

Enteral Tube Care Roundtable

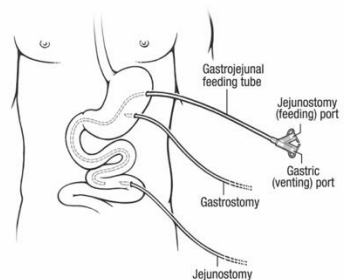
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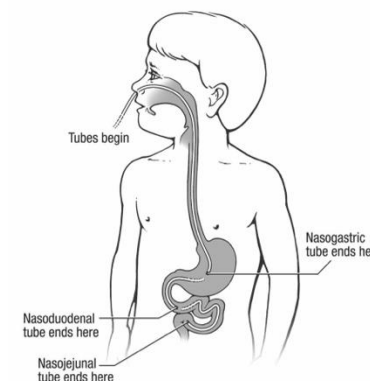
Home Parenteral & Enteral Nutrition

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Abdominal feeding tubes
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Placement of nasal feeding tubes

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Learning Objectives

- 1 Discuss and demonstrate the essentials of proper enteral tube and stoma site care and cleaning
- 2 Review rationale for proper enteral tube care and strategies for preventing feeding tube complications

Feeding Tubes



- Nasal feeding tube (gastric, duodenal, jejunal)
- Gastrostomy
- Gastrojejunostomy
- Jejunostomy
- Remnant stomach gastrostomy
- Transesophageal gastrostomy (not widely used)

- Bumper
- Balloon
- Low profile
- Catheter as feeding tube

Placement

- Interventional Radiology
- GI/Endoscopy
- Surgery

Percutaneous Enteral Tube Care

Short Term Post-Placement

Early Days Tube Care

- Hand washing before and after tube site care
- Clean tube site twice daily with soap and water x 5 days, then daily thereafter
- Keep site clean and dry
- Skin disc should lightly rest on the skin
- Do not use the tube for feeding until advised by medical team
- Tube rotation
- Assess site daily for signs of infection
- Site care of T-fasteners (if in place)

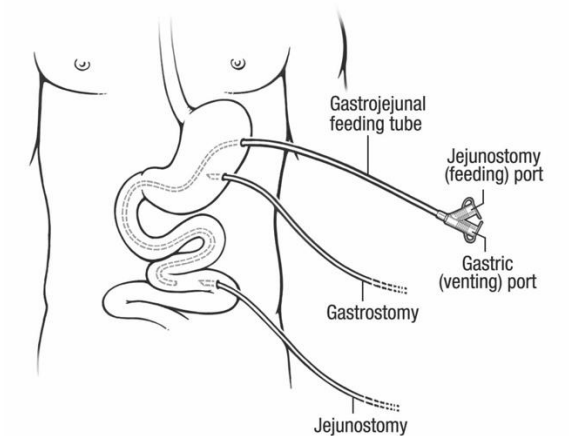
The First Six Weeks

- Healing and stoma tract maturation
- No lifting >10 pounds
- Do not submerge tube/abdomen in water
- Yes to showers
- Do not lie on abdomen

Percutaneous Enteral Tube: Long-Term Care

Tube Site Care

- Wash hands w/soap and water
- Wet gauze/washcloth with ordinary soap; lift up one edge of skin disc, clean under the disc and around stoma
- Clean and wipe with a rinse/plain water piece of water
- Dry site
- Assess for swelling, bleeding, drainage or skin redness
- Do not apply lotions or creams under disc
- IF drainage, may place a small gauze under lower portion of skin disc
- Assess the number correlating with skin disc; maintain consistency unless adjustment needed for weight changes
- Disc rests lightly on skin
- Rotate tube one full rotation daily. Exceptions: GJ tubes, tubes with extension/long tail. Gently move the tube slightly in and out
- Secure the tube to the abdominal wall; (Se-Pro netting, Flexi-track or other adhesive securement)



Abdominal feeding tubes

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Percutaneous Enteral Tube: Long-Term Care

Odds & Ends

- Tube replacement
 - Balloon tubes: 3-5 months
 - Bumper tubes: 8-12 months
 - Locking loop catheter tubes: 6 months
 - Rubber catheter tubes: 6 weeks
 - Nasal tubes: generally 4 weeks, per manufacturer
- Exercise
 - May swim 6 weeks after new tube placement
 - Other exercise forms suitable as long as no pain
- Review prevention of excessive yeast burden in the tube (causing tube degradation/early replacements) in select patients
- Constipation/Bowel management: helps prevent tube site leakage issues
- Review of water flushing with feeds and medications

Enteral Tube Care

Cleaning the EnFit Tube End

1. Remove brush cap
2. Wet bristles in clean water
3. Insert bristles into EnFit connector until they reach the bottom
4. Rotate the brush to clean
5. Rinse the bristles in clean water to remove debris, repeating until the connector is clean
6. Rinse bristles with antiseptic mouthwash, replace cap
7. Stand upright to dry

Supply Care

1. Discard enteral feeding bag and tubing after 24 hours
2. Wash syringes with soapy water, rinse and set out to air dry

Venting Tube Care

1. Clean bag at least once daily
 - Use 1 c. white vinegar and 2 c. cool water. Use 60 mL syringe as funnel; pour solution into the bag. Clamp or cap bag, shake well, leave fluid x 20 minutes. Empty the bag. Open valves and hang to fully air dry
2. Discard bag after one month or sooner if soiled

Nasal Feeding Tube Care

- Proper flushing
- Limit medication administration via tube
- Proper securement (nasal bridle, tape, etc)
- Dislodgement precautions
- Removal/Exchange

Proper Enteral Tube Care Helps Prevent

- Feeding tube site infection
- Granulation tissue
- Excess tube site mucous drainage
- Localized skin breakdown
- Accidental tube dislodgement
- Buried balloon/bumper complication
- Tube clogging

Case Discussion

38 yr-old woman

Burning mouth syndrome

Gastrostomy tube (balloon) placed at outside medical center 2 months ago

- Comes to our medical center and then referred to our Home Enteral Nutrition Clinic for feeding tube assessment, questions and concerns
- Reports she has not intentionally cleaned her tube site since hospitalized for tube placement two months ago
- Afraid to clean her tube site. Had been keeping a gauze dressing taped over the site
- Multiple questions and much anxiety about her feeding tube and actual tube feeding
- Has not been exercising because of the tube
- Has kept the site covered/water-proof in the shower
- Asks if she may apply lotion to her dry skin, including on her abdomen
- Advised by her local medical team to have the tube exchanged in one year
- She was not educated on tube rotation or securement

Questions/Discussion

Where do you start?

What education do you provide?

How do you provide the education?