



Managing Signs and Symptoms of Feeding Tube Problems

BQIS Fact Sheets provide a general overview on topics important to supporting an individual's health and safety and to improving their quality of life. This document provides general information on the topic and is not intended to replace team assessment, decision-making, or medical advice. This Fact Sheet is one of three regarding enteral feedings.

Intended Outcomes

The reader will be aware of signs and symptoms displayed by someone who receives medication, fluids, and/or nutrition by a feeding tube that may indicate potential problems or illness.

Definitions

Aspiration Pneumonia: Lung infection or irritation resulting from a foreign substance, such as food or liquid, getting into the lungs.

Choking: A process in which a person is unable to adequately breathe due to a blockage in the airway.

Feeding Tube: A special type of flexible tubing that allows a person to receive nutrition, hydration, and medication through the tube instead of by mouth. Some feeding tubes are in the stomach, and others in parts of the small intestine.

Residual: Stomach contents remaining in stomach after a specified period of time following a feeding.

Stoma: Opening between the stomach or intestine into abdomen in which a feeding tube is inserted.

Stoma Site: Opening where feeding tube enters individual

Facts

Recognizing and acting upon signs and symptoms that may indicate problems with feeding tubes could prevent serious illness or even death.



Recommended Actions and Prevention Strategies

The list of signs and symptoms presented in this Fact Sheet is not intended to be all-inclusive. Individual-specific directives and interventions should always be followed. If ever in doubt, contact a health care professional or supervisor.

1. Stop feeding and call 911 if person is choking or having difficulty breathing. Signs of choking include:
 - a. Gaspings for air
 - b. Sudden inability to talk, cry, or make sounds
 - c. Beginning to turn blue in the face
 - d. Grabbing at the throat with a look of panic.
2. Stop feeding **IMMEDIATELY** and contact a health care professional or your supervisor if the following occurs:
 - a. Coughing
 - b. Formula-colored liquid in mouth
 - c. Spitting up or vomiting formula
 - d. Wheezing, gurgling, or whistling breathing sounds
 - e. Tubing comes partially or completely out
 - f. Any other concern that the tube is not in the correct position
 - g. During feeding:
 - Stomachache
 - Vocalization of distress (individual telling you they are having trouble)
 - Abdominal distress (gas, pain, uncomfortable)
 - Change in facial expression
 - Wriggling more than baseline amount
 - h. Blood or coffee-ground appearing substance coming out of feeding tube or in residual



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3. Contact a health care professional or your supervisor if the following occurs:
 - a. Signs of aspiration pneumonia such as: fever (may be low-grade); restlessness; tiredness; listlessness; rapid (fast), shallow (not very deep) or labored (difficult) breathing; gray, pale, red or bluish skin or lips
 - b. Excess intestinal gas, belching, abdominal bloating (stomach area), holding abdomen, restlessness, grimacing, drawing into fetal position
 - c. Diarrhea greater than three (3) times in 24 hours or as otherwise directed
 - d. No bowel movement by morning of third day or as otherwise directed
 - e. Sudden increase in residuals (if greater than 50 CCs or as otherwise instructed, hold feeding)
 - f. Gradual increase in recorded residuals
 - g. Change in stoma appearance, such as redness of surrounding skin; swelling; pain; warm to touch; yellow, green or white pus or discharge
 - h. Fever
 - i. Pain
 - j. Increased sleeping
 - k. Formula flow slows or stops
 - l. Bleeding around stoma site
 - m. Formula or stomach contents leaking around stoma site
 - n. Weight loss or gain of more than two (2) pounds per week, or as otherwise directed
 - o. Interruption of normal feeding or medication administration schedule



Learning Assessment

The following questions can be used to verify a person's competency regarding the material contained in this Fact Sheet:

1. True or False: You should be concerned about aspiration pneumonia for a person with a feeding tube if you notice a change in their breathing pattern or skin coloring.
2. When would it NOT be necessary to stop a tube feeding immediately before calling a health care professional or your supervisor?
 - A. You see formula colored liquid in the person's mouth.
 - B. You notice the person is sleeping more today than normal.
 - C. The feeding tube has slipped out of the stomach about one (1) inch.
 - D. The person's facial expressions become distressed looking during a feeding.
3. Which of the following would least likely be something you would track for a person with a feeding tube, based solely on the fact they have a feeding tube?
 - A. Weekly weights
 - B. Bowel movements
 - C. Blood pressure
 - D. Sleep patterns



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References

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Lynch, C. R. & Fang, J. C. (2004, November). Prevention and Management of Complications of Percutaneous Endoscopic Gastrostomy (PEG) Tubes. *Practical Gastroenterology, Nutrition Issues in Gastroenterology, Series #22*, 66-76.

Naik, R., Joshipura, V., Patel, N., Haribhaki, S. (2008). Complications of PEG—Prevention and Management. *Journal of Gastroenterology*, 8 (1).

Related Resources

Enteral Feedings Fact Sheet Series: *Best Practices, Feeding Tube Protocol*

These resources can be located on the BQIS Fact Sheet & Reminders webpage at:
<http://www.in.gov/fssa/ddrs/3948.htm>.

Learning Assessment Answers

1. True
2. B
3. C