ICU RAPID RESOURCE 3: TUBE TIPS (pg 1)

FEEDING ROUTES

Nasal Insertion:
Contraindications
Basal skull fracture
Nasal injury
Coagulopathy
Sinusitis

NASOENTERIC
Nasogastric (NG)
Nasoduodenal (ND)

ENTEROSTOMIES
Gastrostomy
Gastrojejunostomy
Jejunostomy

Potential Complications
Skin irritation (leak)
Wound infection
Gastric outlet obstruction
Leakage gastric contents
(intrapertitoneal)
Gastrocutaneous fistula

CHOOSING A FEEDING ROUTE & PLACEMENT METHOD

Contraindication to gastric feeding?

Gastric

NO

YES

Postpyloric

GASTRIC FEEDING: CONTRAINDICATIONS
• Gastric residual volume (GRV) > 250 ml despite 4 doses IV metoclopramide.
• Chronic/acute GERD
• Aspiration risk (i.e. nursed prone/supine).

Pending abdominal surgery?

NO

YES

Short term:
Bedside ND

Long term:
Endoscopic or fluoroscopic gastrojejunostomy

Short term:
Intra-op ND

Long term:
Surgical jejunostomy or gastrojejunostomy

ENTRIFLEX FEEDING TUBE

12 Fr; 43 in (110 cm)
Polyurethane
Radiopaque
Dual port flow-through stylet
Closed - end
Tungsten tip
HYDROMER coated lumen (water activated)

ND TUBE TIP POSITION

DUODENUM
1D) 1st section
2D) 2nd section
3D) 3rd section
4D) 4th section
J) Jejunum

ND INDICATIONS
Gastric stasis
Aspiration risk
Acute pancreatitis

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HOW TO SECURE A NASAL TUBE

1) Wipe nose with alcohol swab to remove oil.
2) Prepare nose with a barrier/adhesive product.
3) Prepare silk tape.
4) Place tape on nose (a); pinch (tent) tape to reduce contact pressure on nostril.
5) Wrap tape legs (b) along a 8 cm (3 in) length of tube.
6) Secure tape on nose with 2nd piece of tape (c)
7) Check tube security daily (tug tube).
8) Replace tape as indicated.

HOW TO SECURE AN ORAL TUBE TO AN ENDOTRACHEAL TUBE

1) Cover a 6 in (15 cm) length of cloth tape with clear plastic tape.
2) Fold the cloth/plastic tape around the circumference of the oral endotracheal tube, the sump, and the Entriflex tube. Press the tape firmly between each tube.

NG SALEM SUMP vs. NG ENTRIFLEX

Tolerating gastric feeds?
(Tolerance: at goal rate x 5 days; gastric residual volumes consistently <250 mL while not receiving a prokinetic agent).

All operative procedure(s) (requires pre-op mechanical decompression) completed; pt not receiving hourly IV narcotic analgesic agent(s)?

YES NO

#18 NG Salem Sump #12 NG Entriflex

ASSESSING GASTRIC RESIDUAL VOLUMES (GRV):
OG Sump only: Check GRV q4h; refeed as per protocol.
ND or NG Entriflex only: Do not check GRV.
OG Sump with ND Entriflex: Check GRV (Sump) q4h; discard.

TUBE OCCLUSION PREVENTION
Flush tube with 20 mL water q4h as well as whenever feeds are held and prior to and after medication delivery.

HOW TO CLEAR AN OCCLUDED ENTRIFLEX TUBE

Technique: Insert a white ribbed connector fitted with a red IV cap into the side port of the tube (a). Insert a water-filled 5 mL syringe fitted with a white ribbed connector into the main port (b). Pump syringe repeatedly.
If ineffective, insert a slurry filled 5mL syringe (Slurry: 1 crushed pancreatic enzyme tab; 1 crushed sodium bicarb tab; 5 ml water) into main port.
Pump syringe repeatedly. If ineffective, leave slurry in tube for 2 - 4 hrs (or overnight). Note: Remove tube only after several serious attempts.