Farrell Bags

Farrell bags will be used on the advisory of the dietician and consultants

Standard

All infants who require Farrell Bags will have the procedure carried out safely

Equipment

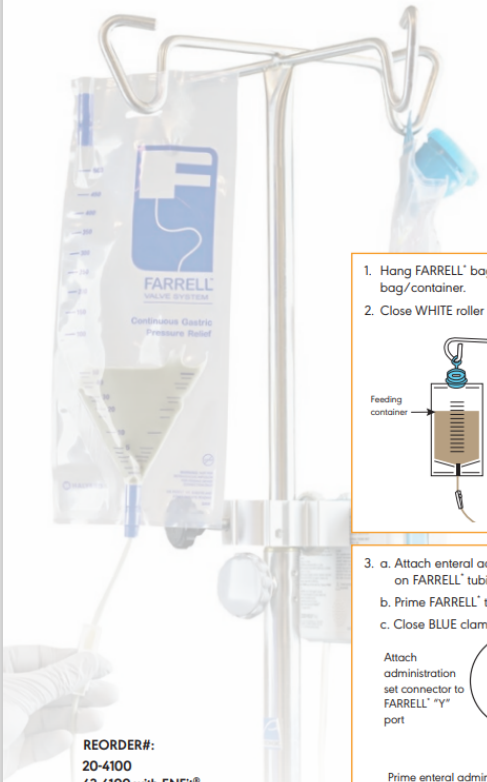
Farrell Bag, PPE

Procedure

- Equipment assembled to safely carry out the procedure
- Wash hands according to NNU policy
- Follow attached guidelines

See PDF for details

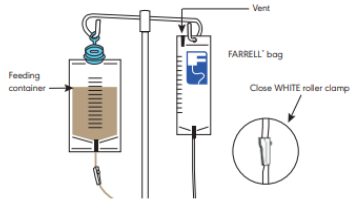
AVANOS | FARRELL* Valve System



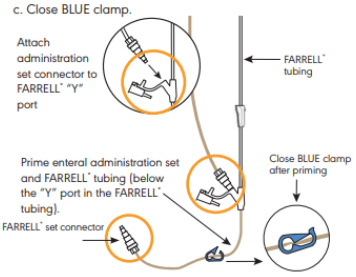
- For use with enteral feeding devices
- FOR ENTERAL USE ONLY, do not administer IV medications through this enteral device
- Single patient use only
- The FARRELL* bag is vented to allow the escape of gas, while also providing a container to retain excess formula in a closed system
- FARRELL* tubing is marked in 1/4 ml increments.
- Change every 24 hours

Rx

1. Hang FARRELL* bag at the same height as the feeding bag/container.
2. Close WHITE roller clamp above FARRELL* "Y" port.



3. a. Attach enteral administration set connector to "Y" port on FARRELL* tubing.
   b. Prime FARRELL* tubing below the "Y" (3 ml).
   c. Close BLUE clamp.

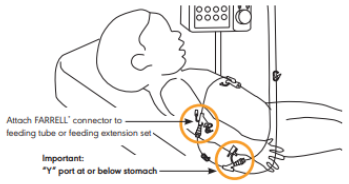


REORDER#:
20-4100
43-4100 with ENFit®

Total FARRELL* Line Volume	9.6 ml
Priming Volume‡	3.2 ml

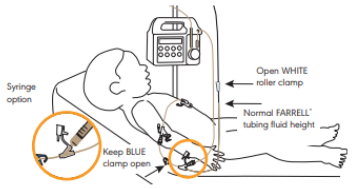
‡Volume from in-line Y to step connector

4. Attach FARRELL* set connector to feeding tube.
5. **Important: Position the FARRELL* "Y" port at or below the patient's stomach.**



6. Open the BLUE clamp to establish flow, then open the WHITE roller clamp.

NOTE: Normal height of formula in the FARRELL* tubing will be slightly above patient's stomach level. Formula may continuously move up and down in the FARRELL* tubing.



Refer to Tip #4 below for additional information on establishing flow.

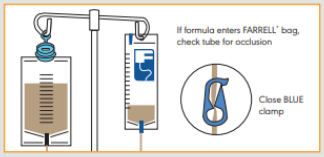
WARNING: When FARRELL* tubing line is open (Open WHITE roller clamp), the pump's "occlude" alarm will not function, as formula will continue to flow into FARRELL* bag.

MEDICATION ADMINISTRATION

1. When administering medication, use the access port on the feeding tube if possible.
2. Close the BLUE clamp before opening the feeding tube access port.
3. Administer medication.
4. Wait 5–10 minutes before re-opening the BLUE clamp.

ADDITIONAL TIPS AND INFORMATION

1. In order for the FARRELL* Valve System to work properly, the FARRELL* "Y" port must be AT or BELOW the patient's stomach.
2. If a patient has a distended stomach, manually decompress the patient's stomach with a syringe prior to the initial use of the FARRELL* Valve System.
3. It may be helpful to prime the FARRELL* tubing slightly above the in-line "Y" port to the expected level of the fluid in the patient's stomach.
4. Patients on very low volume feeds (neonates) may require substantially longer time (60–90 minutes) to establish flow before opening the WHITE roller clamp above the "Y" port.
5. When the FARRELL* Valve is working properly, formula may continuously move up and down in the FARRELL* tubing.
6. The FARRELL* Valve continuously decompresses the patient's stomach, but the FARRELL* bag will not usually inflate with gas because it is vented.
7. When administering medication, use the access port on the feeding tube if possible. Close the BLUE clamp before opening the feeding tube access port. Administer medication and wait 5–10 minutes before re-opening the BLUE clamp.
8. If formula begins to back up into the FARRELL* bag and a feeding tube occlusion is suspected, close the BLUE clamp and disconnect the FARRELL* Valve System. Check for occlusions in the feeding tube. Once the occlusion is resolved reconnect the FARRELL* Valve System.



Important Note: If a large volume of fluid is in the FARRELL* tubing and bag after resolving an occlusion, adjust to prevent a free-flow bolus of fluid into the patient.

CAUTION: While the FARRELL* Valve is in operation, flow to the patient is essentially controlled by gravity. With normal (Non-FARRELL*) operation, pump pressure (12–18 psi) may overcome and clear occlusions or kinks in the feeding tube. With the FARRELL* Valve in operation, these occlusions may not be overcome and formula will back up into the FARRELL* bag. If formula begins to back up into the FARRELL* bag, close the WHITE roller clamp located on the line above the FARRELL* "Y" port and wait several minutes to determine if the pump can then overcome the occlusion. Make sure the WHITE roller clamp above the FARRELL* "Y" port is CLOSED and the BLUE clamp below the FARRELL* "Y" port is OPEN.

For more information, please send an email to customerservice.uk.ie@avanos.com or visit www.avanos.co.uk.

For Healthcare professional use only. Please read carefully the Instructions for Use provided with the Medical Device for indications, contraindications, warnings, precautions, and potential adverse effects.

TOP TIPS

1. In order for the FARRELL* Valve System to work properly, the FARRELL* "Y" port must be AT or BELOW the patient's stomach.

2. If a patient has a distended stomach, manually decompress the patient's stomach with a syringe prior to the initial use of the FARRELL* Valve System.

3. Patients on very low volume feeds (neonates) may require substantially longer time (60-90 minutes) to establish flow before opening the WHITE clamp above the "Y" port.

4. When FARRELL* Valve is working properly, formula may continuously move up and down the FARRELL* tubing.

5. The FARRELL* Valve will continuously decompress the patient's stomach, but the FARRELL* bag will not usually inflate with gas because it is vented.

6. When administering medication, use the access port on the feeding tube if possible.
   Close the BLUE clamp before opening the feeding tube access port. Administer medication and wait 5-10 minutes before re-opening the BLUE clamp.

7. If formula begins to back up into the FARRELL* bag and a feeding tube occlusion is suspected, close the BLUE clamp and disconnect the FARRELL* Valve System. Check for occlusions in the feeding tube. Once the occlusion is resolved reconnect the FARRELL* Valve System.

IMPORTANT NOTE: If a large volume of fluid is in the FARRELL* tubing and bag after resolving an occlusion, adjust the head height of the FARRELL* bag to prevent a free-flow bolus of fluid into the patient.

CAUTION: While the FARRELL* Valve is in operation, flow to the patient is essentially controlled by gravity. With normal (non-FARRELL*) operation, pump pressure (12-18psi) may overcome and clear occlusions or kinks in the feeding tube. With the FARRELL* Valve in operation, these occlusions may not be overcome and formula will back up into the FARRELL* bag. If formula begins to back up into the FARRELL* bag, close the WHITE clamp located on the line above the FARRELL* "Y" port and wait several minutes to determine if the pump can then overcome the occlusion. Make sure the WHITE clamp above the FARRELL* "Y" port is CLOSED and the BLUE clamp below the FARRELL* "Y" port is OPEN.

FARRELL® VALVE CLOSED ENTERAL DECOMPRESSION SYSTEM

INTENSIVE NEEDS. PRECISION CARE.

AVANOS

GASTRO-OESOPHAGEAL REFLUX

Gastro-oesophageal reflux is very common in children and can be exacerbated during enteral nutrition[1]

Gastro-oesophageal reflux arises from a combination of gravitational backflow and impairment of gastro-oesophageal sphincter function[2]

It is the **most common cause** of upper gastrointestinal bleeding in the ICU[3]

Aspiration may occur with no obvious vomiting or coughing, potentially leading to silent **development of pneumonia**[2]

Gastro-oesophageal reflux can lead to **feeding delays**

Failure to meet target calorific intake is associated with **higher mortality rates** in critically ill children[4]

Infection complications are **less likely** to occur in PICUs with established feeding protocols[4]

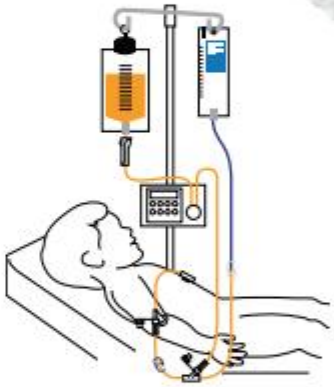
Enteral nutrition is the **recommended method** of administration of nutrient delivery to critically ill children[5]

FARRELL* VALVE SYSTEM

The FARRELL* Valve system offers the benefits of **continuous gastric pressure relief** in a **closed system**

The FARRELL* bag and FARRELL* tubing is connected to the feeding tube via the FARRELL* Y port which is kept at, or below, the patient's stomach

For complete instructions on use, see the **FARRELL* VALVE CLOSED ENTERAL DECOMPRESSION SYSTEM** instructions for use manual



KEY FEATURES

- Provides a channel to constantly decompress the stomach, allowing the stomach to fill at its own pace
- Allows evacuation of excess gas (gastric distension/bloating)
- The closed system contains and retains excess medication and enteral fluid (calories, electrolytes)
- Prevents caregiver exposure to gastric contents

AVANOS

PAEDIATRIC PORTFOLIO

Enteral Accessories

44-4100	FARRELL® Valve System with ENFit® connectors	Box of 30

For more information:

From the UK - please call Avanos at 0800 917 65 85.
Fax: 0800 169 02 35 | Email: **customerservice.uk.ie@avanos.com**

From N-Ireland - please call Sangers Surgical at 028 9056 7135.
Fax: 028 9070 5623 | Email: **Hospital@sangersoah.co.uk**

From IRL - please call Uniphar Hospital Services at +353 1 468 84 56.
Fax +353 1 466 07 82| Email: to **unipharhospitalservices@uniphar.ie**

From all other countries - please call Avanos at +32 2 700 68 51
Fax +32 2 711 26 91| Email: **customerservice.export@avanos.com**

References

1. Solana Garcia MJ, et al. *ISRN Gastroenterol* 2013;2013:824320;
2. Stroud M, et al. *Gut* 2003;52(Suppl VII):vii1-12;
3. Nind G, et al. *Gastroenterology* 2005;128:600-6;
4. Mehta NM, et al. *Crit Care Med* 2012;40(7):2204-11;
5. Mehta NM, et al. *J Parenter Enteral Nutr* 2017;41(5):706-42.

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