



Provincial Health Services Authority

Tube Feeding at Home

Gastrostomy Tube (G-tube) Care

A Guidebook for Patients and Caregivers

This guidebook is for

Date

Who to call for help and important contact information

If you have:	You should call:
<p>Issues tolerating your tube feed, formula or feeding schedule.</p> <p>Weight loss or weight gain.</p> <p>Questions about tube feeding supplies or feeding pump.</p>	<p>Your dietitian</p> <p>_____</p> <p>Monday – Friday: 8:30am – 4:00pm</p> <p>Call: _____</p>
<p>Concerns about your G-tube site, skin irritations, medications, blocked or clogged tube or side effects from treatment.</p>	<p>Provincial Nurse Line</p> <p>Available 24 hours a day, 7 days a week</p> <p>Contact a nurse by using one of the options below:</p> <ul style="list-style-type: none"> • Call our Provincial Nurse Line at 1-833-818-ONCO (6626) • Go to http://www.bccancer.bc.ca/ • Scan this QR code <div data-bbox="974 1087 1307 1423" data-label="Image"> </div> <p>Look for this icon:</p> <div data-bbox="1214 1474 1360 1591" data-label="Image"> </div> <p>Type your question or department you would like to reach into the pop-up chat box. The digital agent will connect you with the department who can help.</p> <p>Select: Chat with a BC Cancer Nurse</p>

About Your G-tube

Insertion Date: _____

Inserted at (facility): _____

Tube type: _____

Manufacturer and size of tube: _____

Measurement of tube at insertion: _____cm

* See checking your G-tube's position page 9

Bandage instructions: _____

Balloon Retention G-tubes only:

Next balloon check due: _____

* See balloon check steps page 11

Volume of fluid in balloon: _____

Home Care Nursing (if applicable):

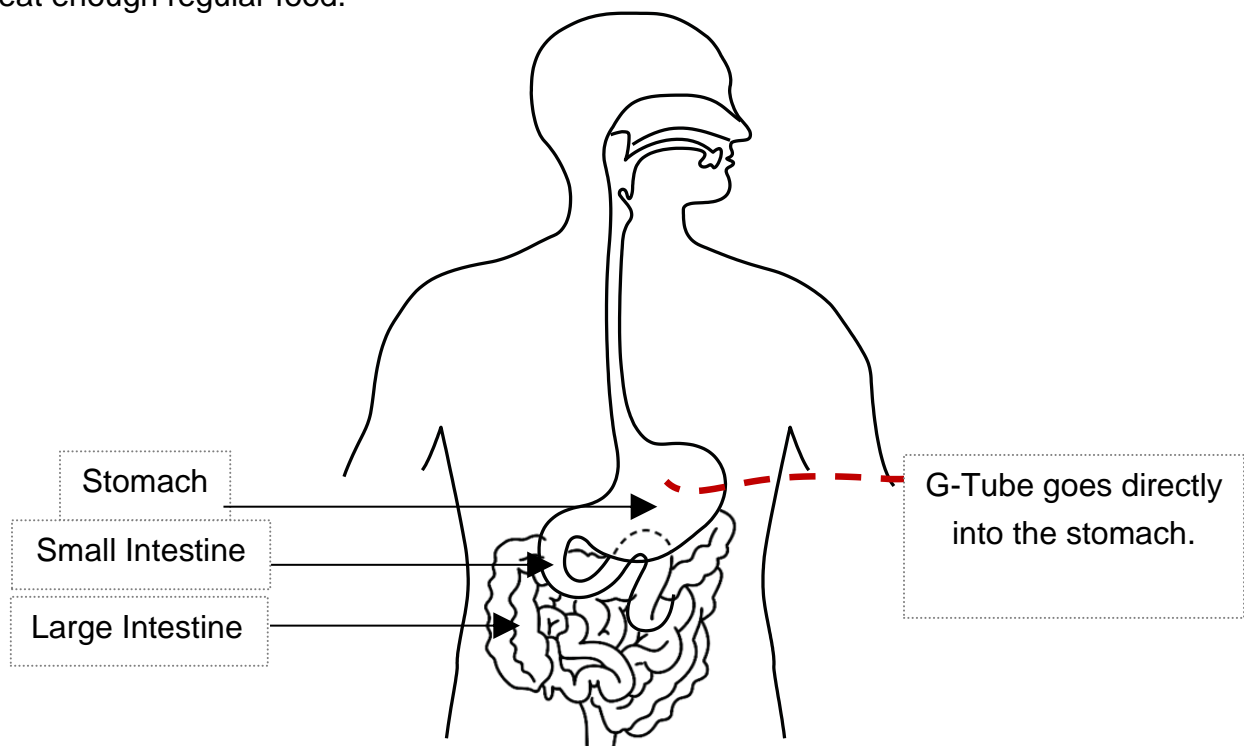
Contact information: _____

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What is tube feeding?

Tube feeding is a way of giving liquid food (formula) directly into your stomach. This liquid food provides your body nutrients needed for good health. Tube feeding provides total nutrition for people who cannot eat at all, or extra nutrition for people who cannot eat enough regular food.



About your feeding tube

Types of tubes:

a) Low-profile G-tube: can be held in place with an internal bumper or balloon. These tubes last anywhere from 3-6 months. These tubes can have an extension set attached to provide feeds.



b) Long-shaft G-tube: sometimes used as primary (initial) tubes. They can be held in place with an internal bumper or balloon.



Percutaneous endoscopic gastrostomy (PEG) tube: refers to the specific way of putting in the tube. The tube may be either low-profile or long-shaft. Putting in the tube involves using a tool called an endoscope. An endoscope is a thin, flexible tube with a light and tiny camera on the end. You need to stay in the hospital for a short time after your PEG is inserted. A PEG tube can be in place for longer than a low-profile or long-shaft G-tube.

ENFit is a connector for tube feeding systems. We will give you instructions on how to use and care for this connector.

ENFit is a connector for tube feeding systems which connect to formula syringes/formula gravity bags. We will give you instructions on how to use and care for this connector.



How long can my G-tube stay in place?

- G-tubes with balloons should be replaced every 3 to 4 months.
- G-tubes without balloons should be replaced every 6 to 12 months.
- Your tube may need to be replaced sooner if:
 - The tube has a crack or looks like it is breaking down.
 - Your balloon is leaking.
 - There is a change in the amount of, or look of, the drainage from the opening where the tube enters the body.
 - The tube is blocked. You may be unable to flush or feed through the tube, or feeding takes longer than normal.
 - If your tube is broken or needs replacement, call the service that placed your tube.

Why do I need a feeding tube?

If you are not able to eat or drink enough and are losing weight, you may need a tube for feeding.

There are different reasons why it may be difficult for you to eat or drink enough:

- A blockage in your throat or stomach due to cancer.
- Severe side effects of cancer treatment such as a sore mouth or throat.
- Damage to the muscles and nerves which prevents you from swallowing properly and safely.

What are the benefits of a feeding tube?

- Helps you to meet your calorie and protein needs to maintain weight.
- Helps maintain your energy and strength.
- Improves your well-being and quality of life.
- Gives you another way to take your medicines and fluids.
- Less frustration and discomfort when trying to eat.

What are the risks and challenges of a G-tube?

- A bit of discomfort when the tube is first put in.
- Irritation or infection at the tube site.
- Tube may move out of place and need to be put back in.

Do I need to stop taking my medications before the G-tube insertion procedure?

- Tell your doctor ALL the medicines and natural health products you take. Some may increase the risk of problems during the procedure to insert the G-tube. Your doctor will tell you if you should stop taking any of them before the procedure and how soon to do it.
- If you take a medicine that prevents blood clots, your doctor may tell you to stop taking it before your procedure. These medicines include aspirin and other blood thinners. Make sure that you understand exactly what your doctor wants you to do.

How do I feed myself through the G-tube?

The tube feedings are usually divided into 3-5 small feedings throughout the day. The tube is flushed with a small amount of water before and after each feed. Each feeding will take about 15 minutes to 2 hours depending on the amount of formula and water you need. Your dietitian will help you in finding a feeding schedule that works for you.

Will I be able to eat or drink while I have a G-tube?

Your healthcare team will assess if it is safe for you to eat or drink. If it is safe and comfortable for you to swallow, you can continue eating and drinking small amounts during or between the tube feedings. Your tube feeding schedule will be based on your ability to eat or drink, your daily routine and your goals of care.

How to prevent infections

Infections are caused by harmful bacteria or other small organisms entering and growing in the body. Here are some simple, but important steps you can take to lower the risk of infection:

- Wash your hands
- Clean your work area

Read page 17 for information on how to monitor for infection.

How to prevent food-related illness

1. Wash your hands before and after touching your feeding tube and the tube site.
 - Turn on water and wet wrists and hands.
 - Use bar or liquid soap. Rub soapy lather between fingers, under nails, over palms, and back of hands.

- Point hands downward and rinse soap off hands and wrists.
 - Dry hands with clean cloth or paper towel. Then use the cloth or paper towel to turn off the tap.
2. Store supplies and unopened formula in a dry, clean, insect-free area, off the floor. Use a cabinet or closet with a door. If you think any supplies are dirty, clean them again or replace them.
 3. Follow manufacturer's guidelines for opened formula storage.
In general:
 - a. Label the formula with the date and time you opened it.
 - b. Opened containers may be stored at room temperature for up to 8 hours. Throw away any unused formula after 8 hours.
 - c. Opened containers may be covered and stored in the fridge for up to 24 hours. Throw away any unused, refrigerated formula after 24 hours.
 4. Clean work area (table, countertop, or tray) before using feeding supplies. Use a clean cloth or paper towel, soap, and water to clean daily and whenever dirty.
 5. Avoid coughing, sneezing, and smoking while handling tube feeding supplies.

Mouth care

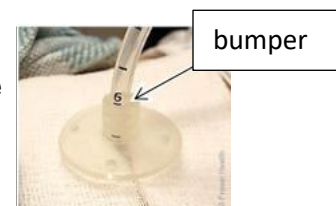
- It is important to care for your mouth, teeth, and gums even if you are not eating.
- Brush your teeth with a soft brush at least twice a day with toothpaste that has fluoride
- Swish and spit with alcohol-free mouthwash every 4 hours between brushings.
- Keep your lips moist using water- based lip moisturizers (do not use petroleum jelly).

G-tube feeding site care

Checking your G-tube's position

Checking the position of your gastrostomy tube is an important part of daily tube feeding. Keeping the tube in the correct position helps make sure that you receive tube feeding in the best way.

Your bumper is a piece of silicone. It holds your tube in place. The number you can see just outside the bumper is the tube position.



- Note the numbers on the tube in relation to the bumper.
- The tube position should not change on its own.
- Check the position of your G-tube before using it for feeding or taking medications.
- If your bumper feels loose or tight, speak to your nurse or dietitian.
- **If the G-tube moves by more than 1 inch (2.5 cm), do not use it.**
Call your health care team or go to your nearest hospital emergency department to have tube placement checked.

Rotating your G-tube

Rotating the G-tube helps keep the skin from sticking to the tube and keeps your stoma healthy. The stoma is the opening on the skin where the feeding tube enters your body.

- Rotate the tube every day.
- To rotate, gently turn the tube all the way around (360°).

NOTE: DO NOT rotate your G-tube if the tube is stitched in place.

Taking a bath or shower with a G-tube

If you want to take a shower:

- For the first week after your G-tube is inserted, cover the site with a waterproof bandage or plastic wrap before showering. Remove the bandage or plastic wrap right after showering and clean the site with normal saline. See “Cleaning your G-tube” below.
- After one week, you do not need to cover the site before showering.

If you want to take a bath:

- Keep your G-tube site above water for the first 2 weeks.
- Wait two weeks before submerging in a bathtub.
- Wait at least one month, or until your stoma is completely healed, before swimming.

Cleaning your G-Tube

It is important to keep the skin clean and dry to avoid skin irritation and breakdown.

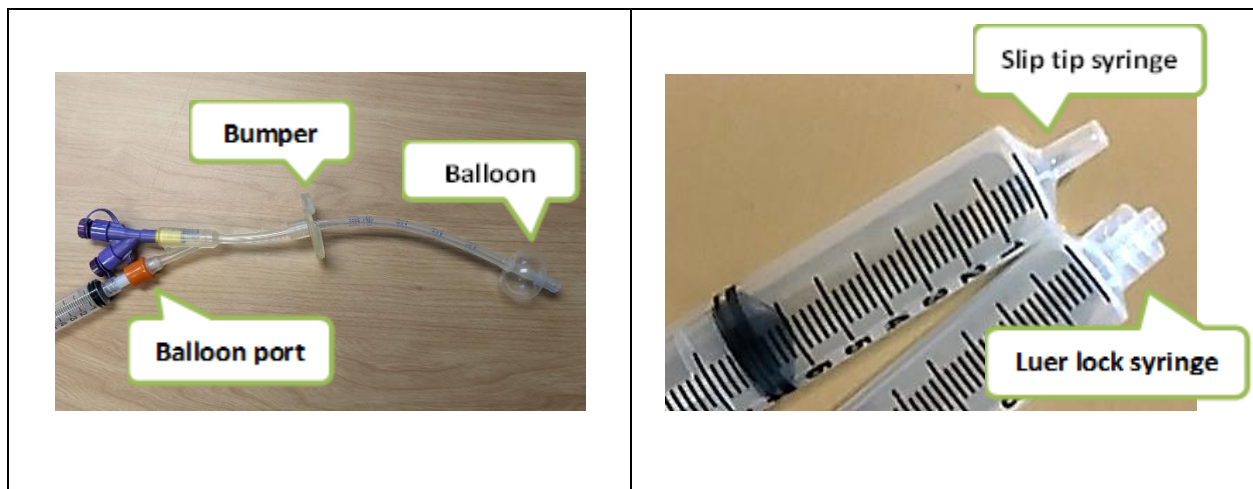
Clean your G-tube site daily. If your tube has stabilizing buttons, clean these daily as well.

Clean your stoma with warm soapy water and a gauze pad or cotton swab.

Follow these steps:

- Gently lift the retention disc around the stoma.
- Moisten the gauze pad or cotton swab with warm soapy water.
- Gently clean the skin under the bumper with the moist gauze pad or cotton swab.
 - Wipe around the tube in a circle.
 - Start closest to the tube and work outward.
 - Be careful not to pull on your tube.
- Wipe the outside of the tube with a moistened clean gauze pad.
- Gently pat your skin dry with a clean gauze pad. Dry under the bumper as well.
- Gently release the retention disc to rest on abdomen. Ensure the disc is not pressing tightly.
- If you have stabilizing buttons: Follow the same steps to clean the 3 stabilizing buttons around the G-tube. These stabilizing buttons will fall off on their own in about 3 weeks.
- See page 23 for images on cleaning your G-tube ENFit connector.

Checking your G-tube balloon volume (Balloon Retention Feeding Tubes)



Your balloon is filled with sterile water or distilled water. The balloon sits in your stomach to hold your G-tube in place. The amount of water in the balloon needs to be checked and changed weekly (starting 28 days after putting it in).

Caution: Never pull on your G-tube.

Check the balloon water once per week.

For best results wait 1 hour after feeding.

- If your balloon is holding too much water, you might have these problems:
 - It can block the feeding tube.
 - It can shorten the useful life of the balloon.
 - It can pop the balloon.
- If your balloon pops, we have to replace it.
 - Use tape on your skin to keep the tube in place.
 - Call your doctor or care team for what to do next.
- If your balloon is holding too little water, the feeding tube can fall out.

Only use sterile water or distilled water in the balloon.

- Never use air or saline solution in the balloon.
 - Air could escape from the balloon causing it to fall out.
 - Using saline could clog the tube.

Equipment you will need:

- 2 empty 10 mL 'Slip Tip' or 'Luer Lock' syringes
- Sterile or distilled water
- Clean working surface

How to check your balloon each week

Caution: Never pull on your G-tube.

1. Wash your hands well.
2. Get supplies: clean area, two 10 mL syringes, and sterile or distilled water.
3. Find the balloon port on your G-tube and check the volume amount (mL) printed on port.

4. Fill **one** 10 mL syringe with the volume amount (mL) of water printed on the port or as directed by your health care team. Put both syringes on the clean work surface.
5. Hold the bumper firmly against your skin to prevent the G-tube from sliding out during the balloon check.
6. Make sure the balloon port is clean and attach the **empty** 10 mL syringe to the port. Then slowly pull the water from the balloon.
7. **Be careful not to pull on the G-tube because the balloon is now empty and could fall out.**
8. Gently remove the syringe with the old water off the balloon port while continuing to hold the bumper against your skin.
9. Attach the syringe full of new water to the same port.
10. Slowly press the syringe plunger and re-fill the balloon with the new water.
11. Once all the water has been pushed into the balloon, gently remove the syringe from the port.
12. You can now release your hold on the bumper as the balloon is inflated with water.
13. Check the amount of old water you took out earlier from the balloon and compare it to the volume of new water you pushed into the balloon. The volume of water should be the same.
 - a. If there is a big difference between the amounts of water, wait 10 minutes and repeat the balloon check steps.
 - b. If the balloon continues to lose water at the second check, leave water in the balloon and phone your health care team or doctor for directions.

Flushing your G-tube

Flushing your g-tube with water is important to keep your tube clean and prevent blockage.

How do I flush my G-tube?

- Fill a 60 mL ENFit syringe with lukewarm water.
- Twist the tip of the syringe securely into G- tube.
- If you have a clamp or stopcock on your tube, open it.
- Push down on the plunger until the syringe is empty.
- Close the clamp or stopcock or pinch your tube.
- Remove syringe, close the cap on your tube.



How often do I flush my G-tube?

- Flush your tube with at least 60 mL of water before and after each tube feed to prevent blockage or clogging.
- Flush your tube with 20 mL of water before each medication.
- If you are taking more than one at a time, flush with 20 mL of water between each medication. Do not mix medications.
- Once you have taken all medications, flush your tube with 60 mL of water.
- If you are on continuous feeds with a pump, flush your tube every 4 hours.
- If you are not using your tube for feeding or medications, flush your tube with 60 mL of water at least twice a day.
- Your dietitian may ask you to flush more often or with more water to help meet your fluid needs. It is important to follow your tube feed schedule.

General instructions for taking medication through your G-tube

If you cannot take your medications by mouth, you may be able to take them through your G-tube. Whenever possible, take your medications 1 hour before or 2 hours after G-tube feedings.

1. As long as you do not have diarrhea, **liquid medications** are preferred, when available. Check with your health care team if you have diarrhea.
2. Take your medications one at a time and never mix them together.
3. **Check** with your pharmacist to make sure that each of your medications can be crushed. Long-acting medications and tablets with a special coating cannot be crushed.
4. Check with your pharmacist whether any of your medications must be taken on a full stomach.
5. **Avoid** bulk-forming medications such as Metamucil because they quickly thicken when mixed with water and can clog the feeding tube.
6. **Never** mix medications with antacids or vitamin supplements containing iron, calcium or magnesium.
7. Do not mix medications with formula as this can cause formula to curdle and clog the feeding tube. It may also decrease the action of the drug.
8. **Check** with your dietitian before giving any herbal preparations or vitamin or

mineral supplements through your feeding tube.

9. **If safe** to do so, take medications by mouth. Check with your doctor or speech language pathologist (SLP) if you can do this.

Preparing your medications





ENFit is a connector for tube feeding systems.

1. Wash your hands and collect the following items:

- Medications
- 1 (60 mL) clean ENFit syringe for water flushes
- 1 (12 mL) clean ENFit syringe for medications
- 1 clean large cup of warm tap water
- 1 Pill crusher OR mortar and pestle. You can buy pill crushers from medical supplies stores and pharmacies.
- 1 clean small dry cup



2. If you are taking medications during a feeding time, stop your tube feed while delivering medication.
3. Prepare medications as described in the table below.

Form of Medication	Method of Preparation	
Liquid	Place into a cup	
Tablet	Crush tablet into a fine powder using your tablet crusher or mortar and pestle. Place into a small cup.	
Capsule with powder inside	Pull capsule apart and place contents into a small cup.	
Capsule with liquid inside	Poke a pinhole in one end of the capsule and squeeze contents out into small cup.	
Capsule with granules	This may clog your tube. Speak to your pharmacist before putting through your tube.	

- Using the warm tap water from a cup, mix medications with 15-30 mL water in the small cup. Make sure medications are completely crushed and dissolved in water before drawing into the syringe.
- Draw medication into the ENFit syringe and make sure no medication is left behind in the cup.
- Using the second ENFit syringe (non-medication syringe) **flush** your G-tube vigorously with 15-30 mL of warm tap water.
- Put the ENFit syringe containing the dissolved medication (from Step 5) into your G-tube and push the medication/water mixture into your tube. If you are taking more than one medication at a time, flush your tube with 15 mL of water in between each medication.

8. Using the non-medication ENFit syringe, **flush** your tube vigorously with 15-30 mL water after you give the last medication.
9. Restart your tube feed according to your schedule.

Possible problems with your G-tube or tube insertion site

This section explains how to recognize, treat, and prevent the problems that sometimes happen with the tube or insertion site.

Blocked or Clogged G-Tube	
Signs	Prevention
<ul style="list-style-type: none"> • Difficulty flushing tube with water • Unable to start feed • Formula leaking 	<ul style="list-style-type: none"> • Follow your water flushing schedule • Follow instructions on how to give medications and formula through the G-tube
What to do if this happens	
<ul style="list-style-type: none"> • Check G-tube and feeding set to make sure the tubing is not bent or kinked. • Attach a 10 mL, 20 mL, or 30 mL syringe to the end of your G-tube. If you do not have these size syringes use whatever you have. Pull back on the syringe plunger to withdraw any formula from inside the tube and discard what you draw out of the tube. Repeat several times. • Using the syringe, flush your G-tube with lukewarm water. Pump the syringe plunger gently back and forth. Repeat several times. 	
If the tube is still clogged	
<ol style="list-style-type: none"> 1. Get ½ teaspoon baking soda and 1 capsule of pancreatic enzyme (Cotazym prescription) 2. Open the Cotazym capsule and empty into a small cup with the baking soda. Add 15 mL of warm water to dissolve medication. 3. Draw the solution into a 50 mL or 60 mL syringe. Insert the medication syringe into your G-tube and gently push down on the plunger repeatedly. Once the solution is in your tube, remove the syringe and cap the tube. 4. Wait 30 minutes. 5. Flush G-tube with 50 or 60mL of warm water. Push the plunger quickly. 	

Talk to your health care team or a nurse with the Provincial Nurse Line if your tube remains blocked. See page 2 for contact information.

Bleeding

A small amount of bleeding after insertion is normal. If your G-tube site is bleeding a lot, this may mean that there is a problem with your tube.

What to do if this happens

Put gauze or a clean cloth over the G-tube site and apply pressure with your hand (or ask someone else to do this). If bleeding does not stop after applying pressure for 5 minutes, go to your local emergency department.

Infection

Caused by harmful bacteria or other small organisms entering and growing in the body. Signs of infection include:

- Redness, swelling, or pain at the insertion site.
- Cloudy, white, yellow, or green discharge.
- Bad smell from stoma site
- Fever of 38 Celsius or 100.4 Fahrenheit

What to do if this happens

Talk to your health care team or a nurse with the Provincial Nurse Line. See page 2 for contact information.

After hours: visit your local emergency department if you have a fever.

Leaking

Causes

- Leaking at the insertion site can happen if the G-tube is flushed too quickly.
- A loose bumper can cause leakage and skin breakdown.

Prevention

- Give flushes slowly and gently.
- Ensure there is about 0.5 cm (0.2 inch) between the external bumper and the skin

What to do if this happens

- Follow directions for cleaning your tube site.

<ul style="list-style-type: none"> • Check that the bumper is not too loose or too tight against the skin. • If leaking continues, talk to your health care team or a nurse with the Provincial Nurse Line. See page 2 for contact information. 	
G-tube position moves or tube falls out	
Causes	Prevention
<ul style="list-style-type: none"> • G-tube is accidentally pulled 	<ul style="list-style-type: none"> • Secure the G-tube as instructed
What to do if this happens	
<ul style="list-style-type: none"> • If your G-tube has moved by less than 1 inch (2.5 cm), gently push or pull the tube to place it in the original position. • If your tube appears to have moved more than 1 inch (2.5 cm) do not use the tube. Tell your healthcare team or a nurse with the provincial nurse line. See page 2 for contact information. • Go to the emergency department (if after hours) to have it checked for placement. 	

Symptom Management

This section explains how to recognize, treat, and prevent the symptoms that sometimes happen to people with feeding tubes.

Stomach Fullness, Bloating, or Reflux	
Causes	Prevention
<ul style="list-style-type: none"> • Too much formula given at once • Taking formula too fast • Air in your stomach or intestine • Constipation • Starting tube feeds right after eating by mouth • Medication 	<ul style="list-style-type: none"> • Follow your feeding guidelines • Try to limit air while giving feeds or flushes • Manage constipation • Take medications as prescribed
What to do if this happens	
<ul style="list-style-type: none"> • Slow down the rate of your feeding. • Take a 5–10-minute break halfway through your feeding. • Always sit upright for at least 30 minutes after tube feeding. 	

<ul style="list-style-type: none"> • Do light physical activity such as standing or walking if able. • Talk to your dietitian, tell your healthcare team or a nurse with the provincial nurse line. See page 2 for contact information. 	
Constipation	
Causes	Prevention
<ul style="list-style-type: none"> • Medications • Not getting enough fluid • Doing less activity 	<ul style="list-style-type: none"> • Follow the recommended feeding and flushing schedule • Move more often if you are able
What to do if this happens	
<ul style="list-style-type: none"> • Talk to your health care team or a nurse with the Provincial Nurse Line about recommended bowel medications. See page 2 for contact information. • Ask your dietitian about your feeding and flushing schedule. • If you have not had a bowel movement in 3 days or have severe abdominal pain, tell your healthcare team, or a nurse with the Provincial Nurse Line. See page 2 for contact information. 	
Diarrhea	
Causes	Prevention
<ul style="list-style-type: none"> • Medication or treatment changes • Unclean or contaminated hands, equipment, or formula • Illness • Feeding rate is too fast • Sensitivity to cold formula 	<ul style="list-style-type: none"> • Follow your feeding schedule • Ensure all tube feeding supplies are clean • Wash hands well before feeding • Do not hang formula for more than 12 hours (unless you are using a closed system) • Do not use expired formula
What to do if this happens	
<ul style="list-style-type: none"> • Talk to your care health care team or pharmacist about your medications. • Slow down feeding rate. • Try formula at room temperature. • Increase water flushes before and after feeds. • Follow proper hand hygiene and use clean supplies and equipment. 	

- Tell your healthcare team, or a nurse with the Provincial Nurse Line (See page 2 for contact information) if:
 - If you have more than 3 watery stools (poop) in 24 hours.
 - If you have blood in your stools.
 - If you have severe abdominal pain.
 - If you have signs of dehydration (see dehydration section).

Nausea and Vomiting

Causes	Prevention
<ul style="list-style-type: none"> • Medications • Changes to your treatment • Unclean or contaminated hands, equipment, or formula • Illness • Constipation • Too much formula taken at once • Feeding rate is too fast 	<ul style="list-style-type: none"> • Use prescribed medication for nausea or vomiting • Follow your feeding schedule • Wash your hands well before handling formula or equipment • Follow instructions for cleaning supplies • Keep your head elevated or sit upright while feeding • Manage constipation

What to do if this happens

- Use recommended medication for nausea or vomiting 30 minutes before starting your tube feed.
- Take a break from your tube feed.
- Do not start your tube feed if you are vomiting.
- Restart your tube feeding when you are no longer vomiting and you have checked that the tube has not moved.
- Tell your healthcare team, or a nurse with the Provincial Nurse Line (See page 2 for contact information) if:
 - Your nausea or vomiting continues for more than 24 hours.
 - You cannot follow your usual tube feeding schedule. This is especially important if the tube feeding is your only source of fluid and you are unable to drink.
 - You have signs of dehydration (see dehydration section).

Dehydration

Signs of dehydration include small amounts of dark yellow urine, dizziness, rapid weight loss, increased thirst, constipation, headaches, and confusion.

Causes

- Not getting enough fluids through tube feeding and flushes
- Vomiting, diarrhea or sweating

Prevention

- Follow your feeding schedule
- Increase your water intake orally or through your G tube if you are having vomiting or diarrhea or sweating more than usual

What to do if this happens

- Talk to your health care team or a nurse with the Provincial Nurse Line. See page 2 for contact information.
- Increase the amount of water flushes before and after feeding.

Aspiration

Aspiration can happen when saliva, food, or beverages enter the lungs.

Signs of aspiration include coughing or choking during eating or tube feeding, difficult, noisy breathing, wet, gurgly voice or change in voice, throat clearing, pale or blueish lips, change in face color, watery eyes, shortness of breath and fever

Causes

- Head is not elevated during feeding
- This may happen during swallowing, eating, and drinking, or from tube feeding

Prevention

- Sit upright or make sure you are at least at a 30-45 degree angle during each feeding
- Keep head elevated for 30 minutes after feeding
- If eating by mouth, follow the guidelines recommended by your SLP or dietitian

What to do if this happens

- Stop feeding immediately.
- Sit upright and make sure your airway is clear.
- Talk to your health care team or a nurse with the Provincial Nurse Line if you have concerns about your feeding. See page 2 for contact information.

- If your condition does not improve right away, go to the emergency room.

Pain

G-tube insertions may result in some discomfort or tenderness.

If the skin around your tube is hot, red, swollen, and painful with discharge that is thick and cloudy with a white or yellow-green colour, you may have an infection.

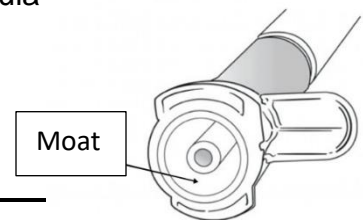
What to do if this happens

After insertion, take your pain medication as directed. If pain is unrelieved:

- Talk to your health care team or a nurse with the Provincial Nurse Line. See page 2 for contact information.
- If you have a lot of pain, go to the emergency room (if after hours).

Cleaning Your ENFit Tube

ENFit tubes have a space or moat around the tube where formula and medication residue can build up. To prevent clogging, it is necessary to clean the moat on your tube every 24 hours or whenever buildup is seen.



See next page for detailed cleaning instructions.

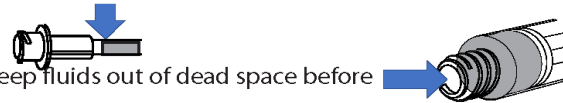
ENFit® Cleaning Procedures

Feeding Tubes with Male ENFit Connectors


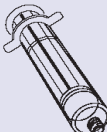

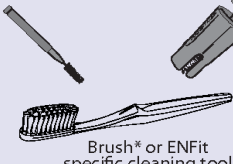
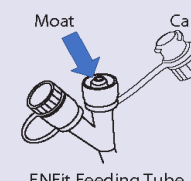
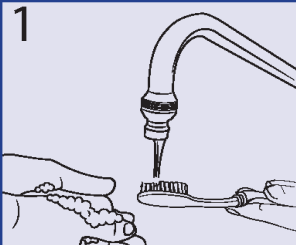
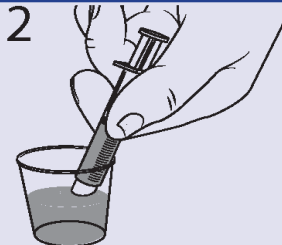
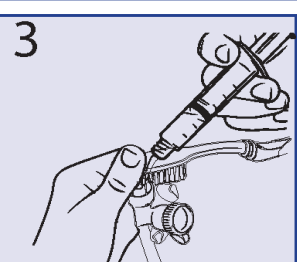
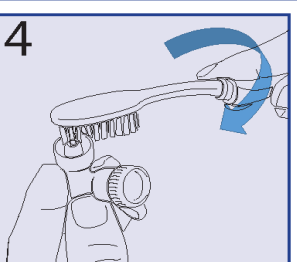
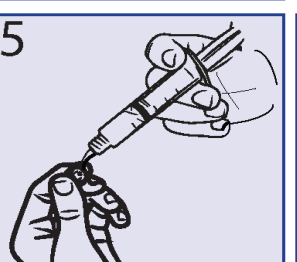
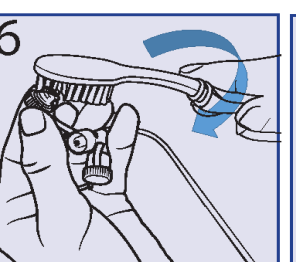
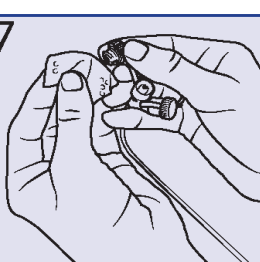
(e.g. Nasogastric, Transpyloric, Orogastric, Percutaneous Endoscopic Gastrostomy Tubes and other ENFit devices)

Tips for keeping ENFit feeding tube ports clean. Inspect before you connect!

- **Priming Feeding Sets** - Stop priming before fluid reaches the end of the tube.
- **ENFit Syringe Draw Up** - Wipe medication and nutrition from tip/outer threads, keep fluids out of dead space before connecting to feeding tube.



For best results, follow these instructions to clean tubes at least once a day or whenever material is visible.

Tube Cleaning Supplies & Terms	
 Cup of clean water	 Syringe
 Gauze	 Brush* or ENFit specific cleaning tool
 ENFit Feeding Tube	
Note: Use a disposable brush or follow manufacturer's instructions if using ENFit specific cleaning brush.	
1  Wash hands with soap and water. Rinse brush with tap water.	2  Fill syringe with water.
3  Plug center hole of feeding tube port with brush bristles. Forcefully flush moat with water.	4  Rotate brush in bottom of moat.
5  Rinse cap with clean tap water.	6  Insert bristles into feeding tube cap and rotate brush in cap to clean.
7  Wipe feeding tube port and cap with gauze. Clean supplies and allow to air dry.	

Repeat steps 3 through 6 until cap and tube are thoroughly clean.

*A manual toothbrush is regulated as a medical device intended to remove debris from the teeth in some jurisdictions. Consult your licensed healthcare provider or Risk Manager regarding recommended use for cleaning feeding tube ports. Dispose of single use devices as instructed. Cleaning procedures courtesy of Children's Mercy Kansas City.
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Provincial Health Services Authority