

Community Dietitians

Patient Information Leaflet (PL)

Home Tube Feeding pack

Patients and Relatives Information



As a teaching hospital, we conduct education and research to improve healthcare for our patients. During your visit students may be involved in your care, or you may be asked to participate in a clinical trial. Please speak to your doctor or nurse if you have any concerns.

Chief Executive: Professor Joe Harrison
Chair: Alison Davis

This pack is designed to give you helpful information that will help with all aspects of your tube feeding journey.


This pack contains:

- General tube information
- Tube feeding regime
- Useful contact numbers
- Introduction to the dietitians sheet
- PEG care
- Reducing your risk of infection
- How to clean your syringes
- Pump troubleshooting sheet
- Troubleshooting issues e.g. constipation, diarrhoea, vomiting, bloating
- BAPEN Medication Administration advice

There will be more sheets that may be added to your pack overtime.

There is a lot of information here – you can either read it in small segments, read the sheet you want to know more about or the important bits are shown in a red speech bubble.

We hope you find this useful throughout your time with a tube feed.



**The important bits
on each page will
be found in a red
speech bubble like
this**

General Tube Information

Here are all the technical terms for your feeding equipment. If you need to speak to Abbott Hospital to Home, go to hospital etc. this sheet may be useful.

Patient Name:

Your dietitian.....

Tel: 01908 995416 Email: community.dietetics@mkuh.nhs.uk

Tube Information:

Type of Tube: PEG Balloon gastrostomy RIG

PEG with jejunal extension Surgical jejunostomy PEJ

Low profile balloon device

Name of tube:

Size of tube Frenchcm (for low profile device)

Name of extension set.....

Pump and Accessories:

Make of pump: Freego

Name of giving set: Freego Giving set (Enfit)

Name of syringe: Medicina syringe (10ml reusable)

Medicina syringe 20ml (reusable)

Medicina syringe 60ml (reusable)

Beckton Dickinson (BD) 10ml luer slip syringe (for use with
balloon tubes)

Medicina syringe 60ml (single use)

Other plastics you may receive:

Nestle enplus cross adaptor

500ml flexitainer 1000ml flexitainer

Feeding Regime

Patient name:

NHS:

Dietitian:

Date:

Tel: 01908 995416 (Print and sign name)

Regime:

Additional notes:

Water

Water that is run through a pump should be boiled water that has been cooled to room temperature. Freshly drawn tap water should be used for flushes and medication, except for those who are fed via the jejunum or immunocompromised, when boiled water cooled to room temperature should always be used. Please note that the volume of water may need to be adjusted according to clinical condition, hot weather etc.

On admission to hospital

Note to patient - Please take the most up to date version of this form with you if you are admitted into hospital. If you have a balloon gastrostomy, then please also take your spare balloon gastrostomy tube.

Note to hospital staff – If the patient is clinically stable this community regimen may be used until review by a Dietitian. Please refer to the Dietitians at the earliest opportunity.

Useful Contact Information

Your Community Dietitian's contact details:

TEL: 01908 995416 (8.30 a.m. – 4.30 p.m. Monday to Friday)

You should contact the dietitian if you have problems tolerating your feed, if you feel you are gaining or losing too much weight, or if you have any other general queries. If there is no answer, please leave a message on the secure answerphone.

You can also email them on community.dietetics@mkuh.nhs.uk. Please note this is not a secure email address and sensitive information should not be put in an email.

Your Abbott Nurse Advisor:

Charlotte Morrison

TEL: 07824 483335 (9 a.m. – 5 p.m. Monday to Friday – outside of these hours, please contact the out of hours helpline listed below)

You should contact the Abbott Nurse if you are concerned about your PEG site, for example, if it is leaking, if you are concerned that it might be infected, or if the tube is blocked.

Your Feed Company:

Abbott Hospital to Home

TEL: 0800 018 3799 (8 a.m. – 8 p.m. Monday to Friday, Saturday 9 a.m. – 1 p.m.)

You should contact this company if you have any problems with your deliveries, are running out of stock, or if your feeding pump is not working correctly. 10, 20, and 60 ml syringes are the only syringes that can be delivered from Abbott. Your pharmacist should be contacted if smaller syringes are needed for measuring medications.

Out of hours helpline:

TEL: 0800 018 3799 (5 p.m. – 9 a.m. Monday to Friday, all weekend and bank holidays)

Contact this number if you are having problems with your pump or need advice from a nurse in an emergency. Please be aware that a nurse will not be able to visit you immediately – it is a telephone service only.

The Clinical Community Dietetic Service

You have been referred to the Clinical Community Dietetic Service. We hope this leaflet will explain who we are and what you can expect from our service.

Who are we?

The Clinical Community Dietetic Service is a team of four registered Dietitians, one dietetic assistant and various administration staff. We are open Monday-Friday 08.30-16.30.

We see the following people in their own homes, care homes, hospices and respite facilities who are registered with a Milton Keynes GP:

- Any adult with a feeding tube in place
- Any adult with mobility problems who cannot attend a clinic appointment at Milton Keynes Hospital

How can you contact us?

Address:

Dietetic Department,
Milton Keynes University Hospital NHS Foundation Trust,
Standing Way,
Milton Keynes,
MK6 5LD

Email: community.dietetics@mkuh.nhs.uk

Telephone: 01908 995416 If we are not available please leave a message on our secure answerphone. We may not respond until the next working day. Contact us if you are having problems with tolerating your feed

Abbott Hospital to Home 0800 0183799

Contact if you want to discuss your deliveries

Abbott Nurse Advisor 07824 483335

Contact if you have problems with your tube or pump

Abbott out of hours helpline 0800 0183799

Contact if you have problems with your tube or pump outside of the Abbott nurses working hours (Mon-Fri 9-5)

What should you expect from our service?

- **Before the appointment:**

You should be contacted in your preferred manner (e.g. telephone, email or text) to arrange an appointment at your place of residence. This is usually done a few days in advance.

- **During the appointment:**

- It should last approximately 45 minutes and we will agree an aim of nutritional treatment and give appropriate verbal and/or written advice to help you achieve this.
- We are likely to ask about any medical changes, current medications, weight history, oral intake (if any), current feed regime and tolerance.
- If possible we will weigh you. We will bring our own electronic scales with us that we will need to plug into a normal socket. We do have hoist and wheelchair scales that can be used as an alternative.
- We will discuss a future appointment with you which is based on clinical need and can be anything from one to six months. You will remain under our care for the duration of your feeding tube and if any aftercare is needed.

- **After the appointment:**

- After each visit we will write to your GP to update them on any progress or changes required (you will always be sent a copy of this letter unless you tell us otherwise).
- If we have suggested a change of feed, we will let your GP know and if you receive your feed from Abbott Hospital to Home we will also contact them.

You may not always be seen by the same dietitian. If you would prefer to see a particular dietitian please let us know and we will try to accommodate your request.

Please let us know if you are unable to keep a pre-arranged appointment. Failure to do so may result in us not offering any more home visits to you.

Useful Resources

There are several helpful videos related to enteral feeding on the hospital website that can be accessed at <https://www.mkuh.nhs.uk/community-dietetics/helpful-videos>. Please explore our site for other information related to our service.

Reducing your Risk of Infection


Washing your hands

It is important to ensure your hands are clean when you do anything related to your tube to reduce the risk of infection. You should wash your hands before:

- Using your tube to give feed, water or medication
- Routine tube care
- Setting up your feed and/or your feeding system

How to wash your hands thoroughly

- Take off any wrist and hand jewellery e.g. rings, watches, bracelets etc.
- Roll up your sleeves to above your elbows
- Use running tap water to wet your hands and wrists
- Put soap (ideally liquid soap) onto your hands and rub into both sides of your hands, on your wrists, and between your fingers for at least 10-15 seconds
- Rinse your hands and wrists thoroughly
- Dry your hands on a clean dry towel.



**Wash your hands
before touching the
tube or the feed**

Where should I keep my feed?

It is important to store your feed correctly to reduce risks of spoiling the feed.

- Store unopened feed at room temperature.
- Do not keep your feed in extreme temperatures e.g. in direct sunlight, near heat sources such as radiators, in the garage or shed in winter where the feed could freeze.
- Finish using your current stock of feed before using new feed. When feed is delivered you can ask your delivery person to rotate your stock.

Using feed

- Wash your hands thoroughly.
- Check the name of the feed on the bag/bottle exactly matches what your dietitian has advised.
- Check the best before end date, throw away any out of date feed
- Check the foil seal is intact and not damaged. If damaged, do not use.
- Do not touch the inside of a feed container, the foil seal or the inside of the giving set with your hands.
- Follow the training provided by your Abbott Nurse Advisor on how to give the feed either via pump or by bolus.

What water should I use?

- Freshly drawn tap water should be used for flushes and medications apart from those who are immunocompromised or have a jejunal feeding tube, boiled water that has been cooled to room temperature should always be used. Your dietitian will have advised you if this is necessary.
- Water run through the pump should be boiled water that has been allowed to cool to room temperature from a flexitainer or sterile water when in hospital.

How long can feed be used for?

- A sterile pack of feed can be used for up to 24 hours. If you have a break in feeding, ensure the giving set remains attached to the feed pack.
- A non-sterile feed (feed that needs to be mixed or decanted into another container) should only be used for 4 hours unless advised otherwise by your dietitian. After this it should be discarded.
- If you are bolus feeding using small bottles of supplement – once open they should be used within 4 hours. Otherwise it should have the lid replaced and put back in the fridge where it can be kept for up to 24 hours. Take it from the fridge approximately 30 minutes before using it so it can return to room temperature.
- Dispose of any unused feed after the above times. **Do not** save it and use it the next day.

Never use
leftover feed the
next day

What can I put down the tube?

- Prescribed feed such as a large pack of feed (e.g. Osmolite/Jevity etc.) or smaller bottles of supplement used as a bolus (e.g. Ensure Plus, Ensure Compact etc).
- Water – see above for what water to use
- Medications - in the method advised by your doctor or pharmacist. Please note medications should be given individually with a water flush between each one. Liquid medications are preferable.
- Blended diet – most people use a prescribed commercially prepared feed. Some people may not be able to tolerate this and a blended diet may be of clinical benefit. This should not be started until it has been discussed with your dietitian.

How often to change equipment:

Equipment	When To Change
Pump	Serviced every 2 years by the company
Drip stand	Change only when broken; clean daily
Backpack	Change only when broken or very worn; clean daily.
Giving sets	Change every 24 hours (every 4 hours if feed is decanted into a flexitainer)
10, 20, and 60 ml syringes	Reusable syringes can be reused, for up to one week, as long as they are washed properly between uses – see syringe cleaning guidance sheet
Small medication syringes	Ask for guidance from your district nurse as different brands have different guidelines.
Flexitainers	Change every 24 hours if using for water Change every 4 hours if used for a decanted feed
Balloon gastrostomies e.g. Corflo, MIC-KEY, Vygon	Usually every 3-6 months. In most cases the Abbott Nurse Advisor will do this, sometimes you, a relative, or carer can be trained to do it. Always make sure you have a spare tube available in your home. If you have a Radiologically Inserted Gastrostomy (RIG) you may be recalled to the radiology department to have it changed.
Extension sets for balloon gastrostomies (including those for low profile devices)	Usually every 2 weeks
PEG ends/ clamps/ external fixators	Change only when broken. Spares can be obtained from the dietitians. Clean daily (an unused toothbrush is useful for this).

Do not clean, disinfect, or reuse feed containers, giving sets, or single use syringes. These are SINGLE USE items.

How to Clean your Syringes

In Milton Keynes we use multi-use Medicina 10, 20, and 60ml syringes for people with tube feeds in the community. You will initially be supplied with one 60ml syringe per week which will be delivered on a monthly basis by the Abbott Hospital to Home service. Some people (especially those on bolus feeds) may need more than one per week. The dietitians will discuss the need for more 60ml syringes and if 10 or 20ml syringes are needed on an individual basis. This picture shows the 10ml version



medicina **Medicina Ltd.**
Rivington View Business Park, Station Road, Bolton BL6 5BN UK

a guide for patients
cleaning your re-usable syringes

DRAW UP AND FLUSH



Draw up sterile water in less than 1 year old and immunocompromised patients



Draw up using tap water or cooled boiled water



Flush syringe and feeding device

CLEANING



Separate the syringe and plunger and clean the syringe in warm soapy water.



Separate syringe and rinse with cold tap water and dry with paper towel. Store in dry container

- After use, clean your syringes straight away
- Place syringe in warm soapy water
- Clean the end of the syringe by drawing soapy water in and out using the plunger until all traces of feed or medication have been removed.

Separate syringe and plunger and wash thoroughly in warm soapy water

- Rinse both parts of the syringe under the tap, shake off excess water
- Dry with clean, disposable kitchen roll (do not use dishcloths or tea towel)
- Store the syringe still separated in a clean dry container with a lid.
- Do not place in the dishwasher as it can reduce the life of the syringes.

If at any point during use the syringe becomes difficult to operate, the markings become unclear or there is any visible damage to the syringe, you should throw it away and start to use a new one.

CLEANING



Discard after a maximum of 7 days








Dispose in household rubbish












HEGFP02

FreeGo Pump Troubleshooting

In the Milton Keynes community we use the Abbott FreeGo pump. The following information is taken from Abbott Nutrition's FreeGo pump manual. If after following the below instruction's your pump will still not work, please phone the number on the top of your pump to request a replacement.

	Screen Display	Possible Cause	Action to Take
	ATTN PUMP ON HOLD	This means that the hold time has elapsed	Turn dial to RUN to restart the pump
	BATT BATT EMPTY	This means the pump battery is depleted and the pump has stopped working	Plug the power cord into a mains outlet and make sure the power is turned on. The display will indicate CHRG PLEASE WAIT
	BATT LOW BATTERY	This means the pump battery is nearly empty and approximately 30 minutes of battery operation remain	Plug the power cord into a mains outlet and make sure the power is turned on.
	CHRG PLEASE WAIT	The battery charge is below the minimum level to operate and the pump cannot be used until minimum charge level is reached	No action can be taken. Pump is available for use when the display indicates PUMP READY TO USE
	DIAL NOT SET	Pump dial is between two dial positions e.g. between RUN and HOLD	Turn the dial to the desired position directly aligning the two dots (on the dial and pump casing). Continue setting up and operating pump as normal

	Screen Display	Possible Cause	Action to Take
	DOOR OPEN	This means the set door is open while feeding or priming the feeding set	Turn the dial to HOLD and close the set door. Turn dial to RUN to restart pump or attempt to prime the feeding set again
	DOSE DONE	This shows the pump has completed delivering the programmed dose	If you have finished feeding: turn the dial to OFF/CHRG as the dose has been delivered (VOL FED has reached your SET DOSE). Or, if there is more feed to deliver: turn dial to CLEAR VOL (after 5 seconds, volume will be cleared). Then turn the dial to SET DOSE, and use the Up and Down arrows to set the remaining dose to be delivered. Turn the dial to RUN to restart the pump
	ER## SYSTEM FAIL	This indicates a pump malfunction	You should disconnect the pump from the patient immediately. Turn the dial to OFF/CHRG and contact Abbott Nutrition
	FEED EMPTY	This means that air has been detected in the feeding set	If you have finished feeding: turn the dial to OFF/CHRG as pump was programmed to feed until container is empty (SET DOSE at INF DOSE) Or, if there is more feed to deliver: turn dial to HOLD. Remove feeding set adaptor from feeding tube. Prime air out of the feeding set and set and securely re-attach to the feeding tube. Turn dial to RUN to start the pump. If you are just beginning a feeding: Open Door. Gently press the tubing to ensure it is fully seated in slots below the cassette. Close the door firmly

	Screen Display	Possible Cause	Action to Take
	LOCK PUMP LOCKED	Lock-out feature disables the SET RATE, SET DOSE and CLEAR VOL dial settings, as well as the pump's prime features	Turn the dial to SET RATE or SET DOSE. Deactivate the lock by pressing the Up and Down arrows simultaneously. Repeat these steps to reactivate the pump
	NO CASSETTE	This means that either there is no cassette installed or that the cassette was installed incorrectly when attempting to run pump or prime giving set	Turn the dial to HOLD and insert cassette correctly and close set door. Turn the dial to RUN to start pump, or attempt to prime the feeding set again
	OCCL INTO PUMP or OCCL OUT OF PUMP	Flow has stopped due to blockage between the feed container and the pump, or between the pump and the patient	Turn control dial to HOLD. Remove feeding set from pump. Clear obstruction, check for kinked tubing or empty container. Reinstall feeding set. If this alarm appears during priming, attempt to prime the set again, then connect the feeding adaptor to the enteral feeding tube. Turn dial to RUN to begin feeding
	PUMP READY TO USE	The battery charge has reached the minimum level to operate and the pump can now be used	Turn dial to any position to clear message. Confirm all settings are accurate. Turn dial to RUN to continue feeding
	- HOLD MINUTES	The display counts down the remaining time the pump will be on hold	Turn dial to HOLD. If desired, adjust the HOLD timer to any duration (in 1 minute intervals), between 1 to 90 minutes by using the Up and Down arrows

Handy tips from patients and dietitians!

Remember to clear the volume when you have finished feeding!

If the feed doesn't get to the bottom of the tube when priming the set – hold down the tear drop shape

Always undo the clamp on your tube before turning the pump to run

The battery has a long life (up to 24 hour dependent on rate)

Occasionally the pump may show 'cassette error'. This can be fixed by stretching the loop slightly on the giving set.

Diarrhoea

If you have been tolerating your feed well for a long time it is unlikely that the feed will be the cause of your diarrhoea. Work through the list of questions below to help you identify and solve the problems that may be causing your diarrhoea.

Question 1

Has your medication changed or has a new medication started?

1. No – Go to question 2
2. Yes:
 - a. **Antibiotics** – this could be the cause of your diarrhoea. It should clear up 5-7 days after finishing your prescription. Ensure you have adequate fluids to stay hydrated. If in doubt contact your dietitian for advice.
 - b. **Laxatives** –this may be causing your diarrhoea. Speak to your doctor for advice.
 - c. **Syrup medications** – these can contain sorbitol which can have a laxative type effect.
 - d. Some medications can increase the speed in which the feed passes through your gut, causing diarrhoea. Ask your pharmacist for advice.
 - e. Talk to your pharmacist in case any of the medications you are on could be causing diarrhoea.

Question 2

Have you been in contact with anyone who has since developed a diarrhoea bug?

1. No – Go to question 3.
2. Yes – It is likely you have picked up an infection. If it continues for more than 48 hours contact your nurse or GP for advice. They may want to collect a stool sample to check for signs of infection. It is important to stay hydrated – do not stop the feed unless advised to. Ensure you are having plenty of water. Contact your dietitian if concerned.

Question 3

Have you changed anything to do with your feed?

1. No – Go to question 4
2. Yes:
 - a. Rate increased – you may not be able to tolerate a high rate through the pump. Decrease it to your last tolerated rate and contact the dietitian if you are concerned.
 - b. Has the feed type been changed?
 - i. Yes – Contact your dietitian.
3. No – Go to question 4.

Question 4

Do you bolus feed (give feed with a syringe rather than use a pump)?

1. No – Go to question 5
2. Yes
 - a. Does it take you less than 5 minutes to deliver **each** syringe of feed (e.g. a 200ml bottle should take 20 minutes)?
 - i. No - Go to part b.
 - ii. Yes – This may be causing your diarrhoea. A bolus should be administered slowly taking at least 5 minutes per syringe of feed or more. Contact your Abbott Nurse Advisor for advice or extra training.
 - b. Have you increased the volume of the bolus?
 - i. No – Go to question 5.
 - ii. Yes – It may be that the increased volume could be affecting your bowels. Contact your dietitian for advice.

Question 5

Do you do the following?

- Wash your hands before and after doing anything with the tube or feed.
 - Wash the syringe after each use.
 - Store the feed correctly.
 - Discard any unused feed after 24 hours (4 hours if using a small bottle of nutritional supplement).
1. Yes – Go to question 6.
 2. No – This could be causing your diarrhoea. Please refer to the infection control information and syringe washing information. If you have any concerns – contact your Abbott Nurse Advisor for advice.

Question 6

Have you previously suffered from constipation?

1. No – Go to question 7.
2. Yes – Could you be constipated and the diarrhoea is 'overflow'? This looks like brown discoloured water with no substance. This will not stop until the constipation is resolved. Consult your doctor.

Question 7

Could it be your medical condition? If you have a pre-existing bowel issue this may be causing your diarrhoea. For some medical conditions – as they progress this can alter how the bowel works.

1. Yes – Contact your dietitian.
2. No – Most options have been explored; contact your dietitian so they can signpost you to the relevant area for further input.

Constipation

Work through the list of questions below to help you identify and solve the problems that may be causing your constipation.

Question 1

Does your feed already contain Fibre (e.g. Jevity/ensure plus fibre etc)?

1. Yes – Go to question 2.
2. No – Changing to a fibre feed may help resolve your constipation. Talk to your dietitian for advice.

Question 2

Has your medication changed or has a new medication started?

1. No – go to question 3.
2. Yes:
 - a. Laxative stopped – This may be causing your constipation. Consult your dietitian as more fluid or fibre in your feed may help resolve constipation. Otherwise consult your GP to consider restarting a laxative.
 - b. Have you started pain medications? Constipation can be a side effect. Consult your dietitian as more fluid or fibre in your feed may help resolve constipation. Otherwise consult your GP.

Question 3

Are you having enough fluid? Read through below to find out:

1. **Weather** – in hotter weather we sometimes need to increase our fluid intake – start with additional 200-400 mls water. If this doesn't help consult your dietitian.
2. **Feed** – have you just changed to a fibre containing feed (e.g. Jevity)? If so then sometimes an increase of fluid is also needed. Contact your dietitian for advice.
3. **Requirements** - In general we advise 30-35 ml/kg body weight. If you have put on weight and not increased your fluid this could cause constipation.
4. **Fluid restriction** - If you are on a fluid restriction then contact your dietitian before increasing your fluid.
5. **None of the above** apply? Go to question 4

Question 4

Has your mobility changed?

1. No – Go to question 5.
2. Yes – If your activity levels have decreased, this may cause constipation. If possible increase your activity levels. Consult your dietitian as a change in feed type may also help.

Question 5

Could it be your medical condition? As some medical conditions progress this can alter how the bowel works.

1. Yes – contact your dietitian
 2. No – Most options have been explored; contact your dietitian so they can signpost you to the relevant area for further input.
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Vomiting

If you have been tolerating your feed well for a long time before the vomiting began it is unlikely that the feed will be the cause. Work through the list of questions below to help you identify and solve the problems that may be causing your vomiting.

Question 1

Have you been in contact with anyone who has or has since developed a vomiting bug?

1. No – Go to question 2
2. Yes – It is likely you have picked up an infection. If it continues for more than 48 hours contact your nurse or GP for advice. It is important to stay hydrated – do not stop the feed unless advised to. Ensure you are having plenty of water. Contact your dietitian if concerned.

Question 2

When you are feeding through your tube are you at a position of over 30 degrees? E.g. are you well propped up in bed/sitting in a chair or standing? Do you also stay propped up for up to an hour after feeding?

1. Yes – Go to question 3
2. No – If you are not well propped up, or go and lie flat after feeding, this can cause vomiting. Ensure you are propped up at least 30 degrees. This can be achieved through addition of extra pillows, raising the bed end, sitting in a chair, if able.

Question 3

Have you changed anything to do with your feed?

1. No – Go to question 4
2. Yes:
 - a. Rate increased – you may not be able to tolerate a higher rate through the pump. Decrease it to your last tolerated rate and contact the dietitian if you are concerned.
 - b. Has the feed type been changed?
 - i. Yes – Contact your dietitian.
 - ii. No – Go to question 4.

Question 4

Do you bolus feed (give feed with a syringe rather than use a pump)?

1. No – Go to question 5
2. Yes
 - a. Does it take you less than 5 minutes to deliver **each** syringe of feed (e.g. a 200ml bottle should take 20 minutes)?
 - i. No - Go to part b.
 - ii. Yes – This may be causing your vomiting. A bolus should be administered slowly taking at least 5 minutes or more per syringe of feed. Contact your Abbott Nurse Advisor for advice or extra training if needed.
 - b. Have you increased the volume of the bolus feed?
 - i. No – Go to question 5.
 - ii. Yes – It may be that the increased volume could be too large. Contact your dietitian for advice.

Question 5

Has your medication changed or has a new medication started?

1. No – Go to question 6
2. Yes:
 - a. **Antibiotics** – this could be the cause of your vomiting. It should clear up 5-7 days after finishing your prescription. Ensure you have adequate fluids to stay hydrated. If in doubt contact your dietitian for advice.
 - b. Talk to your pharmacist in case any of the medications you are on could be causing vomiting.

Question 6

Are you constipated?

1. No – Go to question 7.
2. Yes – Sometimes constipation can cause bloating and vomiting. Consult your doctor.

Question 7

Do you do the following?

- Wash your hands before and after doing anything with the tube or feed.
 - Wash the syringe after each use (see sheet 8).
 - Store the feed correctly.
 - Discard any unused feed after 24 hours (4 hours if using a small bottle of nutritional supplement).
1. No – This could be causing your vomiting. Please refer to the infection control information (sheet 7) and syringe washing information (sheet 8). If you have any concerns – contact your Abbott Nurse Advisor for advice.
 2. Yes – Most options have been explored; contact your dietitian so they can signpost you to the relevant area for further input.
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Bloating

Work through the list of questions below to help you identify and solve the problems that may be causing your bloating.

Question 1

Are you constipated?

1. No – go to question 2.
2. Yes – Constipation could be causing your bloated feeling. See the constipation diet sheet to help resolve the constipation.

Question 2

Do you pump feed?

1. No – go to question 3.
2. Yes:
 - a. Do you have lots of air in your giving set (the tube connecting your pump to your feeding tube)?
 - i. Yes - Ensure the feed is at the end of the giving set without air bubbles in the tube before starting your feed. If there is air in the tube this could be causing your bloating. If the feed doesn't reach the bottom of the giving set when priming, hold the tear drop button down until the feed reaches the end of the tube.
 - ii. No – Go to question 3.
 - b. Have you altered the rate of feed recently?
 - i. Yes – Slow the rate down as this may cause bloating. Consult your dietitian if you need further advice
 - ii. No – Go to question 3.

Question 3

Do you bolus feed (give feed via syringe rather than the pump)?

1. No – go to question 4.
2. Yes
 - a. Does your bolus take at least 5 minutes per syringe of feed?
 - i. Yes go to part b.
 - ii. No – slow the rate down as a bolus given too quickly can cause bloating.
 - b. Have you increased the volume of the bolus?
 - i. No go to question four.
 - ii. Yes - consult your dietitian as the larger volume may be causing bloating.

Question 4

Do you suffer with trapped wind?

1. No – go to question 5.
2. Yes – consult your GP as there may be medication that can help resolve this.

Question 5

Have you tried venting the tube (letting any trapped air escape out of the feeding tube)?

1. Yes – go to question 6
2. No – contact the Abbott Nurse Advisor to get training on this method.

Question 6

Could it be your medical condition? As some medical conditions progress they can alter how the bowel works.

1. Yes – Contact your dietitian.
2. No – Go to question 7.

Question 7

Are you putting anything down your tube other than medications, feed, and water?

1. Yes – Your tube should only be used for water, feed, and medications. If you are putting anything else down it this could be causing your problems as well as affecting the condition of the tube.
2. No – Go to question 8.

Question 8

Are you eating and drinking anything orally (through your mouth)?

1. Yes – Contact your dietitian for advice.
 2. No – Most options have been explored; contact your dietitian so they can signpost you to the relevant area for further input.
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We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the provisions of the Data Protection Act 2018/GDPR. Further guidance can be found within our privacy notice found on our Trust website: www.mkuh.nhs.uk

**Milton Keynes University Hospital NHS Foundation
Trust**

Standing Way

Eaglestone

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