

Activities of Daily Living (Nutrition/Hydration)

**Administering Nutritional Feedings via the
Gastrostomy Tube (G-Tube) or Jejunum Tube (J-Tube)**

Lesson & Supplemental Materials

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Lesson Objectives:

- I. The student will be able to explain the importance of proper nutrition/hydration.
- II. The student will be able to explain the importance of following care guidelines for a patient receiving tube feedings.
- III. The student will learn the observations of the patient condition that must be reported to the nurse.

Key Terms:

Asepto Syringe – is a single use syringe that consists of a bulb connected to a long, thin tube. The medication is injected into the bulb, which is then squeezed, forcing the liquid out of the syringe and into the tube for administration.

Aspiration – inhalation of food or drink into lungs which has the potential to cause pneumonia or death.

Bolus – a way to provide a tube feeding. Given in large doses of formula several times throughout the day.

Extension Set – A non-sterile and reusable tube which connects to certain permanent feeding tubes to assist with providing feedings.

Gastrostomy Tube (G-Tube) – tube placed through the abdomen directly into the stomach and used to provide nourishment.

Flatulence – release of gas from the digestive system through the buttocks. It can be caused by ingestion of air during tube feedings.

Hydration – fluids consumed.

Jejunostomy (J-Tube) – tube placed into the second part of the small intestines and used to provide nourishment.

MIC-KEY Button (Button Feeding Tube) – a low profile gastrostomy tube (G-Tube) that requires an extension set to provide nutrition.

Nasogastric Tube (NG) – tube placed through the nose to the stomach and used to provide nourishment.

NPO – nothing by mouth.

Nutrition – nourishment; the process by which the body takes in food to maintain health.

PEG (percutaneous endoscopic gastrostomy) – tube placed endoscopically, directly into the stomach and used to provide nourishment. Often called a “G-tube”.

Peristomal Skin – the skin surrounding the opening in the abdomen where the feeding tube is present.



Piston Syringe - a device intended for medical purposes that consists of a calibrated hollow barrel and a movable plunger. It is used to inject fluids into, or withdraw fluids from, the body.

Residual – The amount of gastric fluid left in the stomach four hours after feeding.

Semi-Fowler Position – a body position where the individual lies on their back with their head and torso elevated 30-45 degrees.

Water – H₂O (one molecule of oxygen and two molecules of hydrogen); most essential nutrient for life.



I. Introduction to Tube Feedings

A. Background

1. The patient who is unable to take food or fluids by mouth, or is unable to swallow, may be fed through a tube. Feeding tubes are used when food cannot pass normally from the mouth into the esophagus and then into the stomach. Inability to swallow due to a stroke or other neurological condition is the most common cause. Additionally, cancer of the head, neck or esophagus, and trauma or surgery to the face, mouth, head, neck or being in a comatose state are also reasons for tube feedings. The types of tubes most commonly used in a home health care agencies are nasogastric tubes, gastrostomy tubes and jejunal tubes.

B. Types of Tubes

1. A nasogastric (NG) tube is a tube that is placed through the nose into the stomach. ("Naso" is the medical term for nose and "gastric" means stomach.) It may also be called a Levine tube or abbreviated as NG tube. The HHA (Home Health Aide) may not flush, check placement, instill medications or feedings in an NG tube. An NG tube may also be used to suction and remove fluids from the stomach. Do not give the patient, who has an NG tube, anything to eat or drink without checking with the nurse. Patients with feeding tubes are often NPO. NPO is the abbreviation meaning nothing by mouth.

2. A gastrostomy tube (G-tube) is a tube that is placed directly into the stomach for feeding. G-Tube is inserted by endoscopy or by interventional radiology with a small incision made into the abdominal wall with a tube sutured to keep it in place. This type of tube is often used for a patient who may require tube feedings for an extended period of time.

A variation of a G-Tube is the Button Type, commonly called a MIC-KEY button. The MIC-KEY button is inserted into the stomach through the abdominal wall and held in place internally by a small inflatable balloon, and externally by a small base. MIC-KEY buttons



require extension tubing sets to function properly. MICK-KEY buttons can be used for both bolus and continuous feeding.

3. A jejunal tube (J-tube) is an artificial opening into the jejunum through the abdominal wall. It may be a permanent or temporary opening and is used for feeding or medication administration.

C. Special Notes about Tube Feeding-

1. Usually, the NG tube or the G-tube/J-tube will be attached to an electronic feeding pump that controls the flow of fluid. Most pumps have an alarm that sounds when the flow is interrupted. The HHA must notify the nurse immediately if the alarm sounds.

2. The patient who has a feeding tube should be observed frequently. If the pump is not working properly, the patient may receive the wrong amount of nourishment, or the fluid may enter too quickly. This can cause nausea, vomiting and aspiration.

3. The patient with a feeding infusing should not lie flat. The head of the bed should be elevated. Refer to agency policy. Some procedures will need to be changed slightly for the patient with a feeding infusing. For example, an occupied bed cannot be flattened to change the linen. Feeding infusions should also be stopped a minimum of 30 minutes prior to giving a bath if patient needs to lie flat or less than 30 degrees during bathing.

4. The HHA's major responsibility concerning the patient with a feeding tube is to make regular observations and promptly report to the nurse any potential complications.

5. The physician orders the type of formula and the amount to be infused. Most formulas contain protein, carbohydrates, fat, vitamins, and minerals. Commercial formulas are common.



II. Instructions for Caregivers

- A. Caregivers must be alert to signs and symptoms of aspiration such as cough, shortness of breath, etc. Other complications include diarrhea, constipation, and delayed stomach emptying.
- B. When a patient is receiving a tube feeding, you must report the following to the nurse immediately if observed:
1. nausea
 2. complaint of discomfort or fullness
 3. vomiting
 4. diarrhea
 5. distended (enlarged or swollen) abdomen
 6. coughing
 7. complaints of indigestion or heart burn
 8. redness, swelling, drainage, odor, or pain at the tube insertion site
 9. elevated temperature
 10. signs and symptoms of respiratory distress
 11. increased pulse rate
 12. complaints of flatulence

III. Care of Patients on Tube Feeds

- A. The patient with a feeding tube is usually NPO. Dry mouth, dry lips and sore throat are sources of discomfort. Some patients are allowed hard candy or gum. The patient's care plan will often include frequent oral hygiene, lubricant for the lips and mouth rinses. The nose and nostrils are cleaned every 4 to 8 hours as directed by the nurse and the care plan.
- B. Liquids should be at room temperature. Administering cold liquid through the enteral tube can cause abdominal cramping.



IV. Implementation of Tube Feedings through a Gastrostomy Tube

A. General Pre-Feeding Procedures

- a. Gather supplies and equipment. Ensure supplies are clean. For maximum control of suction, use a piston syringe rather than an asepto syringe.
- b. Perform INITIAL STEPS.
- c. General Expectations During the Feeding
 - i. Gently lift the dressing around the tube to check the skin for irritation caused by gastric secretions. Report any redness or irritation to the nurse promptly.
 - ii. Raise the head of the bed so the patient is in the Semi-Fowler's position (a minimum of 30 degrees), as tolerated.
 - iii. Monitor the patient's reactions throughout the procedure. If the patient exhibits signs of discomfort, stop the procedure immediately.

B. Bolus Feed

- a. Always follow the doctor orders for bolus tube feedings for each individual patient.
- b. Open (unclamp or uncap) feeding tube.
- c. Attach syringe to feeding tube.
- d. Check for G-Tube placement prior to administering feeding (if required) per agency policy. Placement does not have to be verified for a J-Tube.
- e. Use syringe to flush feeding tube with water, as directed, by doctor orders.
- f. Shake formula container well before opening. Pour prescribed amount of formula into clean measuring cup or directly into the syringe.
- g. Raise or lower height of syringe to increase or decrease flow (feeding) rate. If indicated, add more formula to syringe as formula flows into feeding tube to meet prescribed feeding amount per doctor orders.
- h. After feeding, use syringe to flush feeding tube with water, as directed by your healthcare professional.
- i. Detach syringe from feeding tube and close (reclamp or recap) feeding tube.



- C. Gravity Feeding
- a. Always follow the doctor orders for gravity tube feedings for each individual patient.
 - b. Open (unclamp or uncap) feeding tube.
 - c. Attach syringe to feeding tube.
 - d. Check for G-Tube placement prior to administering feeding (if required) per agency policy. Placement does not have to be verified for a J-Tube.
 - e. Use syringe to flush feeding tube with water, as directed, by doctor orders.
 - f. Detach syringe from feeding tube and close (reclamp or recap) feeding tube.
 - g. Shake formula container well before opening. Pour formula into feeding container and close cap.
 - h. If using a pre-filled feeding container, shake and connect as directed.
 - i. Hang feeding container on pole so it is at least 18 inches above stomach.
 - j. Open clamp on flow regulator until the formula fills all the tubing. Then, close clamp on the flow regulator.
 - k. Make sure drip chamber on the tubing (at the top near the feeding reservoir) is about half full.
 - l. Open (unclamp or uncap) feeding tube and connect tip on the end of gravity set into feeding tube.
 - m. Open flow regulator clamp to adjust flow rate, as directed by doctors' orders.
 - n. After feeding is completed, close and disconnect gravity set from feeding tube.
 - o. Use syringe to flush feeding tube with water, as directed by doctor orders.
 - p. Detach syringe from feeding tube and close (reclamp or recap) feeding tube.
- D. Continuous Feed
- a. Always follow the doctor orders for gravity tube feedings for each individual patient.
 - b. Open (unclamp or uncap) feeding tube.
 - c. Attach syringe to feeding tube.
 - d. Check for G-Tube placement prior to administering feeding (if required) per agency policy. Placement does not have to be verified for a J-Tube.
 - e. Use syringe to flush feeding tube with water, as directed, by doctor orders.
 - f. Detach syringe from feeding tube and close (reclamp or recap) feeding tube.



- g. Shake formula container well before opening. Pour formula into feeding container and close cap.
- h. If using a pre-filled feeding container, shake and connect as directed.
- i. Hang feeding container on pole so it is at least 18 inches above stomach.
- j. Open (unclamp or uncap) feeding tube. Connect tip on the end of pump set into feeding tube.
- k. Set flow rate on pump to desired mL per hour (per doctor order). Follow instructions provided by the agency and/or the pump manufacturer to set up and operate pump.
- l. If applicable, open roller clamp on pump set.
- m. Start the pump.
- n. After feeding is completed, disconnect pump set from feeding tube and recap end of pump set.
- o. Use syringe to flush feeding tube with water, as directed by doctor orders.
- p. Detach syringe from feeding tube and close (reclamp or recap) feeding tube.

E. MIC-KEY Button

- a. The MIC-KEY button can be utilized for either gravity, continuous, or bolus feeding as described in previous steps.
- b. Always follow the doctor orders for tube feedings for each individual patient.
- c. Open (unclamp or uncap) feeding tube.
- d. Attach extension tubing set to the MIC-KEY button through the feeding port, then attach the piston syringe to extension set.
- e. Check for G-Tube placement prior to administering feeding (if required) per agency policy.
- f. Use syringe to flush feeding tube with water, as directed, by doctor orders.
- g. Provide prescribed feeding amount per doctor orders by specified method (gravity, continuous, or bolus).
- h. After feeding, use syringe to flush feeding tube with water, as directed by your healthcare professional.
- i. Detach syringe and extension tubing set from MIC-KEY button and close (recap) MIC-KEY button.



F. General Post Feeding Procedures

a. Perform FINAL STEPS.

b. After the feeding

- i. Assure the patient is in a comfortable position in a minimum of a Semi-Fowlers position (30 degrees) or have the patient lie on the right side with the head of the bed slightly elevated. Have the patient maintain this position for at least 30 minutes, if tolerated.
- ii. Observe patient for any immediate reaction to the feeding. Report immediately to the nurse.

V. Other Key Points

- A. Once daily, clean the peristomal skin with mild soap and water (or solution listed per specific physician order) and allow the skin to air-dry for 20 minutes to avoid skin irritation.
- B. Clean the insertion site whenever spillage occurs.
- C. An excessive amount of residual may indicate intestinal obstruction. You should notify the nurse if this is observed.

VI. Complications:

- A. Report any adverse effects promptly to the nurse.
- B. Should a patient be receiving a continuous tube feeding and you observe the patient to be coughing, complaining of fullness or discomfort, diaphoretic, short of breath or cyanotic (bluish or purplish color of the skin), notify the nurse immediately as the feeding must be stopped and evaluation conducted by the licensed nurse.
- C. The G-Tube may become dislodged from the stomach, or the skin may be irritated at the site of the insertion. Infection can occur if aseptic practices are not carefully followed.



VII. Documentation:

- A. Note the amount of formula administered, the dose, the date and time, and the patient's reaction.
- B. If the patient refuses the feeding, document the refusal, and notify the nurse. Note if the feeding was omitted or withheld for any other reason.

Visual Aides:

- Tube feeding line
- Syringe
- Pump
- Stethoscope

Care Procedures (CP):

- Initial Steps
- Final Steps
- Tube Feeding – Residual
- Tube Feeding – Placement Check
- Tube Feeding – Bolus
- Tube Feeding – Gravity
- Tube Feeding – Continuous

Review Questions

1. When a tube feeding is infusing, the head of the bed must be elevated. True or False?

The above subject matter expertise is referenced at:

<https://www.nutritioncare.org>

<https://tubefed.com/wp-content/uploads/2020/04/MIC-KEY-G-proper-care-guide.pdf>

<http://nestlehealthscience.us/mytubefeeding/tube-feeding-education>



CARE PROCEDURE #1: INITIAL STEPS	
STEP	RATIONALE
1. Ask nurse about patient's needs, abilities, and limitations, if necessary and gather necessary supplies.	1. Prepares you to provide best possible care to patient.
2. Greet patient by name per patient preference.	2. Shows respect for patient.
3. Identify yourself by name and title.	3. Patient has right to know identity and qualifications of their Home Health Aide.
4. Explain what you will be doing; encourage patient to help as able.	4. Promotes understanding and independence.
5. Gather supplies and check equipment.	5. Organizes work and provides for safety.
6. Close curtains, drapes, and doors. Keep patient covered, expose only area of patient's body necessary to complete procedure.	6. Maintains patient's right to privacy and dignity.
7. Wash your hands.	7. Helps infection control.
8. Wear gloves as indicated by Standard Precautions.	8. Protects you from contamination by bodily fluids.
9. Use proper body mechanics. Raise bed to appropriate height and lower side rails (if raised).	9. Protects yourself and the patient from injury.

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CARE PROCEDURE #2: FINAL STEPS	
STEP	RATIONALE
1. Remove gloves, if applicable, and wash your hands.	1. Helps infection control.
2. Be certain patient is comfortable and in good body alignment. Use proper body mechanics	2. Reduces stress and improves patient's comfort and sense of well-being.
3. Ask patient if anything else is needed.	3. Encourages patient to express needs.
4. Thank patient.	4. Shows your respect toward patient.
5. Remove supplies and clean equipment according to agency procedure.	5. Facilities have different methods of disposal and sanitation. You will carry out the policies of your agency.
6. Open curtains, drapes, and door according to patient's wishes.	6. Provides patient with right to choose.
7. Perform a visual safety check of patient and environment.	7. Prevents injury to you and patient.
8. Report unexpected findings to nurse.	8. Provides nurse with necessary information to properly check patient's condition and needs.
9. Document procedures according to agency procedure.	9. What you document is a legal record of what you did. If you don't document it, legally, it didn't happen.

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CARE PROCEDURE #42: TUBE FEEDING – RESIDUAL	
STEP	RATIONALE
1. Do Initial Steps	
2. Review doctor’s orders. Only complete a residual check if ordered by the doctor or required by agency policy.	2. Every tube feeding is prescribed differently. Reviewing orders ensures you are doing what is ordered for the patient.
3. Check skin around the tube for irritation. Report to the nurse any concerns or changes.	3. Provides nurse with necessary information to properly check patient condition and needs.
4. Raise the head of the bed/chair to a semi-fowlers position (a minimum of 30 degrees), as tolerated.	4. Puts patient in the correct position to perform the feeding and prevent aspiration.
5. Unclamp feeding tube and attach syringe with plunger in place.	5. Prepares the tube for the placement check and subsequent tube feeding.
6. Gently pull back on the plunger until you see stomach contents within the tube.	6. Ensures the tube is placed in the stomach to deliver the feeding properly. Stomach contents are varied in color from clear to yellow unless there is food in the stomach, then the contents could be an alternative color.
7. Replace (flush) the contents back into the stomach.	7. The stomach contents contain important electrolytes and nutrients needed by the patient.
8. Remove the syringe and plunger.	8. Prepares the patient for the next step in their feeding.
9. Follow the doctor’s orders for the feeding type (bolus, continuous, gravity) and the accompanying CP’s.	9. Every tube feeding is prescribed differently. Reviewing orders ensures you are doing what is ordered for the patient.
Note: Final Steps are not performed with this CP because it would be part of one of the feeding CP’s (bolus, continuous, or gravity).	

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CARE PROCEDURE #43: TUBE FEEDING – PLACEMENT CHECK	
STEP	RATIONALE
1. Do Initial Steps	
2. Review doctor’s orders. Only complete a placement check if ordered by the doctor or required by agency policy.	2. Every tube feeding is prescribed differently. Reviewing orders ensures you are doing what is ordered for the patient.
3. Check skin around the tube for irritation. Report to the nurse any concerns or changes.	3. Provides nurse with necessary information to properly check patient condition and needs.
4. Raise the head of the bed/chair to a semi-fowlers position (a minimum of 30 degrees), as tolerated.	4. Puts patient in the correct position to perform the feeding and prevent aspiration.
5. Draw 5-10 mL of air into the syringe.	5. Prepares the syringe to check tube placement.
6. Unclamp feeding tube and attach syringe with plunger in place.	6. Prepares the tube for the placement check and subsequent tube feeding.
7. Place the stethoscope on the left side of the abdomen just above the waist. Then, inject the air into the stomach and listen for the sound.	7. Ensures the tube is placed in the stomach to deliver the feeding properly.
8. If you do not hear the sound after two attempts, do not feed the patient. Instead, contact the nurse to report the failure to confirm tube placement. Clean/disinfect stethoscope.	8. Ensures the tube is placed in the stomach to deliver the feeding properly. If a feeding is delivered, and the tube placement is not confirmed, it can be harmful to the patient.
9. Remove the syringe and plunger. Store the stethoscope away.	9. Prepares the patient for the next step in their feeding.
10. Follow the doctors’ orders for the feeding type (bolus, continuous, gravity) and the accompanying CP’s.	10. Every tube feeding is prescribed differently. Reviewing orders ensures you are doing what is ordered for the patient.

Note: Final Steps are not performed with this CP because it would be part of one of the feeding CP's (bolus, continuous, or gravity).

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CARE PROCEDURE #44: TUBE FEEDING – BOLUS	
STEP	RATIONALE
1. Do Initial Steps	
2. Review doctor's orders.	2. Every tube feeding is prescribed differently. Reviewing orders ensures you are doing what is ordered for the patient.
3. Check skin around the tube for irritation. Report to the nurse any concerns or changes.	3. Provides nurse with necessary information to properly check patient condition and needs.
4. Raise the head of the bed/chair to a semi-fowlers position (a minimum of 30 degrees), as tolerated.	4. Puts patient in the correct position to perform the feeding and prevent aspiration.
5. Unclamp feeding tube and attach syringe.	5. Prepares the tube for the feeding.
6. Check tube placement (if required by orders and/or agency policy).	6. Ensures the tube is placed in the stomach to deliver the feeding properly.
7. Flush tube with water. Follow doctor's orders for prescribed amount.	7. Cleans the inside of the tube to prepare it for the feeding. Provides hydration to the patient.
8. Shake formula container. Pour formula into measuring cup or directly into the syringe. Follow doctor's orders for prescribed amount.	8. Evenly mixes the formula and prepares it for administration.
9. Flush tube with water. Follow doctor's orders for prescribed amount.	9. Cleans the inside of the tube after the feeding. Provides hydration to the patient.
10. Re-clamp feeding tube and detach syringe.	10. Secures the tube after the feeding.
11. Do Final Steps	
12. Place the patient in a comfortable position with the head of the bed/chair in a semi-fowlers position (a minimum of 30 degrees), as tolerated. The patient must maintain this position for a minimum of thirty (30) minutes.	12. Puts patient in the correct position to digest the feeding and prevent aspiration.
13. During the feeding, and afterwards, observe the patient for any reactions to the feeding. Report any changes or concerns to the nurse immediately.	13. Provides nurse with necessary information to properly check patient condition and needs.



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CARE PROCEDURE #45: TUBE FEEDING – GRAVITY	
STEP	RATIONALE
1. Do Initial Steps	
2. Review doctor’s orders.	2. Every tube feeding is prescribed differently. Reviewing orders ensures you are doing what is ordered for the patient.
3. Check skin around the tube for irritation. Report to the nurse any concerns or changes.	3. Provides nurse with necessary information to properly check patient condition and needs.
4. Raise the head of the bed/chair to a semi-fowlers position (a minimum of 30 degrees), as tolerated.	4. Puts patient in the correct position to perform the feeding and prevent aspiration.
5. Unclamp feeding tube and attach syringe.	5. Prepares the tube for the feeding.
6. Check tube placement (if required by orders and/or agency policy).	6. Ensures the tube is placed in the stomach to deliver the feeding properly.
7. Flush tube with water. Follow doctor’s orders for prescribed amount.	7. Cleans the inside of the tube to prepare it for the feeding. Provides hydration to the patient.
8. Re-clamp feeding tube and detach syringe.	8. Secures the tube to prevent leaking.
9. Shake formula container. Pour formula into gravity feeding container and close cap. Follow doctor’s orders for prescribed amount.	9. Evenly mixes the formula and prepares it for administration.
10. Hang gravity feeding container a minimum of 18 inches above patient stomach on feeding pole.	10. Height of the tube feeding container allows gravity to participate in delivering the patients tube feeding.
11. Open (clamp or uncap) gravity flow feeding tube line and allow the formula to fill the entire gravity flow tube feeding line. Then clap the gravity flow feeding line to stop flow. Ensure the drip chamber is about half full.	11. Prevents air from being delivered into a patient’s stomach during the feeding.
12. Unclamp feeding tube and attach gravity flow feeding tube line. Unclamp gravity flow feeding tube line.	12. Prepares the tube for the feeding.
13. Open flow regulator clamp to adjust flow rate. Follow doctor’s orders for prescribed flow rate.	13. Ensures prescribed rate is delivered to the patient.



14. After feeding is completed, close and disconnect gravity flow tube feeding line.	14. Completes the feeding and detaches the gravity flow tube feeding line from the patient.
15. Attach syringe to patient's tube. Flush tube with water. Follow doctor's orders for prescribed amount.	15. Cleans the inside of the tube after the feeding. Provides hydration to the patient.
16. Re-clamp feeding tube and detach syringe.	16. Secures the tube to prevent leaking.
17. Do Final Steps	
18. Place the patient in a comfortable position with the head of the bed/chair in a semi-fowlers position (a minimum of 30 degrees), as tolerated. The patient must maintain this position for a minimum of thirty (30) minutes.	18. Puts patient in the correct position to digest the feeding and prevent aspiration.
19. During the feeding, and afterwards, observe the patient for any reactions to the feeding. Report any changes or concerns to the nurse immediately.	19. Provides nurse with necessary information to properly check patient condition and needs.

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CARE PROCEDURE #46: TUBE FEEDING – CONTINUOUS	
STEP	RATIONALE
1. Do Initial Steps	
2. Review doctor’s orders.	2. Every tube feeding is prescribed differently. Reviewing orders ensures you are doing what is ordered for the patient.
3. Check skin around the tube for irritation. Report to the nurse any concerns or changes.	3. Provides nurse with necessary information to properly check patient condition and needs.
4. Raise the head of the bed/chair to a semi-fowlers position (a minimum of 30 degrees), as tolerated.	4. Puts patient in the correct position to perform the feeding and prevent aspiration.
5. Unclamp feeding tube and attach syringe.	5. Prepares the tube for the feeding.
6. Check tube placement (if required by orders and/or agency policy).	6. Ensures the tube is placed in the stomach to deliver the feeding properly.
7. Flush tube with water. Follow doctor’s orders for prescribed amount.	7. Cleans the inside of the tube to prepare it for the feeding. Provides hydration to the patient.
8. Re-clamp feeding tube and detach syringe.	8. Secures the tube to prevent leaking.
9. Shake formula container. Pour formula into feeding container and close cap. Follow doctor’s orders for prescribed amount.	9. Evenly mixes the formula and prepares it for administration.
10. Hang feeding container a minimum of 18 inches above patient stomach on feeding pole.	10. Height of the tube feeding container allows gravity to participate in delivering the patients tube feeding.
11. Open (clamp or uncap) feeding tube line and allow the formula to fill the entire tube feeding line. Then clap the feeding line to stop flow and connect to the pump set.	11. Prevents air from being delivered into a patient’s stomach during the feeding.
12. Set flow rate on the pump to desired mL (milliliters) per hour. Follow doctor’s orders for prescribed pump rate.	12. Ensures prescribed rate is delivered to the patient.
13. Open roller clamp on pump set (if closed). Start the pump.	13. Prepares the tube for the feeding.
14. After feeding is completed, close and disconnect tube feeding lines.	14. Completes the feeding and detaches the gravity flow tube feeding line from the patient.



15. Attach syringe to patient's tube. Flush tube with water. Follow doctor's orders for prescribed amount.	15. Cleans the inside of the tube after the feeding. Provides hydration to the patient.
16. Re-clamp feeding tube and detach syringe.	16. Secures the tube to prevent leaking.
17. Do Final Steps	
18. Place the patient in a comfortable position with the head of the bed/chair in a semi-fowlers position (a minimum of 30 degrees), as tolerated. The patient must maintain this position for a minimum of thirty (30) minutes.	18. Puts patient in the correct position to digest the feeding and prevent aspiration.
19. During the feeding, and afterwards, observe the patient for any reactions to the feeding. Report any changes or concerns to the nurse immediately.	19. Provides nurse with necessary information to properly check patient condition and needs.

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Date



HOME HEALTH AIDE (HHA) – TUBE FEEDING EDUCATION

CLASSROOM, CLINICAL/PRACTICUM & COMPETENCY VERIFICATION FORM

Instructions: This form is to be completed in its entirety and submitted by the training facility with the Application to Test.

SECTION 1 – APPLICANT INFORMATION			
Full Legal Name:		DOB:	
Address:			
City:		State:	Zip Code:
HHA Number:		Expiration:	
SECTION 2 – CLASSROOM TIME 4-8 HOURS			
Date	Times	Registered Nurse Trainer Signature	Student Signature
Total:			
SECTION 3 – CLINICAL / PRACTICUM TIME 2-4 HOURS			
Date	Times	Registered Nurse Trainer Signature	Student Signature
Total:			
SECTION 4 – CARE PROCEDURE COMPETENCY			
Care Procedure	Date	RN Initials	Student Initials
Care Procedure #1: Initial Steps			
Care Procedure #2: Final Steps			
Care Procedure #42: Tube Feeding - Residual			
Care Procedure #43: Tube Feeding – Placement Check			
Care Procedure #44: Tube Feeding – Bolus			
Care Procedure #45: Tube Feeding – Gravity			
Care Procedure #46: Tube Feeding – Continuous			
SECTION 5 – TUBE FEEDING EDUCATION MODULE VERIFICATION			
I verify that the above information is accurate and correct. The Care Procedure Competency has been performed with 100% accuracy. Completed Care Procedure Competency Checklist Forms must be kept in the student file.			
Registered Nurse Trainer Signature: _____ Date: _____			
Printed Name of Registered Nurse Trainer: _____			
Registered Nurse License Number: _____ Expiration: _____			
Applicant Signature: _____ Date: _____			

