

	<p>Policies &amp; Procedures</p> <p>Title: <b>ENTERAL FEEDING TUBE: INSERTION WITH STYLET, CARE OF AND REMOVAL - Adult</b></p> <p><b>RNSP : RN Clinical Protocol: Advanced RN Intervention: Enteral Feeding Tube Insertion with Stylet</b></p> <p>I.D. Number: <b>1110</b></p>
<p>Authorization:</p> <p><input checked="" type="checkbox"/> SHR Nursing Practice Committee</p>	<p>Source: Nursing</p> <p>Date Effective: April , 2017</p> <p>Scope: <b>SHR Critical Care</b></p>

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**DEFINITION:**

**Enteral Feeding Tube** - for the purposes of this policy, enteral feeding tube will refer to gastric tubes only.

**ROLES**

**Registered Nurses (RNs)** - RNs identified by their manager in targeted practice settings will be certified in the RN Specialty Practice (RN Advanced Intervention): Insertion of Enteral Feeding Tube with Stylet.

**Graduate Nurses (GNs)** - GNs identified by their manager in targeted practice settings will be certified in the RN Specialty Practice (RN Advanced Intervention): Insertion of Enteral Feeding Tube with Stylet.

**Non-Certified RNs and Licensed Practical Nurses ( LPNs)** – In addition to certified RN, the non-certified RN, LPN will care for the patient with enteral feeding tubes and remove enteral feeding tubes when ordered.

**1. PURPOSE**

- 1.1. To minimize complications associated with gastric enteral feeding tube insertion.

**2. POLICY**

- 2.1. **Physician will insert if nurse is not certified or if there is any contraindication.**

2.2. **RN/GN certified in this RNSP will have first completed the following learning modules/activities prior to performing insertion of Enteral Feeding Tube with Stylet:**

- 2.2.1 Complete the required learning module and quiz (teaching and learning methods may vary e.g. classroom and/or self- study using paper module or on line).
- 2.2.2 Complete a skills checklist with a certified RN during simulation or during first insertion, to ensure safety checks are followed appropriately (see Appendix A).
- 2.2.3 Provide documentation of learning module quiz and skills checklist to educator/supervisor.

2.3 **Physician order required for insertion and use.**

- 2.3.1 Medical Imaging request: Must state on requisition reason for x-ray ( i.e. abdominal x-ray for confirmation of gastric feeding tube placement), name of Physician who is reading the x-ray and phone number.
- 2.3.2 Verification of tube placement by x-ray must be written into the practitioners orders prior to initiation of use.

2.4 **Contraindications**

- 2.4.1 An enteral feeding tube will not be inserted by nursing if:
  - 2.4.1.1 Risk of intracranial passage of the tube: patient has or is suspected to have a basal skull fracture or cribriform plate fracture, epistaxis or sinusitis
  - 2.4.1.2 Facial fractures or recent surgery to ear, nose and throat, jaw surgery/fractures
  - 2.4.1.3 Severe coagulopathies. It is recommended to check INR/PTT, Hemoglobin and platelets prior to procedure
  - 2.4.1.4 There is danger of perforation of the esophagus (recent esophageal repair, esophageal varices, esophageal strictures, gastric surgery, alkali ingestion)
  - 2.4.1.5 Recent gastric, duodenal, esophageal, ear, nose and throat surgery

**3. PROCEDURE**

3.1 **Insertion** (by certified RNs)

- 3.1.1 Follow procedure in nursing textbook Perry, Potter & Ostendorf, 2014, Clinical Nursing Skills & Techniques. 8<sup>th</sup> edition. pp. 777-785.

**Note:** If the patient has a cuffed endotracheal tube or tracheostomy tube, the cuff remains inflated during insertion.

- 3.1.2 Perform Hand Hygiene and dawn appropriate PPE according to Occupational Health and Safety Guidelines (gloves, facemask and shield mandatory).
- 3.1.3 Lubricate the end of the tube prior to placement.

**Note.** Follow manufacturer’s instructions for lubrication e.g. the weighted tip of the Kangaroo nasogastric feeding tube needs to be submerged in water for at least 5 seconds prior to insertion.

3.1.4 Insert feeding tube to 40cm mark, secure in place.

3.1.5 Confirm placement with chest x-ray, physician must write the order to proceed to use the feeding tube.

**Note:** Depending on the patient, some physicians may ask for the tube to be inserted to a different depth prior to x-ray. Some conditions may make it more difficult to visualize placement.

3.1.6 Following confirmation, insert tube to pre-measured depth.

**Note:** for the Kangaroo feeding tube with stylet: flush tube lumen with 10 ml sterile water prior to removing the guide wire.

3.1.7 Check external length of feeding tube (tube must be marked with red permanent marker or tape at insertion site) and documented on nursing care plan.

3.2 **Care of:** (may be cared for by all nurses)

3.2.1 Secure tube to patient’s gown to help prevent accidental dislodgement

3.2.2 Assess the patient for potential signs of feeding tube migration/dislodgement q 4hrs and with any change in respiratory status.

3.2.3 Note: Hold tube feeding and NOTIFY the physician immediately if there is any doubt regarding tube placement

3.2.4 Assess respiratory status: signs and symptoms of possible improper tube placement into lungs may include:

3.2.4.1 Respiratory Distress, dyspnea or cyanosis

3.2.4.2 Crackles on auscultation

3.2.4.3 Decrease oxygen saturation

3.2.4.4 Assess for coiling of the tube if patient presents with gagging, coughing, and vomiting. (Check the back of throat using a tongue depressor and flashlight).

3.2.5 **Check tube placement q4h and prior to administering medication or feed.**

3.2.6 Check the tube-anchoring device and red mark.

3.2.7 See policy “Enteral tube feeding-Adult” #1020.

3.2.8 Perform mouth care q2-3h to prevent damage to the oral mucosa while tube in place since mouth breathing is common in patients who have a nasal tube present.

3.2.9 Perform nose care each shift and prn.

3.2.10 Re-secure the tube to patient's nose as necessary, maintaining position of tube as marked.

3.2.11 Sluggish or obstructed feeding tube: If the feeding tube is difficult to flush or you are unable to flush, notify the physician to obtain an order for medication to clear the tube.

3.3 **Removal:** tubes may be removed by all nurses

3.3.1 See Follow procedure in nursing textbook Perry, Potter & Ostendorf, 2014, Clinical Nursing Skills & Techniques, 8<sup>th</sup> edition. pp. 777-785.

3.4 **Documentation should be ongoing and include:**

- Position of tube
- Mouth and nose care done
- Re-securing of tube
- Bowel sounds
- Bowel movements – number of and consistency of stool
- Any abdominal distention, discomfort, nausea or vomiting
- Date and time of enteral feeding tube insertion and size of tube used.
- External tube length measurement for confirmation of tube placement.
- confirmation of tube placement q4h
- Date and time of enteral feeding tube removal.
- Name of person performing the procedure(s).
- Tolerance of procedure(s).
- Attachment to tube feed or clamped.

#### 4. RELATED POLICIES

Enteral Tube Feeding Policy #1020

Medication Administration #1170

Nasogastric/Orogastric Tube: Insertion, Care of and Removal #1040

## 5. REFERENCES

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SHR Policy: Enteral Feeding Tube With a Stylet: Assisting With Insertion of; Care of; Removal of. #1109.

SHR Policy: Nasogastric / Orogastric Tube: Insertion, Care Of and Removal. #1040.

Weigand, D. L., (ed.) (2011) *Small-bore Feeding Tube Insertion and Care in AACN Procedure Manual for Critical Care*. (6<sup>th</sup> ed). St. Louis: Elsevier Saunders. pp. 1206 – 1210.

**Appendix A:**

**CERTIFICATION SKILL CHECKLIST**

**Enteral Feeding Tube: Insertion with Stylet - Adult**

**RNSP Clinical Protocol: Advanced RN Intervention:**

<b>Demonstrates Proper Technique of the following</b>	Yes	No	Certifier Initials
Confirms Physician order for feeding tube insertion written			
Performs hand hygiene and dons appropriate PPE			
Follows manufacturer’s instructions for lubrication			
Insert feeding tube to 40 cm mark ( or to depth physician requested) and secures in place			
Obtains physician order to confirm placement prior to use for feeding.			
Once confirmed, insert tube to pre-measured depth			
As per manufacturer’s instructions: Kangaroo feeding tube with stylet – flush lumen with 10 mLs sterile water to lubricate prior to removing the guide wire			
Mark external length of feeding tube with permanent red marker or tape at insertion site			
Document insertion procedure and patient response			

Date \_\_\_\_\_ Signature of Certifier \_\_\_\_\_

Date \_\_\_\_\_ Signature of RN/GN \_\_\_\_\_