

Appendix 4: Enteral feeding chart



ENTERAL FEEDING CHART

Patient details:		Enteral Feeding Chart/Regimen Please continue with the most recent prescription until next Dietetic review – charts may not be reviewed on a daily basis. Minimum 4 hour rest period unless advised otherwise Route – NG / NJ / PEG / RIG / JEJ		
Ward:	Date:	Date:	Date:	Date:
Feed type and volume:				
Rate/Hours: mls/hour x hrs mls/hour x hrs mls/hour x hrs mls/hour x hrs
Times of/ for bolus feeds:				
Sterile Water - Pre/post feed				
Pre/post meds				
Additional Fluids				
5-10mls between each medication				
Nutritional information/Total volume with flusheskcal.....g protein.....mlskcal.....g protein.....mlskcal.....g protein.....mlskcal.....g protein.....mls
Signature/Print name/ Bleep/contact no				

Enteral feed troubleshooting guide

Patient Positioning	Ensure the patient is positioned at a 45° angle whilst feeding and for 1 hour after feed has stopped
Prior to feeding or administering medication via NG tube	<p>Check measurement of NG tube at the nose</p> <p>Check pH through gastric aspirate. pH should be 0-5.5 before tube is used</p> <p>If no aspirate obtained or aspirate is >5.5 do not feed</p> <p>- Note NJ feeding tubes should not be aspirated but position of the tube at the nose should be noted.</p>
How to aspirate an NG tube What to do if NG aspirate not obtained	<p>Aspirate using 60ml syringe with gentle suction and test aspirate on pH paper (0.5-1 ml aspirate needed)</p> <ul style="list-style-type: none"> - If no aspirate obtained lie patient on left side for 15-20min and try again - If still no aspirate try advancing tube 10-20cm and try aspirating again - Note if on PPI as this may reduce the chance of obtaining aspirate or can give a high pH, in this case leave for 1 hour and try aspirating again - If still no aspirate advise medical staff
Daily tube care	<p>NG tube – ensure tube secured with tape</p> <p>PEG tube – clean site and rotate PEG (do not loosen external fixator for 10 days post PEG insertion)</p> <p>Jejunostomy – check stitches securing tube are intact</p>
Avoiding tube blockage	<p>Ensure tube is flushed after feed or medications are administered</p> <p>Ensure 5-10ml water is flushed between each medication</p>
Unblocking a tube (PEG, JEJ tubes only)	<p>DO NOT ATTEMPT TO UNBLOCK AN NG TUBE as its position cannot be confirmed.</p> <p>Warm water is best to use to unblock a tube</p> <p>If unable to flush use a gentle push & pull motion with a 60ml syringe</p> <p>If still unable to unblock gently squeeze the tube along its length between fingers.</p>
Established PEG feeds weekly advance and rotate of tube	<p>For established PEG feeding tubes the PEG must be advanced and rotated twice weekly</p> <ul style="list-style-type: none"> - Undo external fixation device - Advance the tube 2-3cm into the tract and rotate 360° - Gently pull the tube back into its original position and affix with external fixator 2-5mm from skin surface
Weekly balloon volume check	<p>If a patient is admitted with a tube that has a balloon to retain the tube in the stomach, it will need the balloon volume checked weekly.</p> <p>Patients and carers may be able to do this, but if not advise the dietitians, who can advise.</p>
Feeding pump troubleshooting guide	<p>Pictorial guide can be found here: https://www.nutriciahomeward.co.uk/Tube_Feeding/Flocare_Infinity_II_Feeding_Pump/</p>