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	Document Title:	ENTERAL FEEDING

PURPOSE:

To outline steps in properly administering enteral feeding to patients in ICU.

SCOPE:


Applies to all Adult Intensive Care Unit Staff of Dr. Pablo O. Torre Memorial Hospital

RESPONSIBLE PERSON:

Staff Nurses, Intensivists, Consultants, Nursing Students and Clinical Instructor

PROCEDURE:


- 1 Assess client's need for enteral tube feedings: impaired swallowing, decreased level of consciousness, head and neck surgery, facial trauma, surgeries of upper alimentary canal.
- 2 Verify physicians order for formula or specifications of the feeding, its rate, route, and frequency. Refer pre-feeding laboratory results if there is any (such as RBS).
- 3 Wash hands.
- 4 Prepare feeding container to administer formula. Have tube feeding at room temperature. Connect tubing to container as needed or prepare ready to hang container. Fill container and tubing with formula/feeding.
- 5 Place client in High Fowler's position, or elevate head of bed 30 degrees.
- 6 Explain procedure to client.
- 7 Determine tube placement:
 - 7.1 Aspirate gastric contents to check for gastric residual.
 - 7.2 Auscultate bowel sounds before feeding to ascertain placement of tube.
- 8 Return aspirated contents to stomach unless the volume exceeds 150 mL. Update Resident-on-duty and document. Observe the aspirate's appearance.
- 9 Initiate feeding.
 - 9.1 Bolus or intermittent feeding - Pinch proximal end of the feeding tube. Remove plunger from syringe and attach barrel of syringe to the end of patient's tube. Fill syringe with measured amount formula. Release pinched tube and hold syringe high enough to allow it to empty gradually by gravity,

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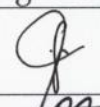

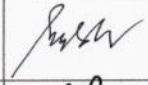


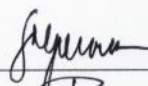
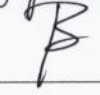
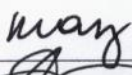
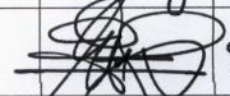
refill; repeat until prescribed amount has been delivered to the client. If feeding bag/container is used, hang feeding bag on an IV pole. Fill bag with *prescribed amount of formula, and allow bag to empty gradually over at least 30 minutes.*


9.2 Continuous Drip Method - Hang feeding bag and tubing on IV pole and run at the rate as prescribed by the physician.

- 10 When tube feedings are not being administered, cap or clamp the proximal end of the feeding tube.
- 11 Administer water via feeding tube for flushing as ordered.
- 12 Rinse bag/container and tubing with warm water whenever feedings are consumed.
- 13 Measure amount of aspirate (residual) every before initiation of feeding.
- 14 Monitor and document finger-stick blood glucose value upon doctor's orders.
- 15 Monitor intake and output every 24 hours.

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Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		9/19/22

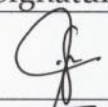

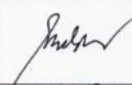

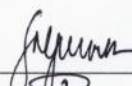

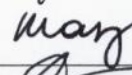
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KEY TASKS	PERSON RESPONSIBLE
1. Assesses client's need for enteral tube feedings.	Staff Nurse
2. Verifies physician's orders.	
3. Prepares feeding container to administer formula.	
4. Positions client accordingly.	
5. Aspirates gastric contents for residual. Check patency prior to initiating feeding.	
6. Clamp or cap feeding tube when feeding is not administered.	
7. Rinse bag with warm water whenever feedings are consumed/interrupted.	
8. Measures amount of aspirate. Monitors blood glucose level. Monitors I and O. Weighs client.	

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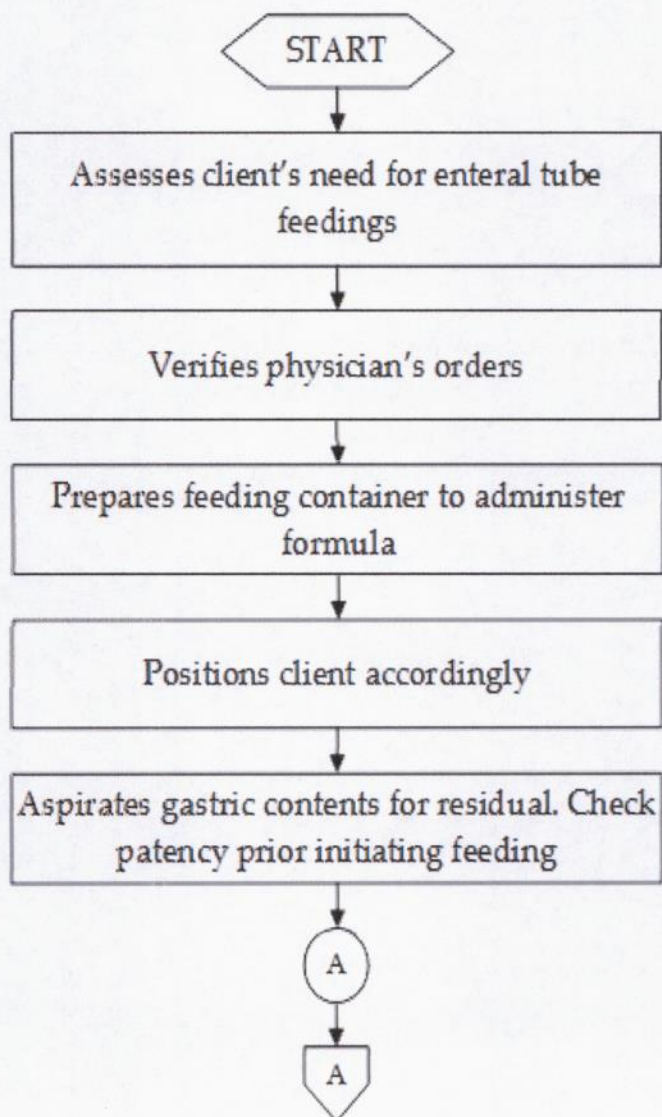


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FLOWCHART



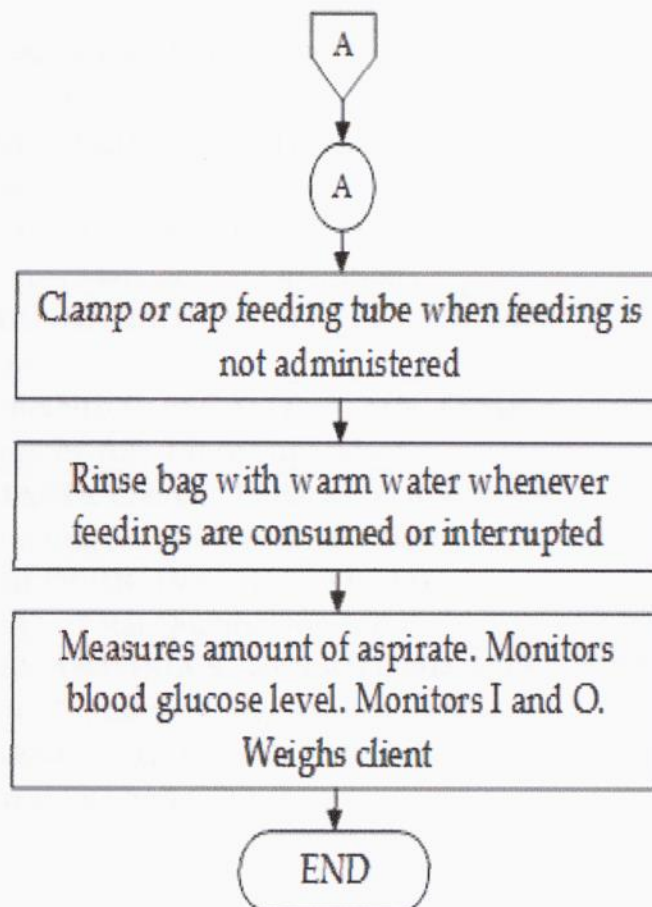



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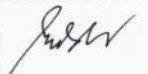


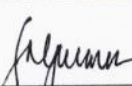

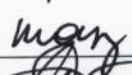
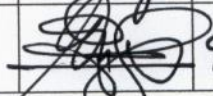
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