# Nasogastric Tube Feeding via Continuous Pump

## Level III

### Purpose

The purpose of this procedure is to provide nourishment to the resident who is unable to obtain nourishment orally. To be done only by a licensed staff.

### Preparation

1. Verify that there is a physician’s order for this procedure.
2. Review the resident’s care plan and provide for any special needs of the resident.
3. Assemble equipment and supplies needed.
4. Ensure that the equipment and devices are working properly by performing any calibrations or checks as instructed by the manufacturer or this facility.

### Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Soap and water;
2. Wash cloth and towel;
3. Enteral feeding pump;
4. Enteral pump set and feeding bag;
5. IV pole;
6. Sixty (60) cc catheter tip syringe;
7. Prescribed enteral feeding;
8. Clean container with fresh water;
9. Stethoscope; and
10. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

### Steps in the Procedure

1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash hands and dry thoroughly.
3. Wear clean gloves.
4. Pour prescribed amount of enteral feeding into enteral feeding bag.
5. Attach enteral feeding pump set to bag and prime tubing. Clamp tubing.
6. Clamp nasogastric tube. Remove the plug from the nasogastric tube.
7. Attach catheter tip syringe with ten (10) to thirty (30) cc of air to nasogastric tube. Unclamp nasogastric tube.
8. Verify placement of tube by forcefully injecting the air into the tube while listening to the abdomen with stethoscope for a bubbling sound.
9. After verifying placement, clamp tube, remove the empty syringe and attach the primed feeding pump set to nasogastric tube and unclamp nasogastric tube.
11. Position resident in Semi-fowler’s or higher position for continuous feeding.
12. Connect the infusion pump, set rate, and press start for continuous feeding.
13. Place the wash cloth and towel in the soiled laundry container.
14. Discard disposable supplies in the designated containers.
15. Clean reusable equipment according to the manufacturer’s instructions.
16. Clean the overbed table and return it to its proper position.
17. Reposition the bed covers. Make the resident comfortable.
Steps in the Procedure (continued)

18. Place the call light within easy reach of the resident.
19. Remove gloves and discard into designated container.
20. Wash your hands.
21. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.

Documentation

The person performing this procedure should record the following information in the resident’s medical record:

1. The date and time the procedure was performed.
2. Verification of tube placement.
3. Amount and type of enteral feeding.
4. The average fluid intake per day.
5. The name and title of the individual(s) who performed the procedure.
6. All assessment data obtained during the procedure.
7. How the resident tolerated the procedure.
8. If the resident refused the procedure, the reason(s) why and the intervention taken.
9. The signature and title of the person recording the data.

Reporting

1. Report complications (e.g., diarrhea, gastric distention, aspiration) promptly to the supervisor and the Attending Physician.
2. Report negative consequences of tube use (e.g., agitation, depression, self-extubation, infections, aspiration and restraint use) to the supervisor and Attending Physician.
3. Notify the supervisor if the resident refuses the procedure.
4. Report other information in accordance with facility policy and professional standards of practice.

References

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<th>MDS (RAPS)</th>
<th>K5b; K6a; K6b (RAP #14)</th>
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<td>Survey Tag Numbers</td>
<td>F321; F322; F441</td>
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<td>Related Documents</td>
<td>Blood–Body Fluids–Infectious Diseases</td>
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