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Tube Feeding Guide

Maintaining good nutrition is extremely important for good healing, a strong immune system and maintaining your overall strength and physical well-being. For cancer patients, this is especially important. Proper nutrition is necessary for healing following surgery and it is equally important during any additional cancer treatments that may be required (radiation, etc.). Inadequate nutrition can result in prolonged or ineffective healing, more severe treatment side effects and can lead to general weakness and deconditioning.

Feeding tubes are often necessary to help patients maintain proper nutrition and hydration during their cancer treatment. Sometimes the tubes are placed and need to be used immediately. Other times, the tubes are placed and patients are able to continue eating by mouth. While each situation is unique, many patients and caregivers can feel overwhelmed when learning to use and care for the new feeding tube, especially when they are going home and will not have the support of medical staff to answer questions or provide instruction.

The right information and support can make for an easier transition to tube feeding in your home. This guide provides helpful information and instruction when learning to tube feed. There are also answers to frequently asked questions that can be very helpful. Keep in mind, this information has been designed as a reference guide and is not intended to replace medical care or recommendations by your medical team.

Table of Contents

What is Tube Feeding?

Tube feeding is when liquid food is given through a tube into the stomach or intestinal tract. Tube feeding formula can provide all the necessary calories, protein, and other nutrients for individuals to thrive at home. Water, medications and liquified foods can also be given through a feeding tube as well.

Types of Feeding Tubes:

Most patients using feeding tubes have either a “G-Tube” or an “NG Tube.” Special needs and circumstances, however, may require using a different type of tube. The various types of feeding tubes are described here:

- Nasogastric (NG): an NG is a soft, flexible tube that is placed through the nose, down the throat and esophagus, and into the stomach. This tube is often used for a short period of time (30 days or less), or longer in infants and children.
- Nasoduodenal (ND): an ND is placed through the nose, down the throat and esophagus, past the stomach, and extended into the first part of the small intestine called the duodenum. The tube has a weight on the end to keep the end of the tube in the duodenum.
- Nasojejunal (NJ): an NJ is placed though the nose, down the throat and esophagus, past the stomach and into the second part of the small intestine called the jejunum. This tube is also used for a short period of time.
- Gastrostomy (GT): a GT tube is a feeding tube that is surgically placed directly into the stomach, with a portion of the tube outside the body which is accessed for feeding. This type of tube is intended for longer feeding support.
- Low-profile Gastrostomy Tube (Button): a button is a type of GT commonly placed for long-term use in infants and children.
- Jejunostomy (JT): a JT is similar to the GT, except that the tube is surgically placed into the small intestine instead of the stomach. This tube is used for long-term support.

Using Your Feeding Tube

Regardless of how much or how infrequent you use your feeding tube, it is very important to ALWAYS flush your feeding tube before each use.

Flushing a Feeding Tube

Flushing a feeding tube with water cleans out the inside of the tube and helps prevent clogs. If your tap water is safe to drink, you can use tap water to flush.

Necessary Supplies:

1. Lukewarm drinking water
2. Feeding syringe

- Fill a clean cup with lukewarm water.
- Put the tip of the feeding syringe in the water then gently pull back on the plunger, which will draw the desired amount of water into the syringe.
- Make sure the feeding tube is clamped to keep any stomach contents from running out of the open feeding tube cap.
- Place the tip of the syringe in the opening of the tube (called the feeding port).
- Unclamp the tube then gently push down on the plunger to push the water through the tube. Clamp the tube, then remove the syringe and replace the cap on the feeding port.

Giving Medications through a Feeding Tube

NOTE: It is important to review ALL medications with your doctor as some may require a prescription change to a liquid or crushable form. NOT ALL MEDICATIONS CAN BE CRUSHED. Please check with your doctor or pharmacist before crushing pills or opening capsules.

- Never mix medications with formula. This can cause curdling and may lead to a clogged tube.
- Do not mix medications together. Give each medication separately.
- Use a liquid form of medication whenever possible. If the medication only comes in pill form, it must be crushed separately using a mortar and pestle or pill

crusher. Once crushed to a FINE powder, add 15mL of lukewarm water and mix well until the medicine dissolves completely. Draw up the medication mixture into a syringe and gently push the mixture into the feeding tube.

- For medication that comes in a capsule, contact the doctor or pharmacist to make sure it is ok to give through a feeding tube. If OK, open the capsule and dissolve the powder with 15mL of lukewarm water. Draw up the medication into a syringe and gently push the mixture into the feeding tube.
- Make sure to give each medication separately, flushing with 5mL of water in between each medication. Once all the medications have been given, flush the feeding tube again with 30mL of water.
- Follow physician orders for specific instructions related to medications given through a feeding tube.

Feeding Methods

There are two ways to deliver food/formula through the feeding tube. Food/formula be fed slowly, over a long period of time, or more quickly in a shorter period of time. Many patients are started on a slow-feed “drip” (gravity or pump methods), although a transition to ***bolus*** feeding is usually recommended when possible as this allows for a more typical “eating” pattern and reduces time required for feeding. When slow-feed methods are used for a longer period of time, patients frequently have difficulty transitioning back to eating by mouth as the stomach can feel full and uncomfortable very quickly during a meal. For some patients, a combination of methods may work best and can be discussed with your physician.

Bolus/Syringe Feeding Instructions

Bolus or “syringe feeding” is one of the most common, easiest and preferred methods for tube feeding in the home. A ***bolus*** is a specific amount of formula given over a short period of time. Think of a bolus like a meal. Most people typically eat 3 meals a day. When bolus feeding, deliver 1/3 of the daily prescribed tube feeding. For example, if you have been prescribed 6 cans of formula plus 3 cups of water, and are planning to do bolus feeding three times per day, bolus feeding would be 2 cans + 1 cup of water each time. It is common to give one bolus over 15-30 minutes.

Necessary Supplies:

1. Feeding syringe
2. Formula
3. Drinking water

Before the feeding:

- Clean your workspace with soap and water. If you are using liquid formula, clean the tops of the cans.
- Wash your hands thoroughly with soap and water for at least 20 seconds. Rinse your hands to remove all soap and dry your hands with a clean paper towel. After drying your hands, use the same paper towel to turn off the water faucet.
- Check the placement of your feeding tube as instructed by your doctor or medical team. If you suspect it has moved, do not put anything through the tube!
- Prepare your formula for use:
    - Powdered formula: prepare as instructed by your doctor; mix only enough for 24 hours.
    - Liquid ready-to-use formula: shake the cans or bottles well.
- Flush your tube with at least 30 mL of water, or more if prescribed by your doctor.

Safety note: During feeding, make sure the head and chest are raised higher than the stomach. Prop yourself up and remain upright for 60 minutes after the feeding is done. Lying flat can lead to nausea, vomiting, or inhaling fluids into the lungs.

Starting the Feeding:

- Remove the plunger from the syringe and insert the syringe tip into the opening of the feeding port.
- Make sure the feeding port valve is open.
- Hold the syringe/tube upright to allow gravity to drain formula into the tube and stomach.
- Slowly begin to pour formula into the syringe. The syringe acts like a funnel for the formula. The syringe will likely need to be refilled several times in order to give the total amount of formula prescribed.
- Continue to hold the syringe upright as the formula flows into the tube. Control how fast the formula flows into the tube by lowering or raising the height of the syringe. Lowering the syringe will slow the romula down, while raising the syringe will make the formula flow faster.
- If you have been taught to use the plunger with your feeds, gently push down on the plunger to push the formula into the feeding tube.
- Formula should not be forced too quickly through the tube. Allow about 15-30 minutes to give the total amount of formula during each feeding. If there is any discomfort, stop the feeding for a few minutes, then start giving it again at a slower rate.
- After the feeding, use the syringe to flush the tube with at least 30mL of water.
- Close/cap the feeding port and clamp the feeding tube.
- Rinse the syringe by taking out the plunger and rinsing the plunger and barrel with warm water. Air-dry both parts.
- You should remain seated upright for at least 1 hour after feeding.

Gravity Feeding

Gravity feeding uses a special bag that has a simple clamp with a roller ball that allows you to control how fast or slow the formula flows into the feeding tube. Usually, one or two cans of formula are placed into the gravity feeding bag, and this infuses over 30-60 minutes.

Necessary supplies:

- An IV pole is ideal but not necessary. If you do not have a pole, attach a heavy hook to the wall near the feeding area. Hook must be higher than the patient's head during feeding.
- Gravity feeding bag set
- Syringe
- Formula
- Water

Before the feeding:

- Clean your workspace with soap and water. If you are using liquid formula, clean the tops of the cans.
- Wash your hands thoroughly with soap and water for at least 20 seconds. Rinse your hands to remove all soap and dry your hands with a clean paper towel. After drying your hands, use the same paper towel to turn off the water faucet.
- Check the placement of your feeding tube as instructed by your doctor or medical team. If you suspect it has moved, do not put anything through the tube!
- Prepare your formula for use:
    - Powdered formula: mix only enough for 24 hours
    - Liquid ready-to-use formula: shake the cans or bottles well
- Know the appropriate hang times required for each type of formula and feeding system:
    - Liquid ready-to-feed formula that is provided in a closed system can hang for up to 8 hours. A closed system is when the liquid formula comes already mixed in a plastic bottle that attaches directly to the feeding tubing. Never add additional formula to a closed feeding system.
    - Powdered or liquid formula that must be poured into a feeding bag (most common) can hang for up to 4 hours.
- Flush the tube or button with at least 30mL of water or more as prescribed by your doctor.

Safety Note: During feeding, make sure the head and chest are raised higher than the stomach. Prop yourself up in a bed or chair with pillows. Remain in this position for 60 minutes after the feeding is done. Lying flat can lead to nausea, vomiting, or inhaling fluids into the lungs.

Starting the Feeding

- Hang the gravity feeding bag set on the IV pole or hook.
- Be sure that the roller clamp on the tubing is closed before pouring formula into the bag by pushing the roller ball down, away from the bag.
- Pour formula into the bag and close the top of the bag set.
- Cover and refrigerate any unused formula.
- To prime the line to get all of the air out of the tubing, place the end of the tubing over a sink or waste container.
- Remove the tip protector from tubing tip.
- Open the clamp by pushing the roller ball upward toward the bag to allow formula to move through the tubing. Allow a few drops of formula to drain out of the tubing. This will clear the line of air and prevent unecessary bloating.
- Close the roller clamp once you see a few drops of formula come out of the end of the tubing.
- Insert the tip of the gravity feeding bag set into the opening of feeding tube. Open the feeding valve (if necessary). Once it is securely connected, slowly open the roller clamp by pushing upward to allow the formula to flow.
- Consult with your physician regarding flow rates for feeding. Use the Gravity Feeding Drip Rate Chart (below) to assist in feeding rates and times.

After the Feeding:

- Close the roller clamp and disconnect the bag set.
- Using a syringe, flush your feeding tube with at least 30mL of water.
- Make sure to remain seated upright for at least 1 hour after feeding.
- If you need to use the bag set for another feeding, rinse out the bag and tubing well with warm water. Allow the water to run through the tubing until it comes out clear.
- Put the cap back on the tubing and let the tubing and bag set air-dry.

Safety note: never allow formula to dry inside of the bag and tubing, this may cause it to clog. Make sure you change the bag set every 24 hours.

Gravity Feeding Drip Rate Chart

20 drops = 1mL

30mL = 1 ounce = 3 Tablespoons

How fast your formula goes in over 1 hour (mL per hour)	How many drips are needed in one minute	How many drips are needed in 15 seconds
25	8	2
40	13	3
50	17	4
60	20	5
75	25	6
90	30	8
100	33	8
110	37	9
125	42	10
135	45	11
150	50	13
160	53	13
175	58	15
185	62	15
200	67	17
215	72	18
225	75	19
235	78	20
250	83	21

If using gravity feeds for all tube feeding, most patients will require 200-250mL/hour over 8 hours to complete their daily feeding requirements. Your medical team will determine the appropriate rate to use for your individual feeding needs.

Caring for your Feeding Tube

Gastrostomy (G-Tubes) and Jejunostomy Tubes (J-Tubes)

Caring for a gastrostomy tube or jejunostomy tube is easy if you follow a few simple steps. It is important to keep the skin around the tube clean and dry. This will help prevent infections from developing and maintain the life of the tube.

- Begin by washing your hands with warm, soapy water. Rinse and towel dry.
- Remove any old dressings that are in place.
- Inspect the area where the tube enters the skin (stoma). Check for swelling, redness, or unusual drainage. A small amount of clear or tan drainage is normal.
- Clean the skin around the tube with warm, soapy water. Use a soft washcloth or a small piece of gauze. Clean in a circular motion starting next to the tube and work your way outward. Rinse the site with water. Remember to not only clean around the tube site, but also under the external device that keeps the tube in place. This is called a bolster and is usually a round disk. You can dip a cotton swab in warm water and gently clean under the bolster.
- After cleaning, allow the site to air-dry or dry with a clean cloth to prevent irritation from moisture.
- Heavily taped dressings may lead to skin problems, so put clean, dry dressing on the site only if needed.
- Never use creams or ointments on the site unless directed to do so by your doctor.
- If you notice that the stoma is draining more than normal, contact your doctor. This could be a sign that the tube size needs to be changed.

Contact your doctor if the tube is clogged, the stoma is draining more than usual, there is green or bloody drainage, there is a bad smell coming from the stoma, or the skin around the stoma is red or hot to the touch.

Nasogastric (NG) Nasojejunal (NJ) and Nasoduodenal (ND)Tube:

Basic tube care:

- Check placement by making sure that the placement line that was marked on the tube is still in the right place. This is usually located near on the tube where it enters the nose. If you are concerned the placement may not be right, go to the ER to have it repositioned or replaced.
- NG, NJ and ND tube placements have to be confirmed with an x-ray before feeding can be started and can never be replaced at home.
- Flushing the tube before and after each feeding can help prevent a buildup of formula inside the tube, which could lead to a clogged tube.

- Clean around the nostrils with warm water to help prevent irritation. Inspect the nose for any redness, wounds, or excessive dryness. Applying petroleum jelly to the nostril can help prevent skin breakdown or dryness.

Please contact your physician if:

1. You think the tube has moved either in or out.
2. The tube has come completely out.
3. You cannot unclog the tube.
4. You have pain, difficulty breathing or speaking, or have a swollen belly.

Feeding Tube Maintenance

Keeping your feeding tube clean and functional ***even if you are not using it for feeding or medications*** is extremely important. Routine flushing can help ensure your tube remains functional so it can be used properly when necessary.

Flushing a Feeding Tube

Flushing a feeding tube with water cleans out the inside of the tube and helps prevent clogs. If your tap water is safe to drink, you can use tap water to flush.

- Fill a clean cup with lukewarm water.
- Put the tip of the feeding syringe in the water then gently pull back on the plunger, which will draw the desired amount of water into the syringe.
- Make sure the feeding tube is clamped to keep any stomach contents from running out of the open feeding tube cap.
- Place the tip of the syringe in the opening of the tube (called the feeding port).
- Unclamp the tube then gently push down on the plunger to push the water through the tube. Clamp the tube, then remove the syringe and replace the cap on the feeding port.

Flushing Schedules

Not Using Feeding Tube:
All feeding tubes should be flushed at least twice daily, even if the tube is not being used for feeding or medications. Each flush should be done with at least 30-60mL of water.

Using Feeding Tube Only for Medications:
Flush the tube with 30mL of water before giving medications. Flush with an additional 5mL of water after each medication to clear the medication from the tube and prevent clogging. Once all medications have been given, flush with an additional 30mL of water daily.

Using Feeding Tube for Food & Medications:

Before and after each feeding, the tube should be flushed with at least 30mL of water.

How to Unclog a Feeding Tube

Feeding tubes can become clogged with formula and/or medications if not flushed properly. You can help prevent this by flushing the tube with water before and after each use, administering medications separately from one another, and using liquid forms of medications when possible.

Necessary supplies:

- Syringe
- Warm water
- Baking soda

If the tube does become clogged, the following instructions may help to unclog the tube:

- Make sure that the feeding tube is not kinked or clamped closed.
- If the clog is visible, massage the tube between your fingers to dislodge the clog. Next, flush the feeding tube with 30mL of warm water.
- If the clog remains, fill your syringe with 30mL of warm water, attach the syringe to the feeding tube, and gently pull back and push the plunger. Repeat this back-and-forth motion several times to see if you are able to break the clog.
- If the warm water does not help the clog, try the same technique with warm water and a small amount of baking soda. Mix ¼ tsp. Baking soda with every 2 oz or ¼ cup of water.
- Push the baking soda solution through the feeding tube and clamp or crimp the feeding tube and wait for 30 minutes. Then attempt to flush with water. Repeat until the clog is released.

Safety note: IF these remedies do not work, call your physician or go to the ER. Never put a wire or anything else into the feeding tube to unclog it. This could puncture the tube, hurt the stomach or intestines, or cause other problems.

Bloating, Gas & Venting

Some people have problems with gas after tube placement. This can be uncomfortable for the patient and releasing the gas by venting can provide relief by removing excess air from the stomach.

- To vent a G-tube, uncap the opening of the feeding tube and insert the tip of a catheter-tip syringe with the plunger portion removed. This will allow gas to escape the stomach. The tube may need to vent for several minutes or longer.

- To help encourage the removal of gas from the stomach, you can lie down on one side and then roll from one side to the other. As the air vents, you may see bubbles come to

the top. Some liquid may also come up with the air. Return this liquid back into the stomach as it contains important body fluids and nutrients. Flush the G-tube with water.

- Some G-tubes have special tubes that can be attached, called “decompression tubes,” which help vent the tube. If you have a decompression tube, attach to the feeding port, open any feeding valve that may be in place. Hold upright and open the end of the decompression tube. When finished venting, remove the tube and close the feeding port.

Special Considerations When Tube Feeding

Handwashing

It does not matter what type of feeding tube you or your loved one has; the first step is to wash your hands before preparing tube feeding formula or handling the tube itself. It is also important to store formula and related supplies in a clean and dry area, avoiding extreme temperatures. Refer to manufacturer guidelines.

Proper Handwashing Steps

1. Run your hands and wrists under warm water.
2. Add soap and rub your hands together to make a good lather. Don’t forget to include your wrist areas and thumbs.
3. Continue washing your hands under running water for at least 20-30 seconds.
4. Rinse your hands well and dry them off using a clean towel. Use the towel to turn off the faucet so that you don’t get germs on your hands from the faucet.

Mouth Care:

Keeping the mouth healthy is very important even when you or your loved one is unable to eat or drink anything by mouth. Regular mouth care prevents bacteria and infections in the throat and mouth. Use the following steps to keep the mouth as clean as possible and minimize problems such as dry mouth, bad breath, bad tastes, and dental problems.

- Brush teeth, gums, and tongue at least twice per day with a soft toothbrush and toothpaste with fluoride. For sensitive mouths, soften the toothbrush bristles before brushing by soaking the toothbrush in warm water for 1-2 minutes before use.
- Gently floss teeth and gums at least once a day after brushing.
- Rinse the mouth regularly with an alcohol-free mouthwash. Mouthwashes containing alcohol may burn and cause irritation. You may also use the homemade mouth rinse described here:
    - 1 tsp. Baking soda

    - ¾ tsp. Salt
    - 1 quart warm or cool water
    - Mix ingredients and stir well until dissolved. Swish in mouth and spit out, do not drink the solution. This can be done several times a day.
- Ask your doctor if it is ok to chew sugar-free gum or suck on candies or ice chips for dry mouth.
- Use a lip balm for dry lips. Avoid licking the lips as this tends to worsen the dryness/chapping.

When to contact your doctor

Contact your doctor or other health care provider if you experience any of the following symptoms:

- Choking or difficulty breathing during or right after a feeding
    - If this happens, stop feeding and call your doctor immediately
- General discomfort with tube feeding regime
- Unusual weakness
- Fever with or without chills
- Persistent nausea, vomiting, diarrhea, or constipation
- Upset for longer than 24 hours
- Symptoms of dehydration, such as
    - Dark-colored, strong smelling urine
    - Decreased urine output
    - Dry mouth or excessive thirst
    - Lightheadedness, weakness, or drowsiness
- Weight loss or gain of more than two pounds a week
- Pain, redness, or blood around the feeding tube
- Foul-smelling or increased/unusual drainage coming from the stoma
- Feeding tube out of place (partially or completely)
- Unable to unclog the tube/unable to flush with warm water
- Anything that keeps you from the feeding for more than several hours.

Problem Solving with Tube Feeding

Here are some common problems that may arise when administering a tube feeding and acceptable ways to respond to them:

Problem	Suggested Solutions
Diarrhea/Upset Stomach Examples: abdominal pain or cramping with frequent, loose, and/or watery stool	• Reduce the volume or rate of feeding. • Try cutting the normal amount in half • Continue water flushes as prescribed as diarrhea can lead to dehydration • If loose stools continue for more than 3 days, contact your doctor. You may need a change in formula. • Remember that loose stools can be caused by a variety of reasons including recent antibiotic use, medication, or illness
Feeding Tube Falls Out	• Stop the feeding • For an NG tube, pull the tube out and replace ONLY if you have been trained by your medical team. You will need a chest x-ray before using the tube again. • If you have not been trained on proper placement, contact your doctor • For G tubes, the opening into the stomach will close up quickly. Contact your doctor immediately. DO NOT REINSERT THE TUBE UNLESS INSTRUCTED BY YOUR PHYSICIAN AS THIS MAY RESULT IN SERIOUS INFECTION.
Site Care/Skin Issue Examples: swelling, tenderness, increased redness or drainage at feeding tube site	• If any of the symptoms listed to the left are present, notify your physician • Granulation tissue is a red, moist tissue that develops around the g-tube. This tissue is very common. Granulation tissue bleeds easily and may secrete yellow/brown drainage. This is not an emergency, but you do need to let your physician know.
Constipation Examples: infrequent or hard stool, as well as bloating, gas, cramping, or pain	• Make sure you are getting enough water and do not skip any routine water flushes. • As your doctor or dietician for suggestions as certain medications can cause constipation.
Gas pains/bloating Examples: distended stomach, feeling uncomfortably full or gassy	• Abdominal bloating can be related to constipation • If not related to constipation,. venting the

	stomach may be helpful.

Frequently Asked Questions

How will I feel when I begin tube feeding?
Everyone responds differently to tube feeding.Your doctor or dietitian has chosen what they think is the best formula for you. Call your doctor if you experience vomiting, diarrhea, constipation, or gas for more than two days.

Will the formula provide everything I need?
The formula is a complete balanced liquid that contains all the calories, protein, fat, vitamins, and minerals that your body needs. If you use the number of cans per day that your doctor has prescribed, all of your nutritional needs will be met. It is very important that you use the correct number of cans/cartons to make sure you do not lose weight. Even though the formula is liquid, you will be required to give yourself additional water through the tube to make sure you stay hydrated. Your doctor or dietitian will set up a feeding plan for you which includes how much formula and water you require each day.

Will I feel hungry when I am tube feeding?
As long as you are using the prescribed number of cans/cartons each day, you should not feel hungery. If you are bolus feeding, you may feel hungry between meals just as when eating by mouth. Following a feeding, your hunger should be gone. If you are using the prescribed amount of feeding and continue to feel hungry, contact your doctor.

I know I will "adjust" to tube feeding but what "isn't normal"?
If you are experiencing bloating, upset stomach, liquid stool, unusual weakness, feelings of fullness, or anything that stops you from feeding as much as you should, you should call your doctor.

What will stools/bowel movements be like?
Bowel movements will be soft, but should not be watery like diarrhea. If you are on any pain medications, you could experience constipation. If you experience diarrhea or constipation for more than 2 days, contact your doctor.

If I can eat by mouth, can I also use my feeding tube?
It is ok to eat by mouth ***and*** use the feeding tube. Many patients use a combination of eating and tube feeding to maintain their weight and nutrition. To avoid losing weight, you can give yourself formula to keep your weight and energy up until you are able to eat enough by mouth.

How soon can my G-Tube come out once I don't need it anymore?
A G-tube must remain in place for at least six weeks after it was placed to ensure the surgical site is well healed before removing the tube. Your doctor will need to verify you are able to maintain your weight and nutrition by eating. Before removal, a patient is usually not using the tube for anything (including medications) for at least two weeks and maintaining their weight. If there is potential for additional surgery or treatment, however, it is usually better to leave the tube in place in case it is needed again.

My feeding tube was placed in surgery so do I need another surgery to have it removed?
No. Both NG tube and G-tubes are easily removed in the doctor's office.

What if I don't need to use my tube but my doctor wants me to leave it in place?
You should be flushing your tube with at least 60mL of water 1-2 times a day to keep it clean, even if you aren't using your tube for formula. This will ensure the tube stays clean and functional

Are water and formula the only thing I can put through my feeding tube?
NO. While formula is designed to meet your nutritional needs, some people do not tolerate formula well. It is OK to liquify regular food and use this instead of formula. It is important to make sure you are taking in enough nutritionl/calories this way. Your doctor can provide you some assistance this way.

My doctor told me I could put regular food through my feeding tube but the hospital nurse told me I could only put formula through the tube. Why?
Tube feeding formulas are designed to be nutritionally complete and can help ensure patients are well nourished when not able to eat by mouth. Formula also requires very little preparation to feed and can be much easier to use when learning to tube feed. These formulas are also designed to be "low-residue" and less likely to clog feeding tubes. For this reason, many health care professionals believe in using only tube feed formulas. While formulas offer these clear advantages, any food that can be liquified can be used for feeding as well. If using regular food (not formula) for feeding, be sure to flush tube with a syringe of carbonated soda (Coke, etc) to remove any residue from the tube. Follow this with a water flush.

My doctor has told me to put "regular food" through my feeding tube. How do I do this?
Foods can be prepared for tube feeding by using a blender. Place food into blender and add liquid to allow it to blend/liquify. Any liquid can be used (juice, milk, broth, etc). As the liquid used will add to the food material, think of adding a liquid that will also add nutrition to the feeding (milk, formula, Boost or Ensure, etc). After feeding, flush with one syringe of a carbonated soda (Coke, etc) as this will remove any food residue from the tube and help prevent clogging. Following the soda flush, flush with water to clear the soda frm the tube.

How do I store the formula?
For liquid formulas, store unopened cans/cartons at room temperature. Do not expose formula to extreme temperatures for long periods of time. Once the formula has been opened, cover and refrigerate for up to 24 hours, then discard. Do not use refrigerated formula that has been opened for more than 24 hours.

For powdered formulas, formula can be mixed and kept at room temperature for 4-6 hours after mixing. After this time, discard remainder of formula. Powdered formula can be mixed and refrigerated for up to 24 hours. Never use refrigerated formula that was mixed more than 24 hours earlier. Please refer to package inserts and manufacturer guidelines.

How do I clean the supplies?
Syringe: After each use, remove the plunger from the barrel and rinse both under warm water. Next set both parts on a dry towel to air dry. If the syringe becomes difficult to push down or the plunger gets stuck in the barrel, you may apply a small amount of food-grade oil, such as

vegetable oil, on the black rubber part of the plunger so it will slide easier through the barrel.

Bag Set: If you are doing gravity feedings or are using a pump for feeds, rinse out the bag set after each use. Never allow formula to dry inside the feeding bag and tubing. This may cause it to clog. To clean the bag set, fill the bag halfway with warm water, gently swish the water around the bag to clean the inside of the bag and discard the water. Next, fill the bag again with clean, warm water and allow the water to run through the tubing until the water is no longer cloudy and runs clear from the tip of the bag set.

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