

Home Tube Feeding

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Home Tube Feeding

Getting ready

- Wash your hands well with soap and water before touching your feeding formula (liquid nutrition) or equipment.
- Check the “best before” or expiry date on the formula packaging to make sure it has not yet passed today’s date.
- Check formula cans for bulging (raised top or bottom) or dents before opening. **Do not use any cans that are bulging, dented, or damaged in any other way, since it may have bacteria that can make you very sick.**
- Cover and store any opened formula in the fridge. **Do not keep opened formula for more than 24 hours (1 day).**
- Take opened formula out of the fridge 30 minutes before feeding. Formula should be given at room temperature.
- **Do not hang your formula for more than 8 to 12 hours.**
- Clean feeding equipment after each use.

My home tube feeding schedule

My tube feeding formula: _____

I will need _____ bottles or cans each week.

Time	Name of formula	Number of bottles or cans	Time to run feed	Amount of water to flush

You may change your feeding schedule, but you need _____ bottles or cans of formula and _____ flushes each day.

Buying formula

- You can buy your formula at your local drugstore or pharmacy. If they do not carry your formula, ask them to order it. Give them a few days to have the product brought in.
- Shoppers Drug Mart at the Halifax Infirmary (Robie Street entrance) has many products on the shelf.
 - › Phone: 902-473-7300
- You may choose to use a different formula than the one used in the hospital. If so, make sure each bottle or can has at least:
 - › _____ calories
 - › _____ grams of protein
 - › _____ grams of fibre

Home delivery

- You can order formula for home delivery. A selection of feeds and supplies can be sent to your home.
- You must order full cases of formula. A case usually has 24 to 27 cans.
- To place an order:
 - › Phone: 902-473-7096

Insurance coverage

Insurance may cover part of the cost of formulas and/or supplies. Check with your insurance company. You may need a letter from your doctor to get coverage.

Weight

Depending on your medical condition, it may be important to check your weight. Weight loss may be a sign that you are not getting enough nutrition (calories).

To make sure you are not losing weight:
Weigh yourself each week at the same time of day.
Keep a weekly record of your weight.

Questions to ask yourself:

1. Have I had any weight loss I cannot explain?
2. Have I been able to take the full amount of formula?
3. Do I have any nausea (feeling sick to your stomach), vomiting (throwing up), or diarrhea (loose, watery poop)?

If you answered “yes” to any of these questions, call your dietitian.

Date	Weight	Date	Weight	Date	Weight

Hydration

- Having enough fluids will help you feel better. Your formula will give some fluid, but you will also need to flush your tube with water.
- **It is important to do all of your water flushes to stay well-hydrated.**
- Flush your tube with water **before** and **after** each feeding.
- **You may need more water if you have:**
 - › Thirst (this is the first sign of dehydration)
 - › Headache
 - › Less urine (pee)
 - › Dry skin
 - › Urine that is dark in colour or has a strong smell
 - › Dry, sticky mouth
 - › Cracked lips
 - › Dizziness or light-headedness
 - › Tiredness
 - › Muscle weakness

Try these tips to get more water (fluid):

- Double how much water you usually flush through your tube. For example, if you usually flush 50 ml, then flush 100 ml.
- If you are worried about a large flush, do an extra flush 30 minutes before or after each flush. This will double how much water is given in a day. For example, if you usually flush 100 ml, then flush another 100 ml 30 minutes before or after your usual tube feeding flushes.

OR

- Add 500 ml (2 cups) of water to your feeding bag between meals, and let it run **SLOWLY** (12 to 15 drops every 10 seconds) through your tube. Giving it slowly will help your body hold onto the fluid.
- **Do not mix water or other liquids with your formula.** This may delay you from getting the nutrition your body needs.
- If you can drink liquids, try to drink until you no longer feel thirsty.

Call your doctor if you have any of the following:

- › Extreme (very bad) thirst
- › No urine for 8 to 12 hours
- › Confusion
- › More drowsiness
- › Uncontrolled high blood sugars

Diarrhea

Diarrhea may be caused by:

- › running your formula too fast.
- › using a highly concentrated formula.
- › intolerance (it is hard on your digestive system) to your formula or something you have eaten.
- › bacteria in your formula or feeding equipment.
- › bowel problems.

Medications may cause diarrhea:

- Liquid medications can cause diarrhea. If your tube is small (12 to 14 French), you may need some liquid medications to keep it from clogging. Talk with your primary health care provider or pharmacist before changing medications.
- Antibiotic medications can cause diarrhea. If you are taking antibiotics and you can eat, try foods with probiotics (like yogurt or kefir).
- Talk with your dietitian, primary health care provider, or pharmacist for advice.

If you have diarrhea:

- Flush the tube with an extra 150 ml of water each time you have diarrhea. It is important to replace the water you are losing.
- Slow down the rate of your feed and run it over a longer time. If this does not work, call your dietitian.
- **Do not store formula in the fridge unless the container is open.** Take open formula out of the fridge 30 minutes before use. Cold formula can cause stomach and/or bowel discomfort.
- If you are taking a formula without fibre, try slowly adding a formula with fibre. Start by replacing 1 can of fibre-free formula with 1 can of high fibre formula each day, until your bowel movements (poops) are normal.
- If you already take a formula with fibre, it may help to use a fibre-free formula.
- If you are using a concentrated formula, try a less concentrated one. Examples of concentrated formulas include Resource[®] 2.0 and TwoCal[®] HN.
- Ask your dietitian for help with changing formulas.

If you can eat, changing what you eat can help with diarrhea:

- Foods with soluble fibre can help. Try oatmeal, applesauce, rice, pasta, or potatoes.
- Cut back on caffeinated beverages. Try decaf coffee or caffeine-free tea (like chamomile) instead.
- Avoid high fat, greasy foods, especially fried foods or foods with cream sauces.
- Avoid high fibre foods (like whole grains, raw fruits, and raw vegetables).
- Avoid foods that can cause gas (like lentils, kidney beans, and chickpeas).
- Try not having any milk products, or only low lactose milk. Yogurt and cheese are usually easier on your digestive system than liquid milk.

If you still have diarrhea after trying the above tips, try using liquid pectin.

Check with your dietitian first before using it.

- › You can buy liquid pectin (Certo®) in grocery stores.
- › Mix 30 ml of liquid pectin with 50 ml of warm water. Flush this through your tube.
- › Then flush the tube with another 50 ml of water to make sure the tube is clean.
- › **Do not flush pectin through your tube at the same time as you take your medication.**
- › You can use liquid pectin 2 times a day.

Call your primary health care provider if you have moderate diarrhea for more than 5 days or severe (very bad) diarrhea for more than 24 hours.

Constipation (not being able to poop)

- Constipation means having less than 3 bowel movements a week, or having poop that is hard and difficult to pass.
- Constipation may be caused by:
 - › Not enough fluid
 - › Inactivity
 - › Not enough fibre
 - › Your medical condition
 - › Medication(s)

Are you flushing the right amount of water through your tube? Do you feel thirsty?

- › If you can drink, try to drink more. Most people need at least 2 litres (8 cups) of fluid each day.
- › Make sure you are flushing your tube with the right amount of water. Check your feeding schedule for how much water you need.
- › Try using more water to flush your tube. See the hydration tips on page 5.

Are you able to increase your activity?

- › Try doing some light activity (like walking) after taking your feeds, if you are able.

Does your feed have fibre in it?

- › Try changing to a feed with fibre. Ask your dietitian for help with this.
- › Replace 1 can of fibre-free formula with 1 can of high fibre formula each day, until your bowel movements are normal.
- › **If you increase the fibre in your feeds, you may need to flush with more water.**
- › Try flushing your tube with 125 ml (1/2 cup) of prune juice once or twice a day. **Flush your feeding tube with at least 50 ml of water before and after having prune juice.**
- Your primary health care provider may give you medications to help with constipation (such as stool softeners, laxatives). **Take this medication as your primary health care provider recommends.**
- **If you can eat, choose foods high in fibre.** Try high fibre cereals, whole grain bread products, fruits, and vegetables.

Call your primary health care provider if:

- › **you have not had a bowel movement for more than 3 days, if that is unusual for you.**

AND

- › **you are having severe abdominal (stomach area) bloating, cramping, or vomiting.**

Gas and bloating

- Gas and bloating can cause more burping, flatulence (farting), and stomach distension (stretching).
- Gas and bloating may be caused by:
 - › Injecting (putting in) air when using the syringe for flushes
 - › Not letting the formula or water fill the tubing to the end before connecting it to the feeding tube (priming the tubing)
 - › Medications
 - › Ingredients in your formula

Am I injecting air into my tube?

- › Get rid of any air that is in the syringe by pointing the tip up and squeezing the plunger until the liquid meets the tip. Then squeeze the contents of the syringe into the feeding tube.
- › Prime the tubing with formula or water by letting the liquid run to the tip of the tubing. Then attach the tubing to the feeding tube.

Could my medication(s) make me gassy?

- › Call your primary health care provider or pharmacist before changing your medication(s).

Could my formula make me gassy?

- › Talk with your dietitian before changing your formula.

Nausea and vomiting

- It is normal to have a small amount of nausea, stomach pain, bloating, or cramping. If this happens, you do not have to stop the tube feeding.
- It is common to feel nauseous in the early morning, usually if you are taking feeds at night. You need time to get used to waking up with a full stomach.
- **If you are vomiting, stop your feed.** Sit as upright as possible to stop fluid from going into your lungs. If your condition does not get better and you are having trouble breathing, call 911.

Call your primary health care provider if vomiting continues for more than 12 hours.

Nausea and vomiting may be caused by:

- › Feeding too fast
- › Lying flat while feeding
- › A feeding tube out of place
- › Taking a large amount of formula
- › Some medications
- › Constipation
- › Formula colder than room temperature
- › Bacteria in the tube feeding bag or tubing
- › Trouble digesting your formula
- › Anxiety, worry

Are you running your feed too fast?

- › Build up to your goal rate very slowly.
- › If nausea starts, slow down the rate of feeding.

Are you lying down after taking your feeds?

- › **Do not lie down flat while your feed is running.**
- › Sit upright when taking your feed and for at least 30 minutes after.
- › If you are not able to sit upright, raise the head of your bed to **at least** a 45 degree angle for intermittent (scheduled) feeding and **at least** a 30 degree angle for continuous or overnight feeding. If you do not have a hospital bed, try using pillows or a foam wedge to help with positioning.
- › Wait 30 minutes after your feed before being very active or bending over.

Does it feel like your tube has moved?

- › If you think your tube may have moved, or measures more than 1 inch (2.5 cm) different, call your primary health care provider or go to the nearest Emergency Department.

Have you recently switched to intermittent feeding?

- › It may take time to get used to the new faster rate.
- › It may help to lower the amount of formula taken at one time. Slowly work up to the goal amount over time.

Has your medication(s) changed?

- › If your primary health care provider has given you medication for nausea, take it 30 to 60 minutes before starting your tube feeding, or as prescribed.
- › Talk to your primary health care provider or pharmacist if you think one of your medications is causing nausea or vomiting.

Is your formula cold when you are taking it?

- › **Do not store formula in the fridge unless the container is open.** Take formula out of the fridge 30 minutes before use.

Are you constipated?

- › You may not be getting enough water. See the hydration tips on page 5.
- › See the constipation tips on page 8.
- › **Talk with your dietitian before changing your formula.**

Do you feel anxious or worried?

- › Try to relax when taking your feeds.
- › Try activities to take your mind off your tube feeding (such as watching TV, listening to music, visiting with family or friends, or reading a book).
- › If your primary health care provider has prescribed anti-anxiety medication, take it as prescribed.
- › Get rid of any bad smells that could cause nausea before starting your tube feeding.
- › **If you are able to eat, avoid foods that may cause nausea, such as spicy or high fat foods.**

Aspiration with tube feeding

- Aspiration is when formula or water enters your lungs.
- Signs of aspiration include:
 - › Coughing and/or choking while feeding
 - › Trouble breathing, noisy breathing
 - › Wet, gurgly voice
 - › Pale or bluish lips
 - › Shortness of breath
 - › Fever (temperature above 38° C/100.4° F)

To prevent aspiration:

- › Always check your feeding tube length before using it to make sure it has not moved.
- › Always sit upright or raise the head of your bed to **at least** a 45 degree angle for intermittent feeding and for 30 minutes after feeding is finished.
- › Always sit upright or raise the head of your bed to **at least** a 45 degree angle when giving medications and flushes.
- › Always sit upright or raise the head of your bed to **at least** a 30 degree angle for continuous feeding and for 30 minutes after feeding is finished.
- › If you cannot sit upright and do not have a hospital bed, try using pillows or a foam wedge to help with positioning

If you believe aspiration has happened:

- **Stop feeding right away.**
- Sit as upright as possible.
- If your condition gets better after taking these steps, do not use your feeding tube without checking if it is in the right place (see bottom of page 10).

If your condition does not get better, and you are having trouble breathing, call 911 right away.

Blocked feeding tube

Your tube may be blocked if:

- › your formula does not run through the tube.
- › you cannot flush the tube with water.

A blocked tube may be caused by:

- › Not flushing enough water through the tube after each feeding.
- › Not flushing enough water through the tube before and after each medication.
- › Pills that have not been crushed well.
- › An old, worn feeding tube.
- › Putting items other than formula, water, or pills through the tube.

You can usually prevent a blocked tube by flushing enough.

If your feeding tube is blocked:

- **Never put a wire or anything else into the tube to unblock it.** This could damage the tube or your stomach.
- **Do not force formula or pills into a blocked tube.**
- Check to make sure the tube clamp is open.
- Using a 50 ml syringe, remove as much liquid as possible from the tube.
- Right away, use a 50 ml syringe to try to flush the tube with 10 to 20 ml of warm water.
- Gently move the plunger of the syringe back and forth.
- Do not use a small syringe. Do not use too much force. This can cause the tube to burst.
- If the tube does not clear after moving the plunger back and forth, leave the warm water in the tube, put the cap on, and leave it for up to 15 minutes.
- Unclamp and gently apply pressure with the syringe using a back and forth motion. Then try suction with the syringe. If the blockage clears, flush with water.

If your feeding tube is still blocked:

- If the tube is still blocked, try **sodium bicarbonate tablets** and **Cotazym® capsules**. You can get these at your local pharmacy with a prescription from your primary health care provider.
- To use sodium bicarbonate and Cotazym®:
 1. Crush 1 sodium bicarbonate tablet into a powder.
 2. Mix contents of 1 Cotazym® capsule with the sodium bicarbonate.
 3. **Do not breathe in the powder from the Cotazym®.**
 4. Add 5 ml of warm water to the powder mixture and stir until it is dissolved (you cannot see any powder in the water).
 5. Draw up the mixture into a syringe and flush it into the tube. Clamp the tube, wait about 15 to 30 minutes, then flush the tube with 20 to 30 ml of warm water. If the blockage clears, flush with 50 ml of water.
- If the tube is still blocked, repeat these steps 2 more times.

How old is your tube?

- › If the tube is older than 6 months and tends to get blocked, it may be time to change your tube. Ask your primary health care provider to make an appointment for you to see your GI specialist.

Have you put anything lumpy into your tube?

- › **You should only put formula, well-crushed medications, and water through your tube.** Make sure to flush your tube after giving medications to make sure they have gone through.

Call your primary health care provider or go to the nearest Emergency Department if your feeding tube is still blocked.

What do I do if I use up my declogging kits?

- › You can get more at your local pharmacy with a prescription from your primary health care provider.
- › **Make sure you order Cotazym® that is not enteric coated.**
- › The sodium bicarbonate can be 324 to 500 mg non-enteric coated tablets, or you can use 1/8 teaspoon of baking soda.

Call your primary health care provider if you have:

- Coughing or choking during or shortly after a feed
- A chest infection or new cough
- A fever of 38° C/101.4° F or higher
- Inflammation, swelling, or redness bigger than ½ inch (1 cm) around the tube site
- More pain, redness, oozing, or leakage around the tube site
- Moderate diarrhea for more than 5 days
- Severe diarrhea for more than 24 hours
- Vomiting for more than 12 hours
- Concerns about your medication(s)
- The following symptoms that do not go away:
 - › Constipation
 - › Nausea
 - › Bloating

Your primary health care provider can call your GI specialist if there are issues with your tube.

If your feeding tube comes partly or completely out, cover the tube site with a clean towel or dressing and go to the nearest Emergency Department right away.

My tube was placed by

Dr. _____

Specialty: _____

My feeding tube: _____

Tube size: _____

Date inserted: _____

Call your pharmacist if you have questions about

- Medication(s)
- Ordering formula or equipment

To replace a broken adapter

- Call Shoppers Drug Mart at the HI site, Home Healthcare:
 - › Phone: 902- 473-7300

Call your outpatient dietitian if you have questions about

- Your nutrition
- Your next appointment
- Tube feeds
- Water flushes
- Weight loss or gain
- Ordering formula and tube feeding supplies
- Hydration, diarrhea, constipation, nausea, vomiting, gas, bloating, or aspiration

My outpatient dietitian: _____

Phone: 902-473-_____

If you have questions within 7 days (1 week) after being discharged from the hospital and have not yet talked with your outpatient dietitian, call:

Name: _____

Phone: 902-_____

Follow-up
