Veterinary Nursing

Feeding tubes

Guide to feeding tubes

The main types of feeding tubes are:

- **NO – Naso-oesophageal**
- **NG – Naso-gastric**
- **O tubes – Oesophagostomy tubes**
- **PEG – Percutaneous endoscopic gastrostomy**

The type of feeding is to the clinician's discretion and is case dependant.
We have several liquid diets used for the feeding tubes, these include:

- **RC Recovery - (1kcal/ml) for Canine and Feline patients**
- **RC GI high energy (1.5kcal/ml) for Canines**
- **RC GI low fat (1kcal/ml) for Canines**
- **RC Renal (1kcal/ml) for Felines**
- **RC Renal (1.5kcal/ml) For Canines**
- **RC convalescence sachets (1.1kacl/ml) made up with 150ml of warm water, suitable for Canine and Feline patients**

Dependant on how long the patient had not eaten for will depend on what rate of RER the tube feeds are started at. This could either be ¼ RER or 1/3 RER. This can be calculated following the feeding plan sheet. Patients with NO/NG tube should wear a buster collar to prevent them interfering with the tube. This can be removed when someone is in the kennel with the patient. The buster collar should be cleaned regulary. A light neck bandage can also be placed to prevent the tube from getting into the patients face or pulling in the wrong direction.

O Tubes are always bandaged to the patient. A primapore is placed over the stomasite with a light soff ban and vet wrap dressing over the top. This should be changed twice daily. Once the dressing is removed the stomasite should be cleaned with a dilute hibi scrub solution and dried before applying another primapore and light dressing. In the case of any discharge, swelling or redness from the stomasite the clinician in charge should be informed. The dressing changes can be increased as needed to ensure that the stomasite is appropriately monitored and kept clean.

PEG tubes are kept out of the patient's way by using a medical pet shirt. The tube can then have a layer of swabs wrapped around to ensure that it is not irritating the patient or causing pain when lying down. PEG tubes are usually not used until 24 hours after placement to ensure there is a seal.

Naso-oesophageal tube

Needed equipment:

- **Two 70% isopropyl alcohol wipes**
- **Correct amount of food in suitably sized syringes**
- **Two Syringes with water for pre- and post-feeding flush**
- **Suitably sized syringe for aspirating before feeding**
- **Gloves**

Gloves should be worn and the end of the feeding tube should be cleaned with an alcohol swab before attaching the empty syringe.

Aspirate the feeding tube with the empty syringe. When drawing back negative pressure should be achieved. If this isn't the case the tube should not be used and the clinician informed straight away. The tube should clearly be labelled not to be used.

Once negative pressure has been achieved the empty syringe can be removed and the pre feed flush of warm water can slowly be put into the feeding tube (3-6mls dependant on tube size/length)

If no adverse effects seen (lip smacking, nausea) the food can be given slowly. The time this is given over depends on the patient and amount of food needed. (Usually, a feed is given between 15-30 minutes but could be longer in some patients) Monitor for adverse effects throughout the feed, these can be seen if the feed is being given too fast. Slow the feed down even more and If adverse effects are still seen stop the feed and inform the clinician.

Once the food has been given the post feeding flush of water can be given again slowly. Once this is done the end of the feeding tube should be cleaned with an alcohol swab and the tube closed.

Naso-gastric feeding tube

Needed equipment:

- **Two 70% isopropyl alcohol wipes**
- **Correct amount of food in suitably sized syringes**
- **Two Syringes with water for pre- and post-feeding flush**
- **Suitably sized syringe for aspirating before feeding**
- **Gloves**

Gloves should be worn and the end of the feeding tube should be cleaned with an alcohol swab before attaching the empty syringe.

Aspirate the feeding tube with the empty syringe. When drawing back negative pressure should be achieved, in some cases food might be still in the stomach. The tube can be used to check the residual gastric volume. The plan regarding the residual gastric volume varies so the clinician in charge of the patient should give a clear plan of what they want doing if any residual gastric volume is removed via the tube.

Once negative pressure has been achieved with the empty syringe it can be removed and the pre feed flush of warm water can slowly be put into the feeding tube (3-6mls dependant on tube size/length)

If no adverse effects seen (lip smacking, nausea) the food can be given slowly. The time this is given over depends on the patient and amount of food needed. (Usually, a feed is given between 15-30 minutes but could be longer in some patients) Monitor for adverse effects throughout the feed, these can be seen if the feed is being given too fast. Slow the feed down even more and If adverse effects are still seen stop the feed and inform the clinician.

Once the food has been given the post feeding flush of water can be given again slowly. Once this is done the end of the feeding tube should be cleaned with an alcohol swab and the tube closed

Oesophagostomy tube

Needed equipment:

- **Two 70% isopropyl alcohol wipes**
- **Correct amount of food in suitably sized syringes**
- **Two Syringes with water for pre- and post-feeding flush**
- **Suitably sized syringe for aspirating before feeding**
- **Gloves**
- **Two sterile closed caps**

Gloves should be worn and the end of the feeding tube should be cleaned with an alcohol swab before attaching the empty syringe.

Aspirate the feeding tube with the empty syringe. When drawing back negative pressure should be achieved. If this isn't the case the tube should not be used and the clinician informed straight away. The tube should clearly be labelled not to be used.

Once negative pressure has been achieved the empty syringe can be removed and the pre feed flush of warm water can slowly be put into the feeding tube (3-6mls dependant on tube size/length)

If no adverse effects seen (lip smacking, nausea) the food can be given slowly. The time this is given over depends on the patient and amount of food needed. (Usually, a feed is given between 15-30 minutes but could be longer in some patients) Monitor for adverse effects throughout the feed, these can be seen if the feed is being given too fast. Slow the feed down even more and If adverse effects are still seen stop the feed and inform the clinician.

Once the food has been given the post feeding flush of water can be given again slowly. Once this is done the end of the feeding tube should be cleaned with an alcohol swab and a sterile close cap placed back onto the end of the tube.

PEG tube

Needed equipment:

- **Two 70% isopropyl alcohol wipes**
- **Correct amount of food in suitably sized syringes**
- **Two Syringes with water for pre- and post-feeding flush**
- **Suitably sized syringe for aspirating before feeding (10ml or 20ml)**
- **Gloves**
- **One closed cap**

Gloves should be worn, and the end of the feeding tube should be cleaned with an alcohol swab before unclamping the clamp and attaching the empty syringe.

Aspirate the feeding tube with the empty syringe either a 10ml or 20ml syringe dependant on the patient's size. When drawing back negative pressure may not be achieved if there is a residual gastric volume. The clinician in charge of the case should give a clear plan on what to do in the case of residual gastric volume.

Once negative pressure has been achieved the empty syringe can be removed and the pre feed flush of warm water can slowly be put into the feeding tube (3-6mls dependant on tube size/length)

If no adverse effects seen (lip smacking, nausea) the food can be given slowly. The time this is given over depends on the patient and amount of food needed. (Usually, a feed is given between 15-30 minutes but could be longer in some patients) Monitor for adverse effects throughout the feed, these can be seen if the feed is being given too fast. Slow the feed down even more and If adverse effects are still seen stop the feed and inform the clinician.

Once the food has been given the post feeding flush of water can be given again slowly. Once this is done the feeding tube should be clamped back off, the end of the feeding tube should be cleaned with an alcohol swab and a sterile closed cap should be placed on the end of the tube.