

OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN  
Nursing care plan 27 b  
Enteral Feeding

(All care plans must be used in conjunction with care plan 1)

Care plan 27b Problem		Enteral Feeding Goals	Issue date: November 2015 Review date: November 2018
<p>..... requires Enteral feeding via</p> <p><input type="checkbox"/> Nasogastric</p> <p><input type="checkbox"/> Naso Jejunal</p> <p><input type="checkbox"/> Mic-Key Tube</p> <p><input type="checkbox"/> PEG Tube</p> <p><input type="checkbox"/> Mallecot / Foley gastrostomy tube</p> <p><input type="checkbox"/> Transgastric Jejunal</p> <p>Date tube inserted: ____ / ____ /20__</p>		<p><b>1. Enteral feeding will be managed appropriately</b></p> <p><b>2. Discharge Safely</b></p>	
Nursing Intervention			
Commenced date, time, signature & grade	<b>No</b>	<p>Use in conjunction with Guidelines on the Management of Enteral Feeding 2<sup>nd</sup> edition Feeding via Peg, Mic-Key (2011)</p> <p><b>NB. Loop all enteral feeding tubes when not in use to prevent tubes catching in equipment if not connected to feeding pumps.</b></p> <p><b>Special care when moving and handling infants</b></p> <p><b>(For example transferring to a buggy, placement in parents arms or weighing)</b></p>	Commenced date, time, signature & grade
<b>1. A</b>	<input type="checkbox"/>	<b>Naso gastric (NG) tube</b>	
		<ul style="list-style-type: none"> <li>Use in conjunction with NPC guidelines on Nasogastric tube placement 2011</li> <li>Check pH prior to each feed or medication administration -range between 0-5.0</li> <li>If pH not within normal limits please refer to NG Guidelines 2011 &amp; to the Medical/ surgical Team</li> <li>Flush tube with 10ml syringe with 10ml of sterile water pre and post feed/medication administration (Adjust flushing volume as per child i.e. fluid restricted)</li> <li>Change tube as per manufactures instructions</li> <li>Date Tube Inserted _____ Size _____ Length _____</li> <li>Date Tube Inserted _____ Size _____ Length _____</li> </ul>	
<b>1. B</b>	<input type="checkbox"/>	<b>Naso Jejunal (NJ) Tube</b>	
		<ul style="list-style-type: none"> <li>Position of NJT confirmed by X-Ray PFA (Plain Film Abdomen)</li> <li>Nurses can only pass NJT to stomach it needs to be advanced further by the Medical/Surgical Team</li> <li>Measure NJT tube from nare to tube end following insertion and confirmed in place</li> <li>At the commencement of each shift measure tube from nare to tube end prior to any feeding /medication administration</li> <li>Ensure measurements compare accurately with measurements taken on previous shifts</li> <li>Length _____ cms Date _____</li> <li>pH is not an indicator of NJT tube position as the jejunal aspirate should be alkaline. An aspirate may be requested by the team to ensure the tube is not in the stomach (indicated by a pH value between 0-5.</li> <li>ANTT level 2 must be used prior to the connection of NJ T. The Jejunum does not contain the same protective barrier as the gastric acid and therefore infection is more likely.</li> <li>Avoid granular medications such as Omeprazole and Lansoprazole as such medications have the potential to block the tube if such medication is required, please discuss the need for liquid suspension.</li> </ul>	
<b>1. C</b>	<input type="checkbox"/>	<b>Mic-Key Tube</b>	
		<ul style="list-style-type: none"> <li>Check pH prior to the first feed - Range should be between 0 – 5.</li> <li>Rotate Mic-Key 360 degrees 72 hours post insertion and continue this rotation daily</li> <li>If displacement of the tube occurs check the pH and refer to the Medical/Surgical Team</li> <li>Change water in balloon every 7 days, remove the 5mls of water with a 10ml syringe and replace with 5mls of water in a 5ml syringe</li> </ul>	

Reviewed November 2015

Patient Name.....

HCRN.....

Ward.....

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		<ul style="list-style-type: none"> <li>▪ <b>Supplies out of hours:</b> If supplies needed outside of hours, these are available in Materials Management Store Room (Bleep 8700) contact security for access to same</li> </ul>	
<b>1.D</b>	<input type="checkbox"/>	<b>PEG Tube</b>	
		<ul style="list-style-type: none"> <li>▪ Check pH prior to the first feed - Range should be between 0 – 5.</li> <li>▪ Rotate the PEG tube 360 degrees 72hrs post insertion</li> <li>▪ Rotate tube daily to ensure tract formation and prevent Buried Bumper Syndrome</li> <li>▪ If displacement of tube occurs check pH and refer to the Medical/Surgical Team</li> <li>▪ Additional information: .....</li> </ul>	
<b>1.E</b>	<input type="checkbox"/>	<b>Mallecot / Foley Gastrostomy</b>	
		<ul style="list-style-type: none"> <li>▪ <b>DO NOT ROTATE TUBE</b> (<i>Tubemay be held in place by a suture as well as a water balloon</i>)</li> <li>▪ Gastric pH <b>MUST</b> be checked before each use. Range should be between 0 – 5.</li> <li>▪ Document same in nursing notes.</li> <li>▪ Additional information: .....</li> </ul>	
<b>1.F</b>	<input type="checkbox"/>	<b>Transgastric Jejunal (GJ) Tube</b>	
		<p><b>DO NOT ROTATE TUBE</b></p> <p>pH must be checked prior to first feed                      pH reading from the Gastric port &lt; or = 5.0 pH reading from the Jejunal port &gt; or = 6.0</p> <p>Continuous feeds only through the jejunal port to prevent dumping syndrome Use ANTT Level 2 when setting up feed or attending to the tube Use 10ml syringe only when flushing pre and post feeds ( maximum volume of flush 10ml and minimum volume 5mls) If jejunal port is not in use daily, it must be flushed twice daily with 10ml of sterile water to avoid blockages. If jejunal port is used for feeds gastric outlet must be flushed daily with 10ml sterile water in a 10ml syringe. Avoid granular medications such as Omeprazole and Lansoprazole as they have the potential to block the tube. If such a medication is required discuss the need for liquid suspension. Clarithromycin should be avoided as such medication can block tube completely.</p>	
	<b>2.</b>	<b>Discharge Planning</b>	
		<ul style="list-style-type: none"> <li>▪ Provide child/parent/guardian with written and verbal information (<i>Advice for the parents/guardians caring for an infant/child with a Cor-Flo Percutaneous Endoscopic Gastrostomy PEG Tube/Mic-Key Button</i>)</li> <li>• Provide education to child/parents/guardians and ensure Parent Teaching Checklist/Competency Assessment is completed prior to discharge.</li> </ul> <p><b>Mic-Key Tube only</b></p> <ul style="list-style-type: none"> <li>▪ Advise child/parents/guardian to make appointment for three months with Surgical Team to change Mic-Key button</li> <li>▪ Ensure child/parents/guardians have a spare Mic-Key on discharge which is the same length and size as tube insitu.</li> <li>▪ Ensure prescription available to parents/guardian for supplies</li> <li>▪ Ensure contact is made with the Public Health Nurse for supplies and support post discharge</li> </ul> <p>Additional information: _____ _____</p>	