POLICY:

Newborns with feeding problems may require tube feedings by RN.

PURPOSE:

Feeding with a tube passed through mouth, pharynx and esophagus into the stomach to provide a route to administer nutrition when neonates condition prohibits adequate P.O. intake

SUPPORTIVE DATA:

1. A physicians order is needed for the tube feeding. Formula or breast milk is to be used.
2. Babies at risk for developing feeding problems are those with excessive mucous or history of maternal polyhydramnios, those with a distended abdomen, those with respiratory distress, tachypnea, less than 34 weeks gestation, emesis of green fluid, persistent vomiting, no stool for 48 hours and those who required prolonged respiration.
3. Allow the feeding to flow by gravity if possible.
4. Clean equipment is to be used for the feeding. The equipment should be changed every 8 hours at the first feeding of the shift.

EQUIPMENT LIST:

- 30 cc syringe
- stethoscope
- 5 Fr. feeding tube
- cloth diaper
- formula/breast milk
- water
- bulb syringe

CONTENT:

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<th>Procedure Steps</th>
<th>Key Points</th>
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<tr>
<td>1. Wash hands and wear gloves.</td>
<td>1. Prevent cross contamination and use universal precautions.</td>
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<tr>
<td>2. Assemble equipment.</td>
<td>3. Measure from corner of mouth to ear lobe to zyphoid process of sternum and note the number marking needed for insertion.</td>
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<td>3. Determine length of feeding tube needed.</td>
<td>4. To prevent aspiration if gags or has emesis during tube insertion</td>
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<td>4. Elevate head of bassinet</td>
<td>5. Prevents trauma and infection, offers less risk of vagal stimulation or of accidental entry into trachea. If baby turns blue, remove tube immediately and allow baby to rest before attempting reinsertion.</td>
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<td>5. Pass tube along base of the tongue after lubricating with water. Advance tube into esophagus as infant swallows to the number noted earlier when measured.</td>
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6. Determine correct placement of tube by injecting air with syringe through tube. Listen with stethoscope over stomach for air sounds. A more reliable method is to aspirate stomach contents with syringe; describe, measure.

6a) Withdraw air from stomach once placement is determined.

b) Aspirated stomach contents need to be refed to baby.

7. Position baby on right side as this aids emptying of stomach. Connect syringe (without plunger) to end of feeding tube.

8. Pour desired amount of formula or breast milk into syringe. Desired amount of formula or breast milk is determined by subtracting amount of residual from total feeding amount ordered.

8. Allow baby to suck on a pacifier to soothe the baby and aid gastric motility.

9. Allow formula/breast milk to slowly flow by gravity.

9. If formula/breast milk won’t flow, begin flow by loosely inserting plunger and apply gentle pressure. Remove plunger when flow has started. Rapid entry of formula/breast milk may cause regurgitation increasing danger of aspiration.

10. Remove feeding tube.

10. Pinch tubing (or clamp off) and withdraw it rapidly to prevent formula from entering trachea.


11. Bring baby to sitting position supporting head under chin and gently tap or rub back.

12. Place baby on side in crib, with head of bed elevated for at least 30 minutes.

12. To prevent aspiration if regurgitates.

13. Rinse syringe and tubing in warm water and place in folded cloth diaper.

13. Syringe and tube are clean and may be used again on same shift must use new every 8 hours.

14. Wash hands.

15. Document in CPSI.

15. Describe size of tube, passage of tube, amount of residual, type of formula/breast milk, amount of formula/breast milk, amount of water to flush and how procedure was tolerated.

DOCUMENTATION:

Nursery Flow Sheet  MR-32

REFERENCE:


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