

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>1. Enteral feeding will be managed appropriately</p> <p>2. Discharge Safely</p>	
Nursing Intervention			
Commenced date, time, signature & grade	No	<p>Use in conjunction with Guidelines on the Management of Enteral Feeding 2nd edition Feeding via Peg, Mic-Key (2011)</p> <p>NB. Loop all enteral feeding tubes when not in use to prevent tubes catching in equipment if not connected to feeding pumps.</p> <p>Special care when moving and handling infants</p> <p>(For example transferring to a buggy, placement in parents arms or weighing)</p>	Commenced date, time, signature & grade
1. A	<input type="checkbox"/>	Naso gastric (NG) tube	
		<ul style="list-style-type: none"> Use in conjunction with NPC guidelines on Nasogastric tube placement 2011 Check pH prior to each feed or medication administration -range between 0-5.0 If pH not within normal limits please refer to NG Guidelines 2011 & to the Medical/ surgical Team 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) Change tube as per manufactures instructions Date Tube Inserted _____ Size _____ Length _____ Date Tube Inserted _____ Size _____ Length _____ 	
1. B	<input type="checkbox"/>	Naso Jejunal (NJ) Tube	
		<ul style="list-style-type: none"> Position of NJT confirmed by X-Ray PFA (Plain Film Abdomen) Nurses can only pass NJT to stomach it needs to be advanced further by the Medical/Surgical Team Measure NJT tube from nare to tube end following insertion and confirmed in place At the commencement of each shift measure tube from nare to tube end prior to any feeding /medication administration Ensure measurements compare accurately with measurements taken on previous shifts Length _____ cms Date _____ 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. 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. 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. 	
1. C	<input type="checkbox"/>	Mic-Key Tube	
		<ul style="list-style-type: none"> Check pH prior to the first feed - Range should be between 0 – 5. Rotate Mic-Key 360 degrees 72 hours post insertion and continue this rotation daily If displacement of the tube occurs check the pH and refer to the Medical/Surgical Team 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 	

Reviewed November 2015

Patient Name.....

HCRN.....

Ward.....

