

Gastrostomy Feeding: (Syringe Method)

A. General Guidelines

1. Purpose – A tube feeding is used to provide a student who cannot consume food or liquid by mouth adequate nutrition and fluids to promote and maintain optimal growth and development.
2. Students who require tube feeding may or may not be able to take food by mouth. Check with the student's physician to determine this.
3. This is the student's mealtime. The environment should be conducive to eating and the feeding should take the same amount of time as a good meal eaten by mouth (20-30 minutes).
4. Don't forget to talk to the student during the feeding. Stroking the cheek or giving the student a pacifier may be appropriate.
5. The student may participate in his or her feeding if appropriate. The student may assist or learn to do the procedure independently.
6. Determine the best position for the student to be fed. The student's head should be elevated at least to a 30-45 degree angle throughout and 30 minutes following the feeding.

B. Diet

1. The feeding may be a liquid formula or a pureed diet. Always check the expiration date on formula.

C. Equipment

1. Catheter tip syringe
2. Feeding solution at room temperature
3. Water for flushing the tube
4. Adapter and/or clamp for end of tube.
5. Disposable exam gloves

PROCEDURE FOR GASTROSTOMY FEADING

Essential Skills	Key Points and Precautions
<p>1. Preparation</p> <ul style="list-style-type: none"> a) Prepare the student b) Wash hand c) Gather equipment d) Position student e) Don gloves 	<p>Students need to be made aware of what to expect. Hand washing is essential to maintain hygiene and prevent the spread of germs. Organization saves time and prevents the student from being left alone. Proper positioning facilitates gastric emptying and reduces the risk of regurgitation. Also promotes the student's comfort during feeding.</p>
<p>3. Method</p> <ul style="list-style-type: none"> a) Clamp feeding tube and remove cap. b) Remove plunger from syringe and attach syringe to feeding tube. c) Attach tubing to button (if applicable) d) Pour feeding into syringe until about ½ to ⅔'s full. e) Unclamp tube. f) Elevate feeding above the level of the stomach. Regulate feeding by raising and lowering the syringe. g) Before syringe completely empties, add more feeding. Repeat until completed h) Pour prescribed amount of water into syringe to flush feeding tube. This is usually about an ounce. i) Before last of water flows in, clamp tube and remove syringe. j) Clamp/cap tubing or disconnect extension tubing. k) Remove gloves and wash hands <p>4. Post Procedure Care</p> <ul style="list-style-type: none"> a) Keep student in elevated position for at least 30 minutes after feeding is completed. b) Rinse and clean equipment after each feeding and store in clean area. (Disinfect when appropriate.) c) Documents on daily record sheet and reports and documents any problems 	<p>This prevents air from entering the stomach when syringe is removed. Plunger is removed so feeding can be poured into the syringe. Syringe is required to hold feeding. This will leave room for feeding to go up into the syringe without overflowing. Tube must be opened before feeding can begin to flow. The feeding flows by gravity. The higher the syringe is held, the faster the feeding will flow. Lowering the syringe slows the flow. The rate of the flow will be predetermined by the physician or nurse.</p> <p>Pouring in formula before the syringe completely empties will prevent air from entering the stomach</p> <p>Water cleans the tube of formula and helps prevent dried particles from obstructing the tube.</p> <p>This will prevent air from entering the stomach. This prevents feeding from coming out of the tube. This helps prevent vomiting and/or aspiration</p> <p>Prevents growth of bacteria on equipment.</p> <p>Provides a record of the care provided</p>

Gastrostomy Feeding: Warning Signs and Symptoms

Student's Name: _____ Date of Birth: _____ Date: _____

Potential Problem	Cause	*Solution
Nausea Vomiting Cramping and/or Diarrhea	<ol style="list-style-type: none"> 1. Too rapid feeding. 2. Feeding too cold. 	<ol style="list-style-type: none"> 1. Increase feeding time. 2. Ensure feeding is at room temperature. 3. If problem continues, contact parent.
Redness and Irritation around the stoma	<ol style="list-style-type: none"> 1. Mild soap and water cleansing is not effective. 2. Button has not been rotated during stoma care. 3. Stoma site is not completely dry after stoma care and bath. 4. Spilled formula or milk has not been cleaned from the skin. 	<ol style="list-style-type: none"> 1. Rotate button in full circle during every cleaning. 2. Dry stoma site well and leave it exposed to air for 20 to 30 minutes. 3. a) Clean stoma site more frequently. b) Clean stoma site with Q-tip and water. 4. If formula or milk is spilled on skin, clean it off immediately. 5. Consult health team member for instructions on cleaning.
Leakage of stomach contents.	<ol style="list-style-type: none"> 1. Anti-reflux valve is sticking. 2. Anti-reflux valve is broken. 3. Leakage around button. 	If stomach contents leak, keep area dry and notify parent.
Feeding adapter dislodged during a feeding.	Student coughs or is active and knocks out adapter.	<ol style="list-style-type: none"> 1. Estimate amount of feeding lost. 2. Re-attach feeding adapter and resume feeding.
Plugging of a button	Occlusion from food and/or medication	<ol style="list-style-type: none"> 1. Flush with _____cc's tap water after administering food and medication. 2. Use liquid medication or well grounded (crushed), or diluted medication.
Dislodged or broken feeding device		Apply gauze and contact parent, school RN or physician immediately. If not available, contact 911.

*Use only as directed by physician.