

Introduction to Your Feeding Tube

Your care team has determined the need for you to have a feeding tube placed within your stomach or intestinal tract. This will allow you to receive liquid food/formula when you are unable to eat by mouth to maintain your weight and strength.

Your feeding tube may be needed long term or only short term during intensive medical treatment or recovery.

The tube may be called a G or PEG tube that was placed into your stomach, or a J-tube or jejunostomy that was placed into your intestinal tract.

There are three different options for you to administer your formula into your feeding tube (please see the 'How to Administer Your Feeding' handout for more detailed information on your specific feeding method).

1. **Syringe or Bolus Feeding Tube:** a 60 mL (2 oz) syringe is used to administer a specific volume at one time, usually several times throughout the day
2. **Gravity Feeding Tube:** a 1000-1200 mL gravity feeding bag is filled with a set amount of formula and hung from an IV pole. A roller clamp on the gravity feeding bag tubing is adjusted to control how fast formula flows from the bag into the feeding tube
3. **Pump Feeding Tube:** an electronic pump is set for a specific amount of formula being administered over a specific period of time during the day. The pump controls the amount of formula and is set in milliliters/hour (mL/hr).

Proper Handwashing:

Washing your hands thoroughly with both soap and water is an important step whenever handling your feeding tube. Follow the steps below:

1. Turn on the faucet to a lukewarm temperature and wet your hands.
2. Add soap and lather your hands by rubbing them together being sure to get the backs of your hands, between your fingers, and under your fingernails.
3. Scrub your hands for a least 20 seconds (the duration of the "Happy Birthday" song from beginning to end, twice).
4. Rinse your hands well under the running water.
5. With water still running, dry your hands with a clean towel and use towel to turn off faucet.

Caring for Your Tube Site:

If your feeding tube is new and you have not received specific instructions, please follow the steps below:

1. Remove any bandages, gauze, and tape from around the tube site 24 hours after placement
2. Wet a soft, clean cloth with mild antibacterial soap and warm water and wash the skin around the tube and under the bolster with the cloth.
3. Rinse the area with clear, warm water and pat the area dry using a clean dry cloth.
4. Continue to wash with soap and water and dry daily to avoid infection and aid in healing.
5. Replace gauze around the tube site as needed, but at least daily to absorb any moisture.
6. If you notice increased drainage, redness, or swelling, contact the physician who placed your feeding tube.

Flushing Your Feeding Tube:

You will need to flush your tube at least twice a day (morning and night) with water to keep it clean and usable.

Supplies needed:

- Clean 60 mL Syringe
- Room Temperature Water
- Clean Cup
- Towel

Follows the steps below:

1. Fill a clean cup with room temperature water (avoid cold water as it may cause cramping).
2. Place a towel on your lap under the feeding tube to catch any spills
3. Place the tip of the syringe in the water and pull back on the plunger to draw 60 mL (2 oz) of water into the syringe.
4. With the tube pinched, bent, or clamped to prevent stomach liquid from leaking out of the tube, open the cap on the end of the feeding tube port.
5. Place the tip of the syringe into the feeding tube port and hold together at the connection site.
6. Unpinch or unclamp the tube and gently push the plunger to allow the water to flow into the feeding tube.
7. When the syringe is empty, clamp or pinch the tube, remove the syringe, and re-cap the feeding tube.