Best Practice Guidelines for Administering Enteral Nutrition

- Check for proper placement of enteral feeding tube.

- Know what type of tube the individual has and exactly where the end or tip of the tube is located at the time of feedings, e.g., stomach or small intestine.

- All tubes should be radiopaque for easy identification on x-ray and have outside markings to aid in placement and checks for migration.

- The auscultation method of listening for insufflated air over the epigastrum to check for tube placement is not always reliable.

- A combination of the above techniques and checking the tube for gastric or intestinal contents is a fairly reliable predictor of accurate placement.

- When the tube tip is out of position, formula may be delivered into the wrong anatomical area.

- Use intermittent or continuous feeding regimens rather than the rapid bolus method.

- Assess tolerance of enteral nutrition; abdominal distension, bowel sounds, urinary output, vomiting, gastric residuals.

- Prior to administering a feeding through a nasogastric tube, check for residual and validate the tube position has not changed.

- Flushing with 20 – 30 ml of water, preferably sterile, before and after checking for residuals, administering medications or intermittent feedings, and every 4 – 6 hours during continuous feeding is ideal for preventing tube occlusion.

- Do not use colas, cranberry juice, coffee, or any other liquids except water to flush tubing.

- Routinely flush feeding tube with water, preferably sterile water.

- Elevate the head of the bed to a 30 - 45 degree angle during enteral feeding and for 30-60 minutes after completion. Turn off enteral feeding 1 hour before the individual needs to be repositioned at less than 30 degrees.

- Clean skin around the feeding tube stoma daily.

- Wash hands thoroughly and ensure a clean work surface when handling and preparing enteral nutrition.

- Do not add substances such as dyes or medications directly to the enteral formula.
• Maintain proper temperature of formula during storage.

• Do not hang formulas at bedside for prolonged periods.

• A prokinetic agent (such as metoclopramide or erythromycin) may be prescribed to alleviate persistently slowed gastric emptying.

• Discontinue enteral nutrition when the person is able to consume adequate oral intake.

The above subject matter expertise is provided by American Society for Parenteral and Enteral Nutrition’s Standards of Practice 2009, National Guidelines Clearinghouse, Abbott Laboratories’ Best Practice Guidelines for Tube Feeding.