

Administering Tube Feedings to Children

Children can be tube fed by various methods. (Also see the manufacturer's instructions.) There are three ways to feed a child through a gastrostomy tube: bolus, gravity, and continuous pump.

Administering Tube Feedings to Children	
Method of Delivery**	Reasoning
<p>Intermittent Bolus or Gravity Feedings:</p> <ol style="list-style-type: none"> 1. Provides a selected amount of feeding at specific times throughout the day. 2. Given slowly over a short period of time (usually over 15-20 minutes). Bolus feedings are not recommended for small intestine (jejunostomy feedings) – it does not have same capacity for expansion as stomach 3. Bolus feedings are usually administered by manual (gravity) method, which means you will do one of 3 things during the feeding hold the tube and syringe, hang the tube and syringe, or hang an enteral feeding bag with tubing, from a pole. 4. Intermittent feedings can also be given over a short period of time using an feeding pump or controller device. <p>Continuous Feedings:</p> <ol style="list-style-type: none"> 1. Small amounts of feeding each hour are given continuously over 12-24 hours. 2. Administered by a feeding pump delivery system or controller device. 3. Recommended for feedings delivered into jejunostomy tube (small intestine). 	<ul style="list-style-type: none"> • Feedings are delivered at time periods similar to that for oral feedings or meals. • Usually given every 4 hours but varies depending the age, size and ability of the child. • Gravity causes the formula to flow into the stomach gradually over a short period of time without excess pressure. The height of the syringe or bag will determine how fast the formula flows. Watch your child's response to all feedings. If the child appears uncomfortable, lower the bag to slow the speed of the flow (always keep the height of the syringe/ bag higher than your child's stomach to prevent backflow). • Usually feeding pumps are used to control the flow of feedings that need to provide over longer periods of time. • For infants and children at risk for reflux and aspiration

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Tube Feeding Steps

1. Discuss the procedure with your child in a simple manner based upon your child's age and ability to understand.
2. Assemble Equipment:
 - Large syringe with adapter or catheter-tip syringe.
 - Formula or liquid food at room temperature.
 - Measuring container, if appropriate.
 - Water; use sterile water as irrigant for infants < 6 months old and tap or distilled water for older children.
 - RTH (Ready to Hang) formula feeding set, if being used.
 - Pump and tubing, if in use.

Giving the Feeding via Gastrostomy Tube**

1. Position:
 - Hold your infant or young child, if possible. Cuddle to simulate normal feeding position.
 - Place an infant or young child on their back or slightly on their right side; raise the head of bed, if possible.
 - Older children can sit in a chair, or you should raise the head of bed at least 30°.
2. Wash your hands with soap and water. If older children are helping with the feeding, wash their hands as well.
3. Check Tube Placement:
 - Measurements on the tube located at the entrance to the abdominal wall should be compared to the recorded previous measurements that indicated the correct tube position.

Reasoning

- Helps your child to understand what to expect and helps to gain his/her cooperation.
- Room temperature of formula helps to prevent abdominal cramping.
- To reduce the risk of contamination with germs.
- Socializing during meals is normal.
- These positions assist gravity to help the flow of formula through the stomach and helps to prevent throwing-up and choking.
- To reduce the risk of contamination with germs of both the formula and the equipment.
- To detect slipping of the tube.

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| <ul style="list-style-type: none"> • If the tube does not have standard measurements on it, you or the nurse should make an indelible ink mark with a permanent, non-toxic marker, indicating the location of tube at the entrance to abdominal wall. <ol style="list-style-type: none"> 4. Carefully mix and measure the formula for the feeding. 5. Warm formula to room temperature, if needed. 6. Check for residual volume by attaching an empty syringe and trying to withdraw any remaining stomach contents from the last feeding. 7. Provide an infant with a pacifier. 8. Intermittent Feedings: <ul style="list-style-type: none"> • Connect catheter-tip syringe or feeding bag tubing to the end of the gastrostomy tube. • Carefully pour the measured amount of formula into the open syringe, refilling the syringe repeatedly until the measured amount has been given. Try not to allow air to enter your child's stomach during the feeding, <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • If using a feeding bag set, pour the measured amount for the feeding into the bag. Allow the formula to run thru the feeding bag tubing, trying to prevent excess air in tubing. Connect the tubing to the end of the catheter. • After the feeding is completed, flush the tube with 10-20 ml water, unless directed otherwise by physician. Keep track of your child's total fluid intake each day. | <ul style="list-style-type: none"> • To detect slipping of the tube. • To make sure your child gets the proper nutrition as ordered by the physician. • To prevent abdominal cramping and discomfort. • To determine if your child has digested the previous feeding. • This meets your baby's sucking needs which is usually gained through bottle or breast feedings. • Watch your child's response to all feedings. If the child appears uncomfortable, lower the bag to slow the speed of the flow (always keep the height of the syringe/bag higher than your child's stomach to prevent backflow). • To prevent stomach distention due to extra air. • To reduce the risk of the tube getting clogged. • To prevent your child from getting too much fluid. • To allow air to escape (like "burping" your child). |
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Gastrostomy or Jejunostomy Tube	
<ul style="list-style-type: none"> • Leave tube open for 5-10 minutes. Hang/ suspend the open syringe with the opening ABOVE the stomach level. • Clamp the tube and cover the open end. • To prevent escape of formula from the tube. <p>After the feeding, leave your infant or young child positioned their on right side with the head of the bed elevated, if possible, and older children can remain seated in a chair, or you should raise the head of bed at least 30°, if possible.</p> <p>9. Continuous Feedings:</p> <ul style="list-style-type: none"> • Flush the gastrostomy tube with 10-15ml of water every 4-6 hours and keep track of your child's daily total fluid intake each day 	<ul style="list-style-type: none"> • These positions assist gravity to help the flow of formula through the stomach and helps to prevent throwing-up and choking. • To reduce the risk of the tube getting clogged. • To prevent your child from getting too much fluid.
Skin-Level Gastrostomy Tube ("Button") Feeding Steps**	
<ol style="list-style-type: none"> 1. Discuss procedure with child in a simple manner based upon your child's age and ability to understand. 2. Assemble equipment: <ul style="list-style-type: none"> • Adapter and feeding catheter. • Large syringe with adapter tip. • Formula or liquid food at room temperature. • Measuring container, if appropriate. • Water; use sterile water as irrigant for infants < 6 months old and tap or distilled water for older children. • RTH (Ready to Hang) formula feeding set, if being used. • Pump and tubing, if appropriate. • Decompression tube, if appropriate; use before feeding if abdominal distention is present. 	<ul style="list-style-type: none"> • Helps your child understand what to expect and helps to gain his/her cooperation • To prevent abdominal cramping or discomfort. • To reduce the risk of contamination with germs.

Giving the Feeding via Skin-Level Device**

1. Position:

- Hold your infant or young child, if possible. Cuddle to simulate normal feeding position.
- Place an infant or young child on their back or slightly on their right side; raise the head of bed, if possible.
- Older children can sit in a chair, or you should raise the head of bed at least 30°.

2. Wash your hands with soap and water. If older children are helping with the feeding, wash their hands as well.

3. Carefully mix and measure the formula for the feeding.

4. Remove the feeding port plug from low-profile gastrostomy tube; a decompression tube can be used if your child's abdomen is distended.

5. Attach the catheter or adapter to low-profile gastrostomy the tube; if formula leaks from tube, wait 1 hour before feeding, then try again,

6. Carefully pour the measured amount of formula into the open syringe, refilling the syringe repeatedly until the measured amount has been given. Try not to allow air to enter your child's stomach during the feeding,
OR

7. If using a feeding bag set, pour the measured amount for the feeding into the bag. Allow the formula to run thru the feeding bag tubing, trying to prevent excess air in tubing. Connect the tubing to the end of the catheter.

8. Continuous Feedings:

- Disconnect the feeding adapter and flush the adapter and tubing with 10-15 ml of water every 4-6 hours.
- Then, reinsert feeding adapter and tubing and continue the feeding plug.

- Socializing during meals is normal.
- These positions assist gravity to help the flow of formula through the stomach and helps to prevent throwing-up and choking
- To reduce the risk of contamination with germs of both the formula and the equipment.
- To make sure your child gets the proper nutrition as ordered by the physician.
- Determines if your child has digested the previous feeding.
- Watch your child's response to all feedings. If the child appears uncomfortable, lower the bag to slow the speed of the flow (always keep the height of the syringe/bag higher than your child's stomach to prevent backflow).
- To prevent stomach distension due to extra air.

**** Always follow the manufacturer's instructions, the instructions of your hospital or homecare nurse and/or your physicians order.**