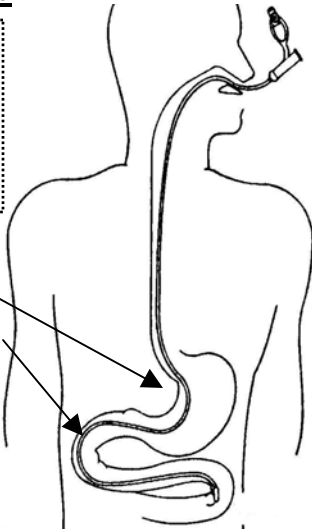


**FEEDING ROUTES**

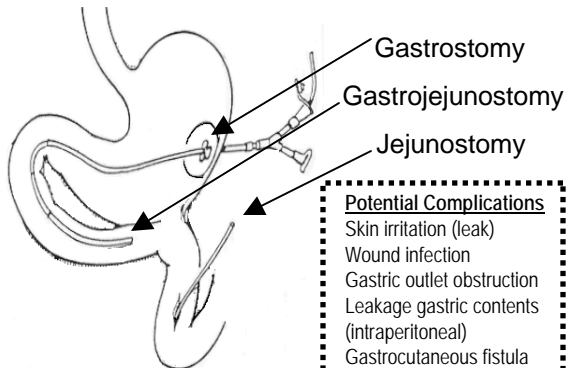
Nasal Insertion:  
Contraindications  
Basal skull fracture  
Nasal injury  
Coagulopathy  
Sinusitis



**NASOENTERIC**

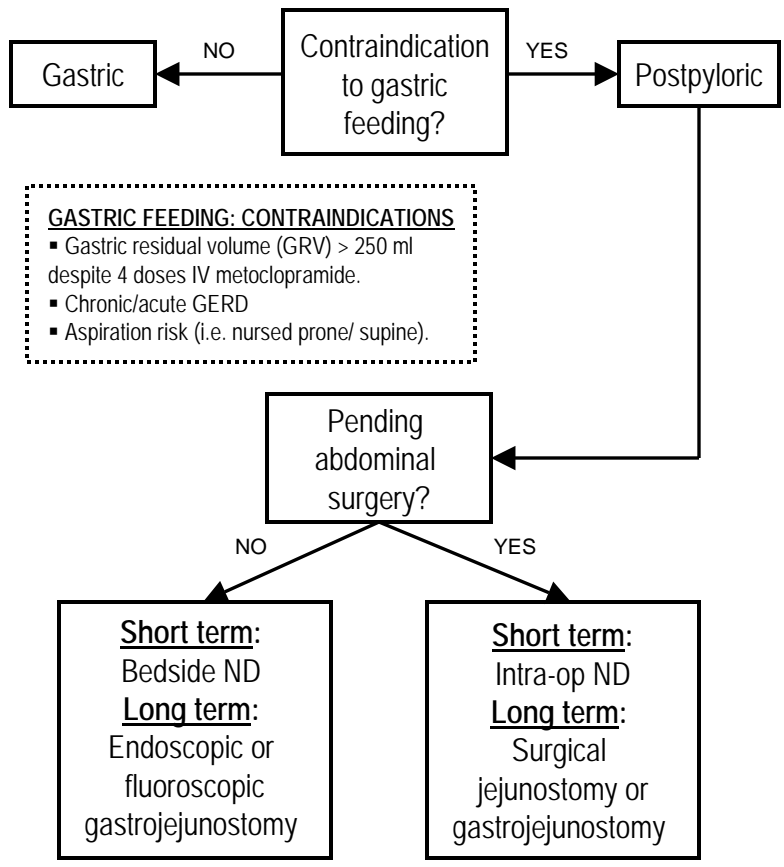
Nasogastric (NG)  
Nasoduodenal (ND)

**ENTEROSTOMIES**



Potential Complications  
Skin irritation (leak)  
Wound infection  
Gastric outlet obstruction  
Leakage gastric contents (intraperitoneal)  
Gastrocutaneous fistula

**CHOOSING A FEEDING ROUTE & PLACEMENT METHOD**



GASTRIC FEEDING: CONTRAINDICATIONS  
▪ Gastric residual volume (GRV) > 250 ml despite 4 doses IV metoclopramide.  
▪ Chronic/acute GERD  
▪ Aspiration risk (i.e. nursed prone/ supine).

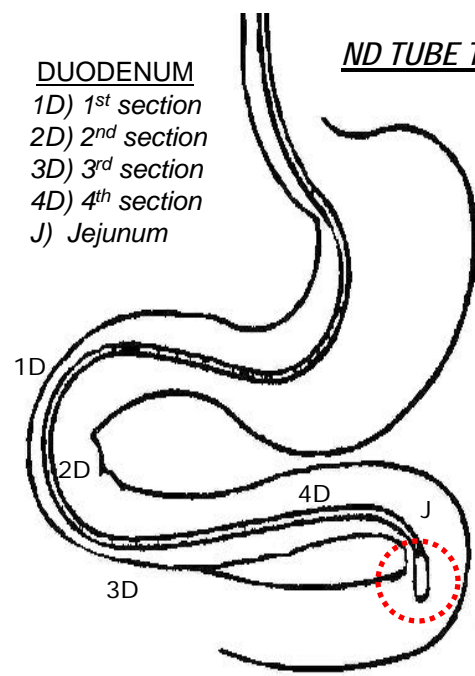
**ENTRIFLEX FEEDING TUBE**

12 Fr; 43 in (110 cm)  
Polyurethane  
Radiopaque  
Dual port flow-through stylet  
Closed - end  
Tungsten tip  
HYDROMER coated lumen (water activated)

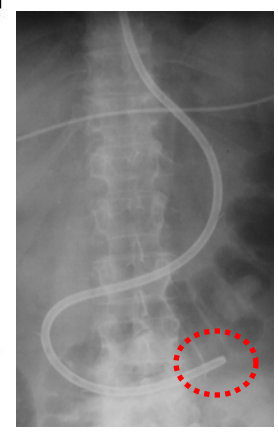


**ND TUBE TIP POSITION**

DUODENUM  
1D) 1<sup>st</sup> section  
2D) 2<sup>nd</sup> section  
3D) 3<sup>rd</sup> section  
4D) 4<sup>th</sup> section  
J) Jejunum



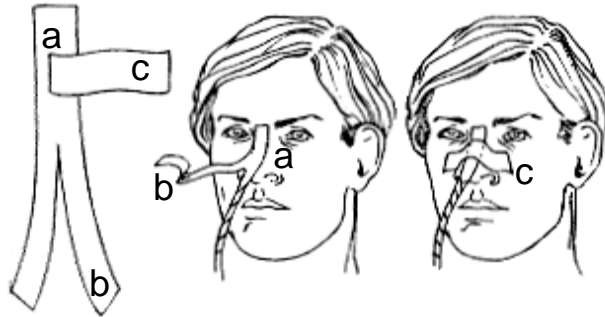
ND INDICATIONS  
Gastric stasis  
Aspiration risk  
Acute pancreatitis



## ICU RAPID RESOURCE 3: TUBE TIPS (pg 2)

### HOW TO SECURE A NASAL TUBE

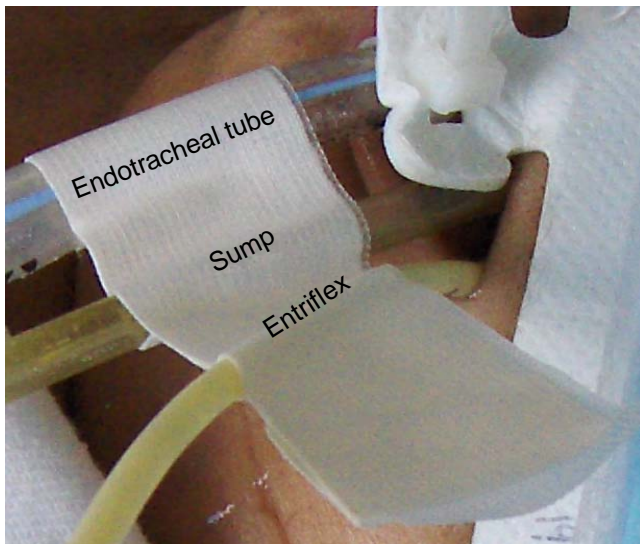
- 1) Wipe nose with alcohol swab to remove oil.
- 2) Prepare nose with a barrier/adhesive product.
- 3) Prepare silk tape.
- 4) Place tape on nose (a); pinch (tent) tape to reduce contact pressure on nostril.
- 5) Wrap tape legs (b) along a 8 cm (3 in) length of tube.
- 6) Secure tape on nose with 2<sup>nd</sup> piece of tape (c)
- 7) Check tube security daily (tug tube).
- 8) Replace tape as indicated.



### MEDICATION DELIVERY

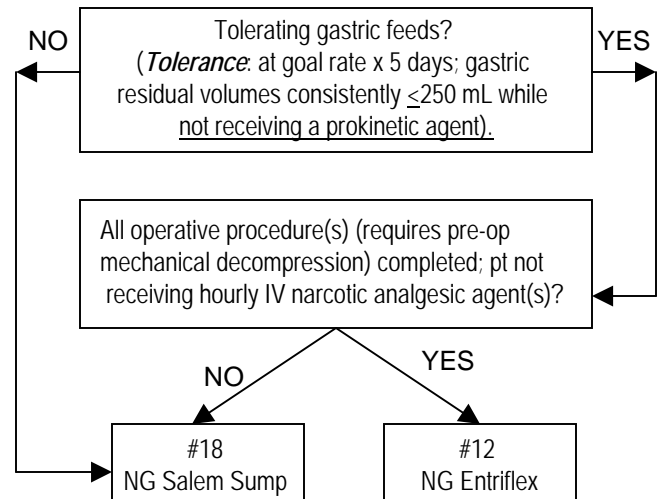
For patients with an NG AND ND tube, use the NG for meds unless contraindicated (GRV > 250 mL).

### HOW TO SECURE AN ORAL TUBE TO AN ENDOTRACHEAL TUBE



- 1) Cover a 6 in (15 cm) length of cloth tape with clear plastic tape.
- 2) Fold the cloth/plastic tape around the circumference of the oral endotracheal tube, the sump, and the Entriflex tube. Press the tape firmly between each tube.

### NG SALEM SUMP vs. NG ENTRIFLEX



### ASSESSING GASTRIC RESIDUAL VOLUMES (GRV):

OG Sump only: Check GRV q4h; refeed as per protocol.

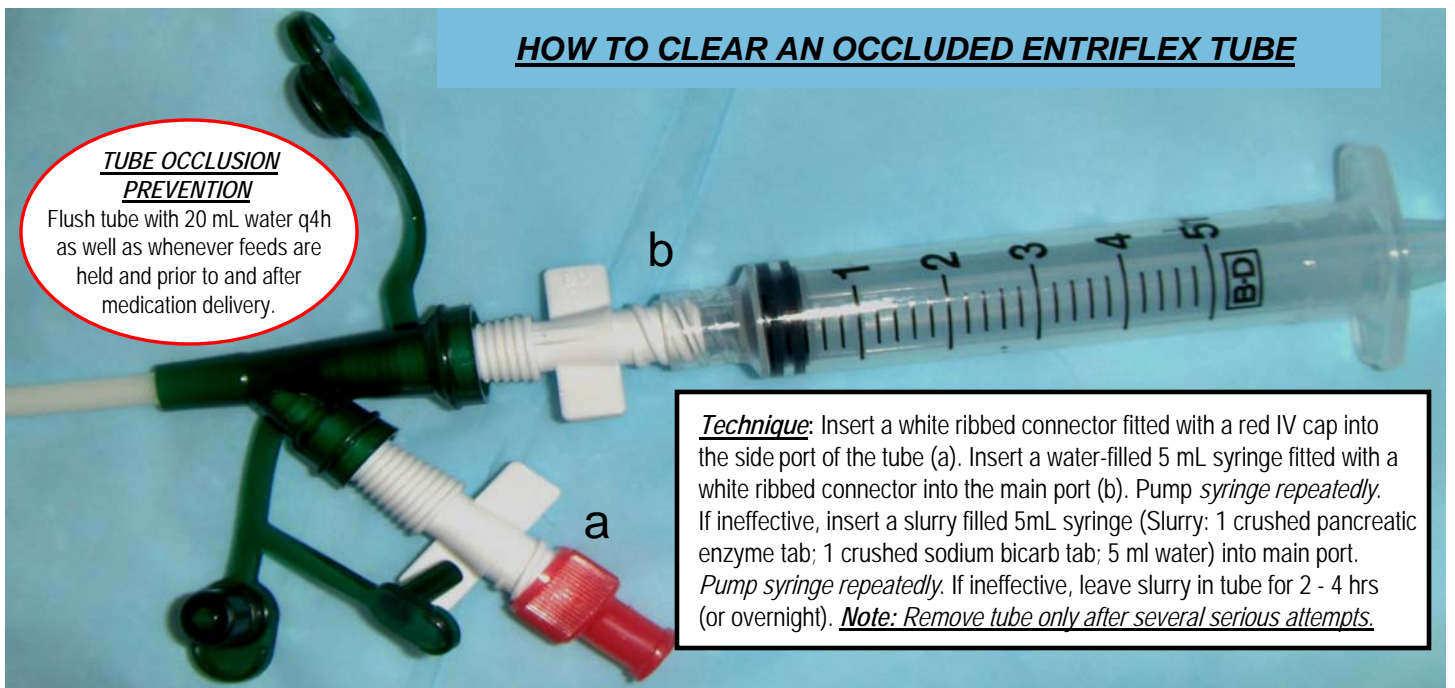
ND or NG Entriflex only: Do not check GRV.

OG Sump with ND Entriflex: Check GRV (Sump) q4h; discard.

### HOW TO CLEAR AN OCCLUDED ENTRIFLEX TUBE

#### TUBE OCCLUSION PREVENTION

Flush tube with 20 mL water q4h as well as whenever feeds are held and prior to and after medication delivery.



**Technique:** Insert a white ribbed connector fitted with a red IV cap into the side port of the tube (a). Insert a water-filled 5 mL syringe fitted with a white ribbed connector into the main port (b). Pump syringe repeatedly. If ineffective, insert a slurry filled 5mL syringe (Slurry: 1 crushed pancreatic enzyme tab; 1 crushed sodium bicarb tab; 5 ml water) into main port. Pump syringe repeatedly. If ineffective, leave slurry in tube for 2 - 4 hrs (or overnight). **Note:** Remove tube only after several serious attempts.