

CAREGIVER INFORMATION SHEET

What is Bolus Tube Feedings?

Tube feedings are used for residents who have trouble swallowing or cannot take food or medication by mouth. A feeding tube can go into the nose and down to the stomach or through the abdomen and into the stomach. A liquid food (formula) is given through the tube. There are several ways to give the formula, and there are several kinds of prescribed formulas.

For bolus feedings, a large syringe and gravity are used to slowly give the tube feedings over a 15 to 20 minute time period. Usually 200 to 300 cc (or about 1 cup) is given in one feeding.

The following information provides the steps to follow in order to do your tube feedings. Your supervisor will review this procedure with you prior to you doing your tube feedings independently.

What do I need to prepare before the bolus feeding?

Before the feeding it is important to:

- ⊕ Wash your hands before preparing the formula and before giving the feeding.
- ⊕ Allow the formula to warm to room temperature or it may cause stomach upset.
- ⊕ Do not add anything to the formula unless directed by your doctor.
- ⊕ Check with your health care provider regarding potential drug interactions with your tube feeding formula.

What supplies will I need to gather?

- 60 cc syringe
- • Prescribed formula at room temperature
- • 50 to 60 cc (1/4 to 1/2 cup) room temperature water.

How is the feeding given?

1. The Resident should be in sitting position, or in a position with their head elevated at least 30 degrees.
2. Unclamp the feeding tube.
3. Uncap the end of the feeding tube.
4. Check the tube for proper placement before doing the feeding. There should be a mark of permanent ink on the tube where it exits or comes out of the body.
5. Attach the syringe to the end of the feeding tube and pull back the stomach, usually yellow-green color, enter the tube. If you get more than 50cc of fluid from the previous feeding, wait an hour before giving another feeding. This fluid from the previous feeding is called a "residual." Put back into the stomach fluids drawn out with the syringe by gently pushing on the plunger.

6. Remove the syringe from the feeding tube, re-clamp the tube and rinse the syringe.
7. Remove the plunger from the syringe and attach the syringe to the end of the tube.
8. Slowly pour 50 to 60 cc (1/4 cup) room temperature water into the syringe, unclamp the tube and allow the water to drain by gravity into the tube. If the water flows into the tube freely, then start feeding. If the water does not flow freely, slightly raise the syringe and tubing. The syringe should not be more than 12 inches above the stomach.
9. Next give the feeding by pouring the formula slowly into the syringe. It should take about 15 minutes to give 200 to 300 cc of formula. If it is given faster, it may cause stomach upset.
10. Refill the syringe as needed until the feeding is finished. Keep pouring the feeding into the syringe without allowing it to empty. If air gets in the tubing, it will create excess gas. The tubing may be clamped while refilling the syringe to prevent emptying.
11. After the feeding, pour 50 to 60 cc (1/4 cup) room temperature water into the syringe to flush the tubing and to prevent clogging from the formula.
12. Clamp off the tube and remove the syringe.
13. Wash the syringe with warm water and soap, rinse and allow to air dry. Store the syringe in a clean, dry container.
14. The Resident should be in a sitting position for 30 to 60 minutes after the feeding to prevent reflux, which occurs when the formula moves out of the stomach back into the esophagus.

Is there anything I should report to my doctor?

Call your doctor if you experience any of the following:

- You no longer see the ink mark where the tube exits the body.
- The water and/or formula will not move down the tube.
- You have pain, nausea, vomiting, diarrhea, or constipation.
- You have more than one feeding in a day with a residual that is over 50cc.
- Your tube falls out.
- You have bleeding or drainage around the tubing.