Enteral Nutrition Education Form

Name: _________________________  Room #: ______________

Resident and/or Responsible Party Education/Discussion:

Enteral Nutrition, commonly called tube feeding, provides nutrition and hydration by means of a nasogastric (NG), gastrostomy (G-tube), or jejunostomy (J-tube) tube. Feeding tubes provide nutrition and hydration artificially. A person's ability to eat by mouth is not diminished by enteral feeding tube placement. Like all medical interventions, the decision to use enteral nutrition has medical, ethical, emotional, and financial dimensions and the person or responsible party must consider the risks and benefits involved.

Potential Benefits:

- Provide adequate nourishment and hydration to the individual
- Promote weight gain or maintenance
- Improve skin integrity
- Prolong and enhance the comfort and quality of life except for late stage dementia
- In potentially reversible conditions such as a recent stroke with decreased swallowing ability, enteral nutrition could strengthen the person to regain the ability to eat.

Potential Risks:

- Wound infections, painful insertion sites, hemorrhaging, and splitting open of the incision site
- Inflammation of the lining of the abdominal cavity (peritonitis), stomach wall perforation, and other related stomach or intestinal wall defects
- Diarrhea, gastrointestinal bleeding, bowel obstruction, nausea, vomiting, reflux, or fluid overload
- Aspiration of feeding formula into the lungs, leading to aspiration pneumonia
- Behaviors in residents who are confused may lead to pulling out the tube, requiring restraints and diminishing quality of life.
- Contrary to individual's personal wishes

Burdens: Diminished quality of life:

- Potential for decreased mobility and social interactions
- Discomfort while carrying out activities of daily living
- Loss of the physical pleasures of tasting and eating food

Alternatives:

- Identify modifiable causes of poor oral intake [pain, confusion, no teeth, medications, etc. and address them to restore the person’s ability to eat.
- Obtain swallow evaluations for possible food consistency changes
- Utilize adaptive equipment to enable self-feeding
- Verbal and/or physical assistance including feeding
  The use of enteral nutrition in people with advanced dementia has not been shown to be superior to careful hand feeding for length of survival.

_____________________________________  ____________________
Licensed staff signature and title  Date

__________________________________
Texas Department of Aging and Disability Services