The Patient was given access to the following documents on ________________

**Your Home Tube Feeding: PEG Tubes, G-Tubes, and J-Tubes (TJUH) - General Information, English (SaveNote version)**

Before you leave the hospital, you should be able to answer these 3 questions about your illness or condition.

Please ask your doctor, nurse, or pharmacist for help!

1. What is the main problem?
2. What should I do?
3. Why should I do this?
Your Home Tube Feeding: PEG Tubes, Gastrostomy Tubes (G-Tubes) and Jejunostomy Tubes (J-Tubes) (TJUH)

Introduction

Good nutrition is an important part of your treatment, recovery, and well-being. When you are not able to eat enough, it becomes necessary to use a tube feeding. Your tube feeding was chosen for you with your unique nutritional and medical needs in mind. Your healthcare team will teach you and your caregivers what you need to know to manage your tube feeding at home.

Types of Feeding Tubes

There are many ways to do tube feedings. Depending on the circumstances, tube feedings may go into the stomach or the small intestine. Some feeding tubes pass through the nose, while others go directly into the stomach or small intestine through the abdomen.

Feeding tubes that go into the stomach directly through the abdomen are called PEG tubes, Gastrostomy tubes or G tubes. If your feeding tube goes through your abdomen into your small intestine, it is called a Jejunostomy tube or J tube.
Types of Abdomen Tubes

Your Feeding Tube

Your feeding tube is called a ___________________________________________ tube.

The tip of the tube is in your ____________________________________________.

The feeding tube was placed on ___________________________(date).

The brand name and size of the tube are ________________________________.
**Care of Your Abdomen Tube**

G-tubes and J-tubes are usually covered with a bandage to protect the insertion site. For the first week or two after the tube is placed, your doctor may give you specific instructions for cleaning around the tube.

After the site heals completely, wash around the tube with warm soap and water and dry your skin thoroughly. If your doctor has prescribed ointment, apply a small amount around your tube, before covering the area with a gauze pad. Tape the gauze pad in place. Wash around the tube and change the bandage every day. Watch for redness of the skin, tenderness, swelling, drainage, or leaking around the tube. Report any of these signs to your doctor or nurse.

![Abdomen Tube with Bandage](image)

**Keeping Abdomen Tubes in Position**

It is important to prevent the tube from moving. If the tube is not held in place, it will move slightly in and out of the opening in your abdomen. Over time, this motion could cause the opening to leak. If there is a lot of movement in the tube, it could fall out completely.

There are several ways that tubes may be held in place. Many tubes are held in place with stitches when they are put in. Some tubes have specially designed *bumpers* that prevent excess tube movement. There are also anchoring devices available for tubes that need to be held in place more securely.
You should make a mark on the tube with permanent ink near your abdomen. You will know right away if the tube is moving in or out by noting the position of the mark on the tube. You should also tape the tube to your abdomen to prevent it from accidentally coming out.

Sometimes a feeding tube will fall out. This is not a serious problem but you should contact your doctor right away to have the tube replaced so that you do not miss any of the fluid or formula that you need. A delay in having the tube replaced could give the opening a chance to shrink, making it difficult to put in a new tube.

Your Tube Feeding Formula

Your tube feeding formula has been selected by your healthcare team with your nutritional needs in mind. Tube feeding formulas come in ready-to-use containers or as powders that you must mix with water. For the most part, tube feeding formulas contain all the calories, protein, vitamins, and minerals that you need. Some formulas contain less water than others. The instructions for the feeding will tell you if you need to add water.

Your Formula: Guidelines for Handling and Storage

1. Always wash your hands with soap and water before touching the formula or tube feeding equipment.

2. Shake the container well and wipe or rinse the top of the container before you open it.

3. If you do not use all of the formula, cover the opened container and store it in the refrigerator. Throw away any opened formula that you have not used in 24 hours.

4. When using a powdered formula, mix ________________ of the powder with ________________ of water, according to the instructions on the package. Pour the formula into a clean container labeled with the date and time the formula was mixed. Store the container in the refrigerator. If the formula is not used in 24 hours, throw it away.

5. While you are giving the feeding, you may keep the formula at room temperature for up to 12 hours.

6. You should wash the containers, syringes and other equipment used to mix, store and give the tube feeding in hot, soapy water after each use. You can also put these items on the top rack of the dishwasher.

7. The administration bag and tubing that you use to give your feeding should also be washed after each time you use it. Your nurse will tell you how often you should replace this bag.
Your Formula: How Much to Take

The name of your tube feeding formula: ________________________________

The number of cans (or ounces) you need each day: __________________

Suggested schedule for feedings: _________________________________

The amount of additional water you need each day: ____________________

Giving the Tube Feeding

If the tip of your feeding tube is in your stomach, your doctor may want you to check to be sure your stomach is empty and ready for more formula. This is called “checking the residual.” If your doctor wants you to check for residual, please see the steps below.

Before you begin tube feeding, gather the equipment you will need. Check the position of your tube and the residual, if this is necessary. If you don’t feel full or nauseated, you are ready to begin the feeding.

You should be relaxed and in a comfortable position during tube feeding. However, don’t lie flat during the feeding since the formula could back up into your throat while you are in this position. It is best to sit in a chair or to prop up your head in bed during the feeding and for 30 to 60 minutes afterward. You may also stand and walk during your feeding if your doctor has not restricted your activity.

Checking Your Stomach Residual (for stomach tubes only)

If your doctor has instructed you to check your stomach residual please follow these steps:

1. Wash your hands.
2. Gather the equipment you need:
   - A 50-60cc syringe
   - A clean container
   - Fresh, clean water
3. Remove the cap from the end of your feeding tube (or if you are on continuous feedings, stop the feeding and disconnect the tubing).

4. Place the tip of a 50-60cc syringe into the end of your feeding tube and open the clamp on your tube if you have one.

5. Gently draw back on the plunger of the syringe to remove the fluid in your stomach. Place this fluid in a clean container if you get more than one full syringe. Check the amount in the syringe by looking at the numbers on the side.

6. Once you have measured all of the residual in your stomach, you should use the syringe to return it back to the stomach through the feeding tube.

7. After you have returned any residual to your stomach, you should use the syringe to flush 20-30cc of water into your feeding tube.

8. If your stomach residual is more than 250cc or 8oz, or you feel unusually full or nauseated, wait one hour and do another residual check. If the residual is still more than 250cc or 8oz, do not give the feeding. Contact your nurse or doctor for instructions so that the feeding may be restarted as soon as possible.

**Flushing Your Feeding Tube:**

1. Use this much water ___________________________.

2. When to flush your tube: Always flush the tube before and after checking residuals, before and after giving formula, and before and after each medication.

3. Follow these steps:
   * Attach a 50-60cc syringe (with water) to your feeding tube.
   * Open any clamps on your tube and push the water through the tube.
   * Close the clamp or cap on your tube.
**Giving Tube Feeding with a Syringe**

When giving tube feeding with a syringe, you pour the formula through a syringe directly into your feeding tube. The formula flows through the tube in just a few minutes.

1. Gather this equipment:
   - A 50-60cc syringe with the plunger removed from the barrel of the syringe
   - Formula
   - Water for flushing the tube

2. Attach the syringe barrel (with the plunger removed) to your feeding tube.

3. Flush your tube with water.

4. Pour the formula through the feeding tube until you have received the right amount of formula.

5. Flush your tube with water and cap the tube.
**Giving Tube Feeding by Gravity**

To give tube feedings by gravity, you must pour your formula into a container that connects to your feeding tube. You will then allow the formula to drip slowly through your feeding tube, usually over 30 minutes to 1 hour.

1. Gather this equipment:
   - A feeding bag and tubing
   - Formula
   - A pole or wall hook
   - Water for flushing your feeding tube
   - A 50-60cc syringe

2. Close the clamp on the feeding bag.
3. Pour the formula into the feeding bag.
4. Hang the bag on a pole or hook.
5. Open the clamp to allow the formula to fill the tubing; close the clamp.
6. Flush your tube with water.
7. Attach the feeding bag to your feeding tube.
8. Open the clamp and adjust the flow so the formula runs in over 30 minutes.
9. Flush your tube with water and cap the tube.
**Giving Tube Feeding With a Pump**

Using a feeding pump to give your feeding allows you to control how fast the formula flows through the tube. This way of giving feeding works best for certain kinds of tubes. Using a pump can also let you give your feeding at night while you sleep.

1. Gather this equipment:
   - Feeding bag with tubing
   - Pole
   - Feeding pump
   - Formula
   - 50-60cc syringe
   - Water for flushing
2. Close the clamp on the feeding bag.
3. Pour your formula into the bag. (No more than 12 hours of formula.) Fill the tubing with formula.
4. Hang the feeding bag on the pole.
5. Attach the feeding bag to the pump using the directions that are on the pump.
6. Set the pump to the correct rate.
7. Flush the tube with water.
8. Insert the tip of the pump tubing into your feeding tube.
9. Open all clamps.
10. Turn the pump on.
11. Allow the formula to run for the number of hours your doctor has prescribed.
12. Disconnect the pump tubing from the feeding tube.
13. Flush and cap the feeding tube.
Giving Medication Through a Feeding Tube

It is best to take medication by mouth, if possible. However, if you cannot take medicine by mouth, it is okay to give medicine through your feeding tube. When giving medicine through a feeding tube, it is important to take steps to keep the medicine from reacting with other drugs or with your formula. These reactions could change the action of your medicine or clog the feeding tube.

Here are some tips for giving medicine through your feeding tube:

1. Use a liquid medicine whenever possible. Check with your pharmacist to see which of your medicines come in liquid form. Since many over-the-counter liquid medicines are for children, the pharmacist can also help you figure out the correct dose.

2. Do not mix medicines together. Give each medicine separately, flushing with water before and after each medicine.

3. Avoid thick liquid medications that could clog your feeding tube, such as bulk-forming laxatives (Metamucil).

4. If you must crush a solid medication, check with a pharmacist to be sure it is safe to crush. Some long-acting medications should not be crushed.

5. When crushing a pill or tablet, be sure to grind it into a fine powder and mix it with 15-30cc of water to dissolve the powder. Pill fragments are a common cause of blocked feeding tubes.

6. Some kinds of medicine may not be effective if they bypass your stomach. For example, antacids will not work if you give them through a jejunostomy tube. When you are started on a new medicine, ask your doctor or pharmacist if it can be given through the kind of feeding tube you have.
7. It is best to give some medicine with food; others should be given on an empty stomach. Ask your pharmacist to set up a schedule for giving your medicine.

Follow these steps for giving medicine through your feeding tube:

1. Gather this equipment:
   - The right medicine
   - A syringe (the size depends on the amount of medicine)
   - Water for flushing your tube and a 50-60 cc syringe
2. Flush your feeding tube with 10 to 20cc of water.
3. Draw up the correct amount of medicine into the syringe.
4. Attach the syringe to the end of your feeding tube and flush the medicine through the tube.
5. Flush the tube again with water to be sure no medicine is left in the feeding tube.

Personal Care

Mouth Care

Even though you may not be eating or drinking normally, it is as important as ever to floss and brush your teeth. Brush your teeth at least twice a day using a regular tooth brush and toothpaste. You can also use mouth wash to freshen your breath. Try not to lick your lips since this could make them chapped. You can use a lip balm to moisturize your lips.

Watching Your Weight

You should weigh yourself a few times a week while you are receiving tube feeding. Get on the scale at the same time each day, wearing the same amount of clothing. Your weight gives you important information not only about your nutrition but also about whether or not you are getting enough fluid. Everyone’s weight varies a little from day to day. It is the trends that you see in your weight over time that give you the best information. If your goal is to gain weight, you should expect to see your weight go up by 1 to 1½ pounds a week. If you gain weight faster, it could mean that you are retaining (holding on to) fluid. On the other hand, if your weight drops by 1 or more pounds in a week, it could mean that you are not getting enough fluid.

Bowel Habits

During tube feeding, bowel movements are less frequent than usual. In time you should see a new bowel movement schedule that is “normal” for you. Keep track of your bowel habits so that you can note changes before problems occur.
**Activity**

Before you go home, your doctor will give you instructions about how much physical activity you are allowed. With so much to think about, it is easy to overlook this important part of your care. Exercise will improve your strength and endurance, keep your bowels regular, and help you feel better in general. Set simple goals for yourself and gradually increase your activity as you have been instructed.

**Preparing for the Unexpected**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Cause</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Upset Stomach:</strong> A feeling of nausea, fullness, cramping, or vomiting.</td>
<td>Giving the formula too fast</td>
<td>Give the feeding more slowly.</td>
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<tr>
<td></td>
<td>Incorrect body position</td>
<td>Sit up or raise your head at least 30° during the feeding.</td>
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<td></td>
<td>Spoiled formula</td>
<td>Do not lie flat for one hour after you have finished a feeding.</td>
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<td></td>
<td>Wash your hands and equipment well, store open cans of formula in the refrigerator, do not use formula that has passed the expiration date.</td>
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<td></td>
<td>If you are taking a concentrated formula or if you need a large amount at one time, changing the formula (with the help of the healthcare team) may help to relieve your symptoms.</td>
</tr>
<tr>
<td>Problem</td>
<td>Cause</td>
<td>Solution</td>
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</tr>
<tr>
<td><strong>Dehydration:</strong> Not enough water.</td>
<td>Not enough water in tube feeding formula</td>
<td>The best solution is to prevent dehydration in the first place:</td>
</tr>
<tr>
<td></td>
<td>Diarrhea, vomiting</td>
<td>Call your doctor or nurse. You may need to change your formula or add more water.</td>
</tr>
<tr>
<td></td>
<td>Fever</td>
<td>Watch your weight.</td>
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<td></td>
<td>Water pills</td>
<td>Inform your doctor or nurse of changes in your activity level or medical condition that may raise your fluid needs.</td>
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<td></td>
<td>Increased activity, especially in warm weather</td>
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<td></td>
<td>Excessive sweating</td>
<td></td>
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<tr>
<td><strong>Aspiration:</strong> Formula enters the breathing passages.</td>
<td>Feeding tube in incorrect position</td>
<td>Check the position of the tube before each feeding.</td>
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<tr>
<td>Symptoms include: fever, coughing, shortness of breath, noisy breathing.</td>
<td>Giving feedings while lying flat</td>
<td>Keep your head raised during the feedings.</td>
</tr>
<tr>
<td></td>
<td>Vomiting during feeding</td>
<td>If you have these symptoms, stop your feeding and call your doctor.</td>
</tr>
<tr>
<td><strong>Tube Slipping Out:</strong> The markings on your feeding tube have moved or the tube has fallen out completely.</td>
<td>Tube is not held in place properly</td>
<td>Tape your feeding tube to hold it in place.</td>
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<td></td>
<td></td>
<td>Be careful when you are changing your clothing or moving about during feeding.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call your doctor if you think your tube has moved out of place.</td>
</tr>
<tr>
<td><strong>Blocked Feeding Tube:</strong> Formula will not flow through the tube.</td>
<td>Kinked feeding tube</td>
<td>Check the tube for clamps or kinks.</td>
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<tr>
<td></td>
<td>Clamp on feeding tube</td>
<td>Flushing the tube before and after each medication, before and after each feeding, and before and after checking residuals.</td>
</tr>
<tr>
<td></td>
<td>Build-up of formula in the feeding tube.</td>
<td>Use liquid medications if possible. Crush tablets to a fine powder and dissolve in water before giving them through a feeding tube.</td>
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<td></td>
<td>Pill fragments</td>
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<tr>
<td>Problem</td>
<td>Cause</td>
<td>Solution</td>
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<tr>
<td>Leaking Feeding Tube:</td>
<td>Excess motion of the feeding tube.</td>
<td>Anchor tube to stop tube from moving in and out of the opening.</td>
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<tr>
<td></td>
<td>Formula or other fluid leaks around the feeding tube. (abdominal tubes only)</td>
<td>Tube may be replaced with a larger one.</td>
</tr>
<tr>
<td>Diarrhea:</td>
<td>Improperly washed equipment: blenders, mixing bottles, storage containers, administration bag, etc.</td>
<td>Wash hands and equipment thoroughly. Store opened cans of formula in the refrigerator. Do not use formula that has passed the expiration date. Call your doctor if diarrhea lasts more than one day.</td>
</tr>
<tr>
<td></td>
<td>Medications</td>
<td>Check with your doctor before you take over-the-counter medicines for diarrhea.</td>
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<tr>
<td></td>
<td>Rate or type of formula</td>
<td>Other solutions depend on the reason for loose stools.</td>
</tr>
<tr>
<td>Infection</td>
<td>Spoiled formula</td>
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<tr>
<td><strong>Constipation:</strong> Infrequent or hard stools.</td>
<td>Formula without fiber</td>
<td>Call your doctor. Some things that may help include fiber enriched formulas, stool softeners, laxatives, more water intake, and more activity.</td>
</tr>
<tr>
<td>Low water intake</td>
<td>Pain medicine</td>
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</tbody>
</table>

| Failure to meet weight goals: | Calorie intake does not match needs | Call your doctor or nurse to see if your formula, feeding schedule, or fluid intake should be adjusted. |
| Unexpected weight loss or gain | Incorrect fluid intake |
| or weight that does not change | Change in level of activity |
| | Change in medical condition |

**Reasons to Contact Your Nurse or Doctor**

- Upset stomach or vomiting
- Fullness, bloating, abdominal cramps
- Dizziness, thirst, weakness
- Blocked tube
- Tube site (nose or abdomen) becomes red, swollen, painful, or begins draining
- Body temperature of 101° F
- Diarrhea/Constipation
• A weight gain or loss of more than 2 pounds in one week
• Tube falls out or appears longer than usual
• Cough, shortness of breath, particularly after receiving tube feeding
• Change in eating habits

**Important Phone Numbers**

Doctor: ____________________________________________

Nurse: ____________________________________________

Dietitian: _________________________________________

Pharmacist: _______________________________________

Home Health Agency: _______________________________

Supplies Provider: __________________________________

**Words You May Hear**

**Aspiration**  Any fluid (could be tube feeding) that enters the lungs. Signs of aspiration are fever, coughing and difficulty breathing.

**Bolus**  A dose of medicine or feeding formula given all at once.

**CC**  30cc = 1 ounce

**Constipation**  Infrequent bowel movements often with stool that are hard and painful.

**Diarrhea**  Frequent loose watery bowel movements.

**Duodenum**  First part of the small intestine (also called small bowel).

**Formula**  A liquid nutrition preparation.

**G.I. tract**  The gastrointestinal tract. The body system used to digest and absorb nutrients. Includes mouth, esophagus, stomach and intestines or bowels.

**Gastric**  Having to do with the stomach.
**Irrigation**  Flushing or cleansing a tube or device usually with water or salt water (saline).

**Jejunum**  Second part of the small intestine (small bowel).

**Pylorus**  A muscle that separates the stomach from the small intestine.

**Residual**  The amount of fluid measured after a period of time.

**Saline**  Salt water

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**Notes and Questions**

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