichment programs



[www.oley.org](http://www.oley.org)

Call 1-800-776-OLEY (6359) or visit [Oley.org](http://Oley.org) for more information about tube feeding. Abbott is a supporter of The Oley Foundation.





# Types of Tube Feeding at Home

## Tube Feeding Methods

Your health care provider will determine the delivery method for your tube feeding, along with your feeding schedule.

There are three ways to deliver a tube feeding: **syringe feeding, gravity feeding, and pump feeding.**

**Always refer to the feeding plan recommended by your health care provider.**

### Syringe Feeding

- In syringe bolus feeding, formula is placed into a syringe without a plunger and flows slowly into the feeding tube. The height of the syringe controls the feeding rate.
- In push syringe feeding, the formula can be injected gently into the tube, using the syringe with a plunger.

### Gravity Feeding

- In gravity feeding, formula is placed in a container hung above you. Formula flows through the tubing into your body.

### Pump Feeding

- In pump feeding, formula is placed in a feeding container and is pumped through the tubing into your body. This is the preferred method for feeding into the jejunum of the small bowel. It is also possible to pump formula into the stomach if it is clinically appropriate.

Feeding Methods	Delivery Methods
Bolus	Syringe or Gravity
Intermittent	Gravity or Pump
Continuous	Gravity or Pump



## Preparing Your Feedings

Follow these steps to prepare the tube feeding:

1. Wash your hands.
2. Gather all the equipment you need:
  - a. The formula
  - b. A feeding container (a gravity bag, syringe, or pump and pump set)
  - c. An IV pole or wall hook
  - d. A 30-mL to 60-mL syringe
  - e. A clean cloth
  - f. Tap or bottled water
3. Write the date and time on the feeding container when the formula is opened.
4. Wash hands thoroughly when finished.



Keep head raised at 30 degrees or more while administering tube feeding. **DO NOT** lie flat during your feeding, and wait for 1 hour after your feeding before you lie down (lying down can cause you to vomit or cough). Vomiting or coughing up small amounts of liquid can be dangerous, causing you to inhale extra water or formula into your lungs.

## Syringe (Bolus) Feeding

In syringe feeding, formula flows slowly into the feeding tube, or it can be injected gently into the tube. Follow the syringe feeding method recommended by your health care provider. You can also use a syringe to give extra water or fluids.

### Before each syringe feeding:

1. Ask your health care provider how often you should check the tube position.
2. Flush the feeding tube, per your health care provider orders.

### Gravity Syringe Method:

1. Remove the plunger from the barrel of the syringe.
2. Place the syringe tip into the feeding tube.
3. Hold the syringe above your stomach.
4. Pour measured formula into the syringe. This may take multiple syringe fillings based on your feeding prescription.
5. Slow the flow by lowering the syringe, or speed the flow by raising the syringe.
6. Allow the formula to flow into the feeding tube until gone (about 10 to 15 minutes).

7. If your health care provider has told you to take extra water after feedings, pour the prescribed amount into the syringe.
8. Flush tube with water per prescription after the feeding.

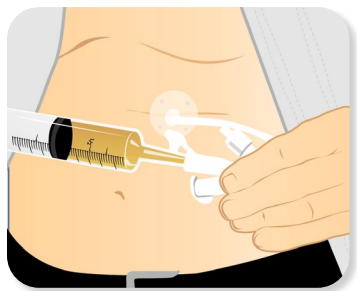
### Push Syringe Method:

1. Flush the tube with water per prescription before the feeding.
2. Use the plunger of the syringe to draw the formula from the measuring cup into the syringe.
3. Place the syringe tip into the feeding tube.
4. Inject the formula into the feeding tube slowly and gently until gone (about 10 to 15 minutes). This may take multiple syringe fillings based on your feeding prescription.
5. If your health care provider has told you to give extra water after feedings, use the plunger of the syringe to draw the prescribed amount into the syringe.
6. Inject the water into the feeding tube slowly and gently.

### After each syringe feeding:

1. Flush the feeding tube with the amount of water prescribed by your health care provider.
2. Close the cap on the feeding tube until the next feeding.

Ask your health care provider about care of the container and syringe, and if/how often the syringe should be replaced.



## Gravity Feeding

### Before each gravity feeding:

1. Prepare feeding (see page 10).
2. Flush the feeding tube with the amount of water prescribed by your health care provider.

### Follow these steps:

1. Hang the feeding container above (about 2 feet) and to the side of your bed.
2. Remove the cover from the end of the feeding set.
3. Prime the feeding set. Let formula flow until it comes out the end of the tube.
4. Insert the tip of the feeding set into the feeding tube.
5. Slowly open the clamp on the tubing.
6. Set the flow to the gravity flow rate written on your feeding plan. Use the clamp to control the flow until you achieve your desired rate. Make the flow faster by slowly opening the clamp. Make the flow slower by partially closing the clamp.
7. When the feeding is complete, close the clamp.

8. If your health care provider has told you to take extra water after feedings, pour the prescribed amount into the container. Once again flush after with syringe.
9. Open the clamp and let the water flow until gone.
10. Close the clamp and disconnect the feeding set.

### After Each Gravity Feeding:

1. Flush the feeding tube with the amount of water prescribed by your health care provider.
2. Close the cap on the feeding tube until the next feeding.

For intermittent and continuous feeding, throw away container and feeding set every 24 hours. Ask your health care provider about care of the container and feeding set between feedings.

## Pump Feeding

In pump feeding, a pump moves the formula through the feeding tube and into the stomach or small intestine.

### Before each pump feeding:

1. Prepare feeding (see page 10).
2. Ask your health care provider how often you should check the tube position.
3. Flush the feeding tube with the amount of water prescribed by your health care provider.

### Follow these steps:

1. Hang the filled feeding container or place it in an ambulatory carrier.
2. Connect the feeding set to the pump.
3. Remove the cap from the end of the feeding set.
4. If your feeding set has a clamp, open it completely.
5. Prime the feeding set.
6. Insert the tip of the feeding set into the feeding tube.
7. Turn on the pump and set the flow rate. Refer to your pump user manual for complete pump programming information.
8. Start the pump.
9. After the feeding container is empty or dose has been fed, stop pump, disconnect from feeding set, and flush tube with the amount of water prescribed by your health care provider. If your care professional has told you to take extra water after the feedings, pour the prescribed amount into container. (not applicable if ready to hang (RTH) container). Start the pump.
10. When the water is gone, stop the pump.

Ask your health care professional about care of the container and feeding set between feedings.

### Hang Time and Storage

Cover any unused formula and write the date on it. Store it in the refrigerator.

For formula that has been hung for a feeding, follow the guidelines below:

- Hang reconstituted formula (restored to its original state by the addition of water) up to 4 hours.
- Hang ready-to-use formula decanted to a bag (open system) up to 8 hours.
- Hang ready-to-use formula (closed system) up to 48 hours, unless a shorter hang time is specified by the manufacturer set.
- Hang home blenderized formula up to 2 hours.

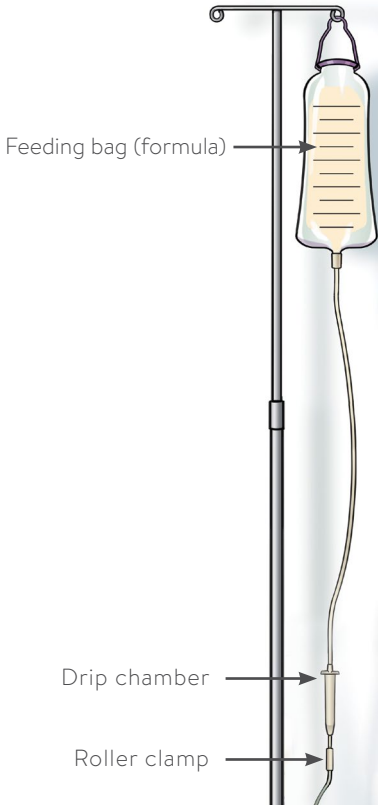
Throw away any open, unused ready-to-use formula that has been stored in the refrigerator after 48 hours. Throw away any open, unused reconstituted powdered formula or blenderized formula after 24 hours.



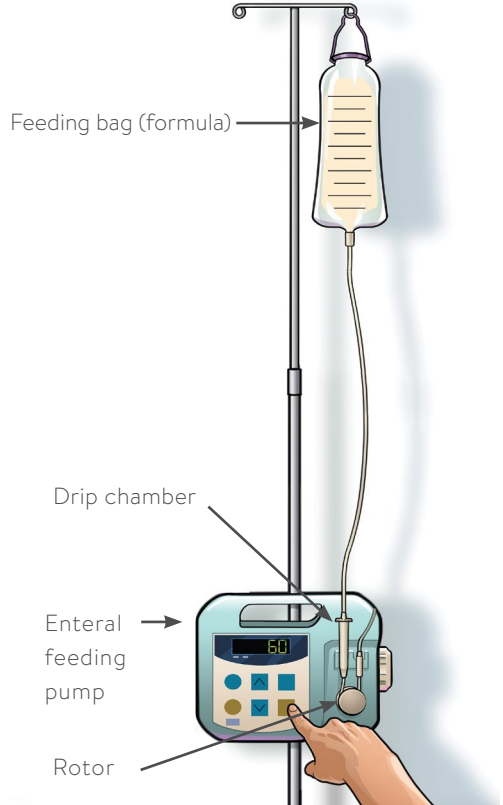
# Understanding the Tube Feeding System

A tube feeding system has a lot of parts and pieces. This diagram can help you see how they all work together.

## Gravity Feeding



## Pump Feeding



## New Connectors for Feeding Tubes are Now Available

ENFit® was designed to standardize the connection between tube feeding devices and ensure they will not fit into other types of devices (such as intravenous ports) to reduce the possibility of harmful misconnections.

ENFit suggests cleaning with a quality toothbrush and warm water daily to avoid buildup and residue.

Learn more about ENFit at the following websites:

- [Oley.org](https://www.oley.org)
- [feedingtubeawareness.org](https://feedingtubeawareness.org)
- [stayconnected.org](https://stayconnected.org)

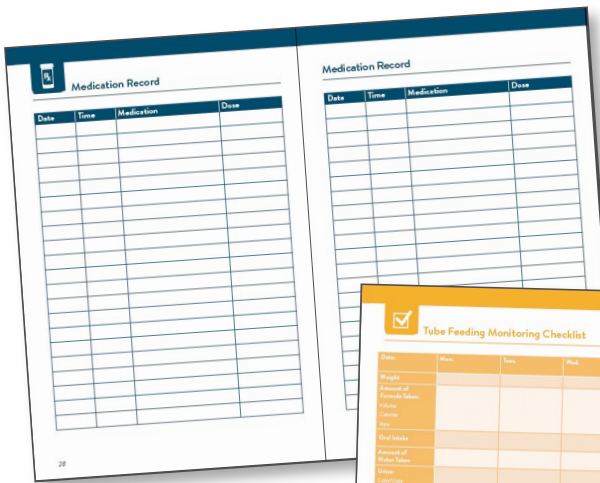
Visit this website for helpful resources and checklists about ENFit:  
<https://stayconnected.org/transition-checklist-for-patients-and-caregivers/>



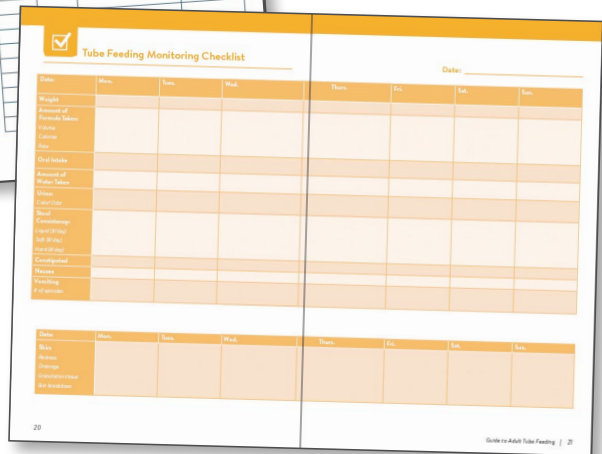
# Monitoring Your Response to Tube Feeding

By keeping records of your response to tube feeding, you provide accurate information for your health care provider – and save yourself time. When you write things down right away, you don't have to spend time later trying to recall important details when they're no longer fresh in your mind.

**The Tube Feeding Monitoring Checklist (pages 24-31)** gives you an easy way to track signs and symptoms that can provide information important to your health. **The Medication Record (pages 32-33)** allows you to monitor your medication schedule. Sharing these records with your health care provider can help him or her identify and address any issues that may arise.



Medication Record



Tube Feeding Monitoring Checklist

## Tube Feeding Intolerance

It is important to monitor and document the presence (or absence) of symptoms associated with intolerance, as it can lead to complications such as dehydration.

Typically, patients experiencing intolerance to tube feeding will have more than one of these symptoms.

When you show signs associated with intolerance, it is important to determine whether the intolerance is related to the formula or something else. Inform your health care provider as soon as you can if you suspect you are experiencing symptoms of intolerance.

### Look for:

- Nausea
- Vomiting
- Diarrhea
- Bloating
- Constipation
- Abdominal discomfort



## Causes of Intolerance Symptoms

### ■ Medication side effects.

Many medications in liquid form contain sorbitol, a sugar alcohol, that may cause diarrhea in some people.

### ■ Type of formula doesn't meet your nutrition needs.

### ■ Formula is going in too fast.

When you are new to tube feeding, feedings may be started and advanced at a slow rate. This allows your gastrointestinal tract to adjust to the formula and method of delivery. Some prescribing health care providers start tube feeding at lower volumes or rates and work up to a final volume or rate. Check with your health care provider to see what they recommend.

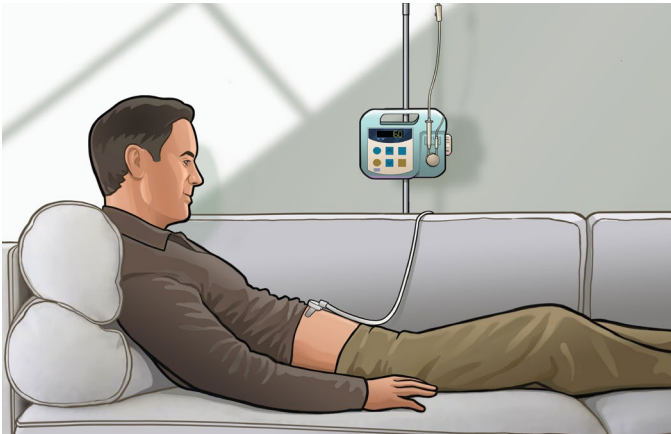
· Bolus feeding may be reserved for tube feeders who have demonstrated tolerance to a continuous method of feeding.

### ■ Formula is spoiled from contamination during preparation, storage or administration.

### ■ Formula is the wrong temperature.

Taking formula out of the refrigerator and administering it before it has had time to rise to room temperature can lead to abdominal cramping and other intolerance-related symptoms.

### ■ Volume of formula is too large.



*Your head should be raised 30 degrees or more while tube feeding.*



## Nausea, Vomiting, and Abdominal Discomfort

<i>Possible Causes</i>	<i>Prevention and Treatment</i>
Not tolerating the formula	<ul style="list-style-type: none"> <li>• Work with your health care provider to determine cause and talk about switching to a different formula.</li> </ul>
Formula may be going in too fast	<ul style="list-style-type: none"> <li>• Begin at a slow rate.</li> <li>• Increase the rate and amount gradually over 24-48 hours.</li> </ul>
Formula may be spoiled or contaminated during preparation or delivery	<ul style="list-style-type: none"> <li>• Wash and dry your hands prior to preparing a feeding or touching the feeding tube.</li> <li>• Avoid touching any part of the feeding tube system that will come in contact with the formula.</li> <li>• Record date and time on can after it is opened and store covered in the refrigerator.</li> <li>• Discard unused formula after 48 hours or as recommended by formula manufacturer.</li> </ul>
Incorrect position or incorrect tube placement during and after feeding	<ul style="list-style-type: none"> <li>• Confirm tube placement prior to feeding if recommended by your health care provider.</li> <li>• Elevate your head 30 degrees or more by propping yourself up in bed or on a couch.</li> <li>• Keep your body in a raised position for at least one hour after feeding.</li> </ul>
Medication side effects	<ul style="list-style-type: none"> <li>• Ask the health care provider or your pharmacist to see if an alternative medication is available.</li> <li>• Sometimes switching to another form of the medication (i.e. from liquid to pill) can help alleviate side effects.</li> </ul>
Stomach, esophagus, or intestine not working properly	<ul style="list-style-type: none"> <li>• Health care provider may order additional tests following examination.</li> </ul>

## Diarrhea

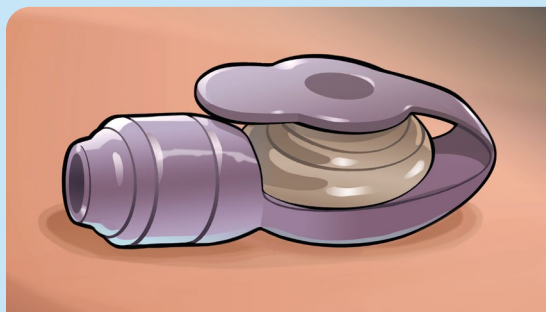
<i>Possible Causes</i>	<i>Prevention and Treatment</i>
Not tolerating the formula	<ul style="list-style-type: none"><li>• You may have an intolerance to specific formulas.</li><li>• It may be necessary to switch to a different formula.</li><li>• Switching to a fiber-containing formula can sometimes help alleviate the diarrhea.</li><li>• Note that there are multiple medical causes of diarrhea. Consult with your health care provider or pharmacist if needed.</li></ul>
Small intestinal bacterial overgrowth	<ul style="list-style-type: none"><li>• Diagnosis is typically made once other causes are excluded.</li></ul>
Medication side effects	<ul style="list-style-type: none"><li>• Ask your health care provider or pharmacist to review your medication list.</li><li>• Diarrhea can be worsened by antibiotics or by medications containing sorbitol, magnesium or phosphorus.</li></ul>

## Bloating and Constipation

<i>Possible Causes</i>	<i>Prevention and Treatment</i>
Not taking enough liquids or fiber	<ul style="list-style-type: none"><li>• Ask the health care provider how much extra water (free water) you should be taking in each day.</li><li>• If the current formula does not contain fiber, discuss changing to a fiber-containing formula with the health care provider.</li></ul>
Medication side effects	<ul style="list-style-type: none"><li>• Ask the health care provider if any of your medications could be causing constipation.</li><li>• Pain meds, iron and anti-diarrheals are common medications that can contribute to the development of constipation.</li><li>• Ask if there is an alternative medication that may have fewer side effects.</li><li>• Note that there are multiple medical causes of constipation. Consult with your health care provider or pharmacist if needed.</li></ul>

## Tube Site Complications

Prevention and early intervention are key to decreasing the risk of complications associated with the feeding tube site. (For comparison, here is a healthy tube feeding/stoma site located right.) Tube site complications can include:



*A healthy feeding tube/stoma site*

### ■ Hypergranulation Tissue

Thick, red, raised tissue that can form around the feeding tube where it enters the body. The tube site will be red and may bleed easily. In some cases, a clear or cloudy discharge may be present. This discharge can lead to breakdown of the skin at the tube site.

### ■ Tube Site Infection

These infections can occur with all types of abdominal feeding tubes. Infection usually is limited to the skin and tissue below the skin, although more severe infections can occur. Tube site infections are usually from yeast or bacteria. Your health care provider should see you to make a proper diagnosis and recommend a treatment to you.

### ■ Leakage Around G-Tube

Drainage of any type of liquid around the exit site of the tube allows risk for skin breakdown and infection. Leakage is considered a symptom of an underlying problem such as:

- Inward or outward movement of the tube
- Tube tract enlargement
- Overfeeding
- Balloon deflation
- Delayed gastric emptying

## Healthy Stoma Site

### Look for:

- Stoma pink in color, no redness or drainage
- No rash, ulcers or swelling in the surrounding skin
- No inflammation or excess skin at stoma site
- Free of odor

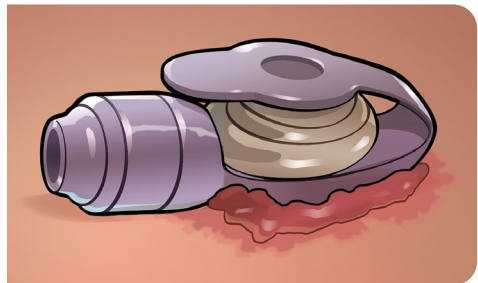
Types of discharge from around the tube site can include: gastric content, secretions from stoma tissue, tube feeding formula, or medications. Talk to your health care provider if you have discharge from your stoma.

## Hypergranulation Tissue

Causes	Prevention and Treatment
Trapped moisture	<ul style="list-style-type: none"><li>• Keep skin around the tube dry. Clean site with soap and water or non-toxic skin cleanser.</li><li>• No dressing is necessary unless directed by your health care provider.</li><li>• Protect skin with a waterproof ointment when drainage is present. If drainage persists contact your health care provider.</li><li>• Ask the health care provider if he or she feels that the granulation tissue needs to be reduced.</li><li>• Minimize tube movement by making sure skin disk is placed properly close to the skin as told to you by your health care provider.</li></ul>
Tube causes a foreign body reaction, resulting in rapid development of thick, red tissue	
Excessive tube movement	
Need to resize low-profile balloon gastrostomy tubes	

### Look for:

- Thick, red, raised tissue around the stoma site
- Bleeding at the tube site
- Clear or cloudy discharge



*A stoma site with hypergranulation tissue*

# Tube Site Infections

Causes	Prevention and Treatment
Yeast or bacteria normally found on the skin may cause infection	<ul style="list-style-type: none"><li>• Wash hands before preparing and administering tube feeding and before performing tube site care.</li></ul>
Displacement of the tube	<ul style="list-style-type: none"><li>• Make sure the external tube disc or bar is positioned properly as instructed by your health care provider.</li><li>• Keep skin around the tube dry. Clean site with soap and water or non-toxic skin cleanser.</li><li>• Verify tube placement using method recommended by your health care provider. If tube is out of place, notify health care provider to receive additional instructions.</li><li>• Stop tube feedings and call your health care provider as soon as possible if you suspect a wound infection. You may need topical antibiotic ointment and/or antibiotics. Contact your health care provider to determine if treatment should be given.</li></ul>



An infected stoma site

### Look for:

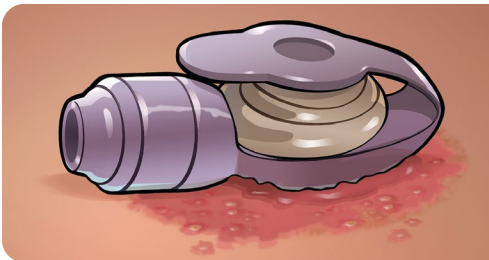
- Redness
- Tenderness
- Swelling and firmness at the site
- Pus-filled drainage
- Possible fever
- Foul odor

## Leakage Around the G-Tube

Causes	Prevention and Treatment
Inward and outward movement of the tube	<ul style="list-style-type: none"> <li>• Verify tube placement using method recommended by your health care provider.</li> <li>• Stabilize the feeding tube externally by adjusting the external skin disk, as recommended by your health care provider.</li> <li>• Infuse medications and formula slowly.</li> <li>• Monitor water volume of the feeding tube balloon to ensure proper inflation.</li> </ul>
Tube tract enlargement caused by excessive back-and-forth motion	
Rapidly infusing formula via bolus	
Balloon internal bumper is defective or needs more water	

## Yeast Infection

Causes	Prevention and Treatment
Infrequent dressing changes (if using)	<ul style="list-style-type: none"> <li>• Remove the cause. Preventing moisture buildup is the most important intervention.</li> <li>• Keep area dry and open to air – a fan or hair dryer on a cool setting may be used to dry the area.</li> <li>• Ask your health care provider if an antifungal powder or cream would be helpful.</li> </ul>
Prolonged skin contact with moisture (wet dressings)	
Susceptibility to yeast (immune-compromised, diabetes)	
Antibiotic therapy	



### Look for:

- Redness
- Skin breakdown
- Small, inflamed, pus-filled blisters
- Burning sensation at the tube site

*A stoma site with yeast infection*

## Dehydration

Dehydration occurs when there is an imbalance between the amount of water taken into the body and the amount of water that is lost. Dehydration means that the body needs more water. Dehydration can present itself in a number of different ways, including increased thirst, dry lips, dry and warm skin, rapid weight loss, weakness, and urine that is dark and strong-smelling.

Causes	Prevention and Treatment
Diarrhea	<ul style="list-style-type: none"> <li>• Notify your health care provider if you are experiencing vomiting, fever, or diarrhea that lasts longer than 24 hours, a sudden decrease in urine output, dizziness, or an altered mental state.</li> <li>• Record the amount of water and formula that you are taking each day and make note of the color and odor of the urine.</li> <li>• Ask your health care provider how much extra water (free water) you should be taking on a daily basis. Extra water can be given through the feeding tube using a syringe or feeding bag.</li> </ul>
Vomiting	
Fever	
Excessive sweating or drooling	
Inadequate water intake	
Excessive urination	

## Urine Dehydration Reference

1	Good
2	Good
3	Fair
4	Dehydrated
5	Dehydrated
6	Very dehydrated
7	Severely dehydrated

When dehydration is present, urine becomes darker and more concentrated.

### Look for:

- Increased thirst
- Dry lips
- Dry and warm skin
- Rapid weight loss
- Weakness
- Dark, strong-smelling urine
- Dizziness upon standing



## Taking Charge of Your Health Care Provider Visits

During a health care provider's appointment, you have many issues to discuss in a short amount of time. It's easy to forget something important and realize afterward that you didn't get the answers you need.

One way to make the most of your appointment is to think of your appointment as having three stages: before, during and after. Following the easy tips below at each stage can make your visit a lot less stressful – and a lot more productive.

### What to bring with you:

This booklet, which includes your:

- Tube Feeding Monitoring Checklist (pages 24-31)
- Medication Record (pages 32-33)
- Notes (pages 34-35)
- A list of questions and concerns that you want to discuss



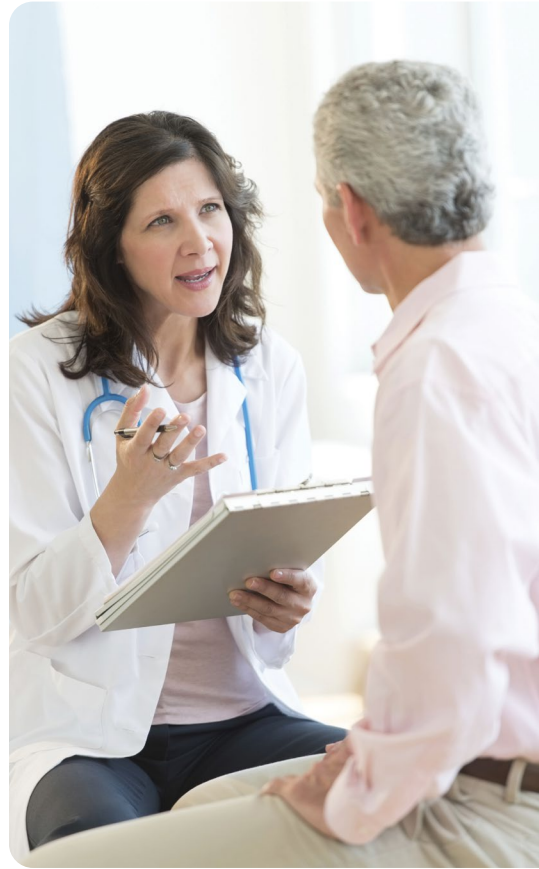
### Before the visit:

- Review information that you have documented in your Tube Feeding Monitoring Checklist and Medications Record.
- Make a list of questions and concerns that you want to discuss.
- If you are going to be discussing a problem, be prepared to provide the following information:
  - A detailed description of the issue, including when and how it began as well as any symptoms
  - What, if anything, you have done to treat the problem
  - Things that have made it better or worse



## During the visit:

- Use your list to check off each item as it is addressed.
- Take notes so that you can refer back to them after the visit (Use the Notes section on pages 34-35.).
- Be sure to provide history of medical conditions, all prescribed and over-the-counter medications, and supplements.
- If you can't follow something that is said, ask the health care provider to explain it in a way that you can understand.
- If the health care provider suggests a treatment that you are unsure of, communicate this and ask what other treatment options might be available.
- If you are discussing a problem, ask how long it should take to improve and/or resolve after starting the prescribed treatment.
- Ask when and how you should follow up after the visit (phone call, email or office visit).



## After the visit:

- If you do not see results from the treatment within the expected time frame, inform your health care provider as soon as possible.
- Don't hesitate to call the office if you have questions or concerns.
- Don't be afraid to ask your health care provider for a referral when a problem is not resolving or when input from a specialist might be needed.



## Tube Feeding Monitoring Checklist

Date:	Mon.	Tues.	Wed.
<b>Weight</b>			
<b>Amount of Formula Taken:</b> <i>Volume</i> <i>Calories</i> <i>Rate</i>			
<b>Oral Intake, Food and Liquid</b>			
<b>Amount of Water Taken Through the Tube</b>			
<b>Urine:</b> <i>Color/Odor</i>			
<b>Stool Consistency:</b> <i>Liquid (#/day)</i> <i>Soft (#/day)</i> <i>Hard (#/day)</i>			
<b>Constipated</b>			
<b>Nausea</b>			
<b>Notes</b>			

Date:	Mon.	Tues.	Wed.
<b>Stoma Site Care</b>			
<b>Skin:</b> <i>Redness</i> <i>Drainage</i> <i>Granulation tissue</i> <i>Skin breakdown</i>			
<b>Daily Site Care</b>			

Date: \_\_\_\_\_

Thurs.	Fri.	Sat.	Sun.

Thurs.	Fri.	Sat.	Sun.



## Tube Feeding Monitoring Checklist

Date:	Mon.	Tues.	Wed.
<b>Weight</b>			
<b>Amount of Formula Taken:</b> <i>Volume</i> <i>Calories</i> <i>Rate</i>			
<b>Oral Intake, Food and Liquid</b>			
<b>Amount of Water Taken Through the Tube</b>			
<b>Urine:</b> <i>Color/Odor</i>			
<b>Stool Consistency:</b> <i>Liquid (#/day)</i> <i>Soft (#/day)</i> <i>Hard (#/day)</i>			
<b>Constipated (Yes/No)</b>			
<b>Nauseous</b>			
<b>Notes</b>			

Date:	Mon.	Tues.	Wed.
<b>Stoma Site Care</b>			
<b>Skin:</b> <i>Redness</i> <i>Drainage</i> <i>Granulation tissue</i> <i>Skin breakdown</i>			
<b>Daily Site Care</b>			

Date: \_\_\_\_\_

Thurs.	Fri.	Sat.	Sun.

Thurs.	Fri.	Sat.	Sun.



## Tube Feeding Monitoring Checklist

Date:	Mon.	Tues.	Wed.
<b>Weight</b>			
<b>Amount of Formula Taken:</b> <i>Volume</i> <i>Calories</i> <i>Rate</i>			
<b>Oral Intake, Food and Liquid</b>			
<b>Amount of Water Taken Through the Tube</b>			
<b>Urine:</b> <i>Color/Odor</i>			
<b>Stool Consistency:</b> <i>Liquid (#/day)</i> <i>Soft (#/day)</i> <i>Hard (#/day)</i>			
<b>Constipated</b>			
<b>Nausea</b>			
<b>Notes</b>			

Date:	Mon.	Tues.	Wed.
<b>Stoma Site Care</b>			
<b>Skin:</b> <i>Redness</i> <i>Drainage</i> <i>Granulation tissue</i> <i>Skin breakdown</i>			
<b>Daily Site Care</b>			

Date: \_\_\_\_\_

Thurs.	Fri.	Sat.	Sun.

Thurs.	Fri.	Sat.	Sun.



## Tube Feeding Monitoring Checklist

Date:	Mon.	Tues.	Wed.
<b>Weight</b>			
<b>Amount of Formula Taken:</b> <i>Volume</i> <i>Calories</i> <i>Rate</i>			
<b>Oral Intake, Food and Liquid</b>			
<b>Amount of Water Taken Through the Tube</b>			
<b>Urine:</b> <i>Color/Odor</i>			
<b>Stool Consistency:</b> <i>Liquid (#/day)</i> <i>Soft (#/day)</i> <i>Hard (#/day)</i>			
<b>Constipated</b>			
<b>Nausea</b>			
<b>Notes</b>			

Date:	Mon.	Tues.	Wed.
<b>Stoma Site Care</b>			
<b>Skin:</b> <i>Redness</i> <i>Drainage</i> <i>Granulation tissue</i> <i>Skin breakdown</i>			
<b>Daily Site Care</b>			



Date: \_\_\_\_\_

Thurs.	Fri.	Sat.	Sun.

Thurs.	Fri.	Sat.	Sun.



## Medication Record

Please list all over-the-counter medications and herbal supplements.

Date	Medication Name	Medication Formulation (eg, tablet, capsule, liquid, injectable, etc)	Medication Dose	Frequency / Time of Day	Indication

# Medication Record

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Date	Medication Name	Medication Formulation (eg, tablet, capsule, liquid, injectable, etc)	Medication Dose	Frequency / Time of Day	Indication



# Notes

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## Glossary

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**Abdomen:** The body space between the chest and the pelvis. This space houses the stomach, liver, gallbladder, spleen, pancreas, small bowel (intestine), large bowel (intestine).

**Abdominal Wall:** The abdominal wall represents the skin and tissue covering the abdomen.

**Absorption:** Uptake of nutrients by the digestive system.

**Balloon Port:** A port on the proximal end (end furthest away from the abdomen) of a gastrostomy tube where water is inserted to inflate the balloon. There is a plastic sleeve around most ports that tell how much water is needed to inflate the balloon.

**Bloating:** Swelling and tightness of the abdomen, typically caused by fluid, gas or air.

**Bolus Feeding:** Formula is placed in a syringe and flows slowly into the feeding tube; the height of the syringe or bag controls the feeding rate.

**Candidiasis:** An infection caused by yeast. It can develop on the skin around the feeding tube.

**Closed Enteral System:** A closed enteral container or bag, pre-filled with sterile, liquid formula by the manufacturer, and considered ready to administer.

**Continuous Feeding:** Tube feeding—usually by an automatic pump—where the formula is fed slowly over a long period of time, such as all day or night (or both).

**Constipation:** A condition in which stool becomes hard, dry, and difficult to pass, and bowel movements do not happen very often.

**Dehydration:** A condition in which the body does not have enough water.

**Delayed Gastric Emptying:** A condition that slows the movement of food from the stomach to the small bowel (intestine).

**Diarrhea:** two to three loose bowel movements/day.

**Enteral Nutrition:** Also known as tube feeding, is a way of delivering nutrition directly to your stomach or small intestine.

**Esophagus:** The muscular tube leading from the mouth to the stomach.

**External Skin Disk:** Also called an external skin bolster, this holds the tube in place as it exits the body. Its purpose is to prevent lateral tube movement, which could contribute to leakage of gastric contents onto the skin.

**Feeding Port:** The main port of the feeding tube. Formula is delivered to the patient by connecting a feeding set or syringe to this port.

**Feeding Rate:** Determined by how fast the formula is poured into the syringe, how high the rate is set on a pump, or how high the syringe or feeding bag is placed above the abdominal wall.

**Feeding Set:** Tubing that is connected to a feeding container and delivers formula into the stomach or small bowel (intestine) through the feeding tube.

**Feeding Tube:** A tube into the stomach or small bowel (intestine) through which formula flows.

**Flushing:** The process of pushing water through the tube to prevent tube clogging. Also for hydration needs.

**French Size:** A measuring system used to define the diameter of a feeding tube. The larger the number, the bigger the diameter.

**Gastrostomy Tube (G-Tube):** A feeding tube that goes into the stomach through a stoma.

**Gravity Feeding:** Feeding method where formula flows from a container or syringe, through a feeding set and into the patient.

**Hypergranulation Tissue:** Thick, red, raised tissue that can form around the feeding tube where it enters the abdominal wall.

**Internal Bumper:** Also called the internal bolster, this is found on the distal end of the feeding tube (the end that is inside the stomach) and helps hold the tube in place.

**Intermittent Feeding:** Feeding method in which formula is given 3 to 8 times a day.

**Jejunostomy Tube (J-Tube):** A feeding tube that goes into the small intestine.

**Jejunum:** The second part of the small bowel (intestine).

**Low-Profile Gastrostomy Tube (Button):** A gastrostomy tube that lies flat against the abdomen.

**Malabsorption:** Failure to absorb certain nutrients, vitamins and minerals from the intestinal tract into the bloodstream.

**Maldigestion:** Inability to digest food in the intestine.

**Nasogastric (NG) Tube:** A feeding tube that goes from the nose to the stomach.

**Nasojejunal (NJ) Tube:** A feeding tube that goes from the nose to the jejunum.

**Nausea:** Having stomach upset with the urge to vomit.

**Open Enteral System:** An enteral system in which the clinician/patient/caregiver is required to decant formula into the enteral container or bag.

**Parenteral Nutrition:** Infusing a specialty form of feeding through a vein (intravenously).

**Peristomal Infection:** Infection of the tissue around the feeding tube.

**PEG (Percutaneous Endoscopic Gastrostomy):** A non-surgical way to place a feeding tube into the stomach through the abdominal wall.

**PEJ (Percutaneous Endoscopic Jejunostomy):** A non-surgical way to place a feeding tube into the jejunum through a gastrostomy tube.

**Prime the Feeding Set:** To pour the formula into gravity or pump set and let it flow to the end of the feeding set to remove the air in the set prior to connecting it to the feeding tube.

**Pump Feeding:** Feeding method in which a mechanical pump moves formula through the feeding tube.

**Reconstitute:** To restore to a former condition by adding water.

**Residual:** The formula that remains in the stomach from the last feeding.

**Small Bowel (Intestine):** The part of the digestive tract between the stomach and large intestine that digests and absorbs nutrients.

**Sorbitol:** A sugar alcohol used in liquid medications that can cause diarrhea in some patients.

**Stoma:** Opening in the abdominal wall through which a gastrostomy tube or jejunal tube enters the body.

**Syringe:** A hollow, plastic tube with a plunger used to draw fluid out of or inject fluid into a feeding tube.

**Syringe Feeding:** Feeding method in which formula flows from a syringe into a feeding tube or is injected into the feeding tube using the plunger on the syringe.

## Additional Notes:

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# A complete portfolio of products to meet your tube feeding needs

