Patient guide to enteral nutrition
Your guide to successful tube feeding at home
Table of contents

About Option Care ........................................................................................................ 1
  • Using this guide

Tube feeding basics ....................................................................................................... 3
  • How it works
  • Types of feeding tubes
  • The importance of proper hand washing
  • Preparing yourself to tube feed
  • Preparing your formula
  • Methods of tube feeding

Daily steps for success ................................................................................................. 11
  • Handling your enteral syringe
  • Caring for your tube and site
  • Taking medications through your tube
  • Bathing and showering with your tube
  • Flushing your tube
  • Unblocking a clogged feeding tube
  • Mouth care
  • Handling and care of your formula and supplies

Monitoring you progress ............................................................................................. 21
  • Managing common complications
  • When to call your healthcare provider

Ordering your formula and other supplies ................................................................. 26

Enjoying life .................................................................................................................. 27

A daily log ...................................................................................................................... 28

Nutrition resources ....................................................................................................... 29

Notes ............................................................................................................................. 31

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About Option Care

We support the nutrition needs of thousands of people every day

Sometimes, a medical condition can make it so that eating and drinking aren’t enough to provide the nutrition you need. When this happens, your healthcare provider may decide to give you additional nutrition support through tube feeding, which is also called enteral nutrition support.

For many patients of all ages, Option Care is the first choice for this type of care. After all, we’ve been providing enteral nutrition support in the home for more than 30 years.

It is estimated that more than 344,000 people are receiving home enteral nutrition in the United States.¹

Your own team of experts

We are different because we use a multidisciplinary approach to care. This means we provide a local staff of registered dietitians, nurses, pharmacists, and enteral coordinators who are experienced in providing enteral nutrition in the home setting.

Your own personal team will be involved throughout the length of your therapy, and they are dedicated to providing you with all of the help you need to make your tube feeding a success. They’re available to answer your questions 24 hours a day, 7 days a week.

Ensuring quality care

Providing quality care and services is our primary goal. We encourage you to call us if you have questions, comments, or concerns about the care and services we are providing. Reach out to your local office if you have any concerns about the services you are receiving, or to your registered dietitian for specific nutrition related questions or concerns. Discuss your tube feeding care and service with your healthcare provider during your follow-up appointments. Be sure to call your healthcare provider at the first signs of any infection, skin problems, or tube displacement.
Using this guide

This guide provides the information and resources you need to understand tube feeding and will teach you to confidently tube feed on your own or with a caregiver’s assistance. We are here to support you every step of the way.

In this guide, you’ll find the information you need to get started with tube feeding, including:

• Tube feeding basics
• Daily steps for success, such as how to handle your supplies and how to bathe with your new tube
• Monitoring your progress
• Ordering your formula and other supplies
• Staying positive as you become accustomed to tube feeding

The Enteral Daily Log Sheet in the pocket of this guide and the Notes section at the back are helpful places to record information you may find useful for managing your tube feeding.

Call your local Option Care office anytime you have questions. They’re available to help 24/7.
Tube feeding basics

How it works
Tube feeding is a way some people receive nutrition when they are unable to meet all their nutritional needs by eating and drinking. A feeding tube is used to deliver liquid formula directly into the stomach or small intestine. Tube feeding formulas are nutritionally balanced, with all of the protein, carbohydrates, fat, vitamins, minerals, and water found in a regular diet. ²
Types of feeding tubes

Your healthcare provider will choose a feeding tube that is right for you based on your particular needs. Here is a brief summary of the different types of feeding tubes:

1 NG or NJ tubes
   Nasogastric (NG) or nasojejunal (NJ) tubes pass through the nose and down into the stomach (in the case of an NG tube) or small intestine (in the case of an NJ tube). These tubes are usually secured in place with tape.

2 G or PEG tubes
   Gastrostomy (also known as G or PEG) tubes pass directly from the outside of the body to the inside of the stomach. They are held in place by a balloon or bolster on the inside of the stomach and a securing device at the skin’s surface.

3 GJ tubes
   Gastrojejunostomy (or GJ for short) tubes provide access to both the stomach and the small intestine. This type of tube has 2 ports — one marked as gastric (or stomach) access and one marked as jejunal (or intestinal) access. If you have a GJ tube, your healthcare provider will give you special instructions on how to feed your formula through this type of tube.

4 J or PEJ tubes
   Jejunostomy (also known as J or PEJ) tubes go directly from the outside of the body to the inside of the small intestine. They are usually held in place with stitches or a securing device on the inside of your intestine and may be secured on the outside of your body with stitches or tape.
The importance of proper hand washing

When using a feeding tube, it is necessary to thoroughly wash your hands to prevent infection. Be sure to wash your hands between every step of the process, including:

• Before gathering your supplies
• Before starting tube feeding
• Whenever you think your hands may have become contaminated

Washing with soap and water

1. Wet your hands with clean running water.
2. Apply soap and rub hands together to make a lather.
3. Scrub every part on each hand.
4. Continue rubbing hands for at least 20 seconds.
5. Rinse hands well under running water.
6. Use a paper towel to turn off the faucet.
7. Dry hands using a clean paper towel or air dryer.

Using a hand sanitizer

If soap and clean water are not available, use an alcohol-based hand sanitizer to clean your hands. Alcohol-based sanitizers work quickly to reduce the number of germs on skin. When using an alcohol-based hand sanitizer:

1. Apply product to the palm of one hand.
2. Rub the product over all surfaces of hands and fingers until hands are dry.
Preparing yourself to tube feed

- You can tube feed sitting, standing, or gently reclining. Do not lie flat while you are tube feeding. If you are tube feeding while sleeping, make sure you are elevated to at least a 30-45 degree angle.
- Just before flushing your tube or starting your tube feeding, place a towel in your lap in case tube contents spill or your formula drips during administration.
- If your tube has a clamp or stopcock, make sure it is in the closed position before opening the end cap on your feeding tube.
- If you do not have either of these, pinch the tube with your fingers before opening to prevent stomach or intestinal contents from coming out of the end of the tube. Be ready to insert the syringe, or gravity or pump set tubing, into the tube as quickly as possible, so you don’t have to pinch the tube for too long!

Please note: Always secure a clean water source for mixing formulas and flushing your tube.
Preparing your formula

Preparing powdered formula

1. As instructed, mix the recommended amount of powdered formula with the correct amount of water. (Refer to your Feeding Plan in the front pocket.)

2. Add the amount of mixed formula that is required for each feeding to the feeding container. It is safe for the formula to be at room temperature for the time it takes to administer.

3. Pour the remainder of the mixed formula into a large container. Label with the date and time that the formula was prepared. Cover and store in the refrigerator.

4. If the formula is not used within 24 hours, throw it away.

Preparing liquid formula

1. Wipe off the can or container with a clean, damp paper towel before opening.

2. Add the amount of formula that is required for each feeding to the feeding container. (Refer to your Feeding Plan in the front pocket.)

3. If you do not use all of the formula, write the date and time on the can, cover it, and store it in the refrigerator. If the formula is not used within 48 hours, throw it away.
Methods of tube feeding

There are 3 different methods that can be used for tube feeding. Your healthcare provider will choose the method that is right for you and will walk you through the steps you should take each time you tube feed.

1. Syringe (bolus) tube feeding

Formula can be slowly injected or funneled using an enteral syringe.

1. Open the feeding tube end cap, and flush the tube with water as directed in your Feeding Plan.

2. Funnel by pouring formula directly into a syringe connected to the feeding tube. Control how quickly the formula drips by raising or lowering the syringe. If the formula continues to drip too rapidly, you may slightly crimp the tube to slow down the rate. It should take 15 to 30 minutes to finish one can of formula. Another method of syringe tube feeding is to draw formula from the container into the syringe by slowly pulling out the syringe plunger. Then, place the syringe tip into the feeding tube and slowly and gently inject the formula into the tube over 20 to 30 minutes.

3. Flush the tube with water as instructed in your Feeding Plan, and close the feeding tube cap.

4. Flush the tube with water before and after each medication you take by tube.
2. Gravity tube feeding
Gravity feeding uses only the pressure created by gravity to push formula through the feeding tube. The clamp on the feeding set tubing allows you to control the feeding rate.

1. Hang the feeding set on an IV pole or wall hook about 2 feet above and to the side of your feeding tube, with the roller clamp closed.
2. Open the lid to the feeding bag, pour in the required amount of formula, and close the lid.
3. Remove the cover from the end of the feeding set tubing.
4. Open the roller clamp slowly and prime the tubing by letting the formula move through the tubing just until it reaches the end tip; then close the roller clamp.
5. Open the feeding tube end cap, and flush the tube with water as directed in your Feeding Plan. Insert the tip of the feeding set into the feeding tube.
6. Slowly open the clamp on the tubing. Use the clamp to control the flow. Make the formula flow faster by opening the clamp; make it flow slower by closing the clamp.
7. When the feeding is complete, close the clamp.
8. Disconnect the feeding set.
9. Flush the feeding tube with water as directed in your Feeding Plan, and close the feeding tube cap.

After each use within a 24-hour period, thoroughly rinse the feeding set with warm water, air dry, and close the cap until the next feeding.

You can store the bag in a refrigerator to minimize bacterial growth. Use a new feeding set every 24 hours.⁴
3. Tube feeding using a pump

Pump feeding delivers formula through the tube into the stomach or small intestine. If you have a J-tube or GJ tube, you should use your pump to infuse formula slowly. The small intestine does not hold as much formula as the stomach.

1. Hang the pump set on an IV pole or alternate hook, if available. Otherwise, set it on a clean countertop.
2. Open the lid of the pump set and pour in formula, being careful not to touch the opening of the bag. Do not pour more formula than will be used within 12 hours for ready-to-use formula, or within 4 hours for reconstituted or diluted formula. Close the bag.
3. Connect the feeding set to the pump. (If using a backpack or waist pack for your feeding, follow manufacturer instructions for loading pump and pump set.)
4. Remove the cap from the end of the pump set tubing.
5. Remove your feeding tube end cap, and flush the tube with water using a 60-mL catheter tip syringe per your Feeding Plan (usually a minimum of 30 mL of water).
6. Insert the tip of the pump set tubing into the feeding tube.
7. Turn on the pump and verify its settings. (You will be instructed on how to operate your pump in person by a Option Care team member or by an agency nurse if you are receiving nursing care outside of our service area.)
8. When the pump set container is empty or the feeding is complete, turn off the pump (unless it is set to feed intermittently).
9. Close the clamp, if there is one and disconnect the pump set.
10. Flush the feeding tube with water using a 60-mL catheter tip syringe (usually a minimum of 30 mL of water). Use a syringe to administer any additional water needed per your Feeding Plan.
Daily steps for success

Before and after you tube feed, there are steps you can take to make the most of your feeding and avoid possible complications. This section covers these steps and gives you tips to help you succeed.

Handling your enteral syringe

Syringes are used to inject enteral formula, medications and water into feeding tubes. It is very important to follow a “clean technique” when using your syringe. This includes proper hand washing (see page 5) and proper cleaning of the syringes before and after each use.

Cleaning your syringe

- After use, pull the plunger out of the syringe
- Wash both the plunger and syringe with warm, soapy water in a clean environment and rinse thoroughly
- Place both the syringe and plunger on clean paper towels to air dry
- **DO NOT** use very hot water. Hot water makes the rubber piece in the plunger sticky
- **DO NOT** put syringes in the dishwasher

When properly cleaned, one enteral syringe can be reused for up to 7 days, at which point it should be discarded.

Remember: Our team of clinical experts is dedicated to supporting you for the duration of your therapy. Please call your local Option Care office with any questions or concerns.
Caring for your tube and site

It is important to change the dressing and clean the skin around the tube site every day or as often as your healthcare provider recommends. Keeping the site clean and dry helps to guard against infections and skin irritation.

Care for a G-tube or J-tube

1. Gather the materials you will need to clean the tube site:
   - Soap
   - Cotton swab or clean washcloth
   - Warm water
   - Gauze dressing squares
   - Adhesive tape

2. Wash your hands following the instructions on page 5.

3. Gently and thoroughly clean the skin around the tube site. If your tube has a skin disk, clean it daily with mild soap and water using a clean washcloth or cotton swab. Start at the tube and work outward in circles without pulling on the tube. The skin disk should not be tight against your skin. Keep a ¼-inch space between the skin and the disk.
   - G-tube: The tube should be able to rotate within the stoma (the opening in your skin where the tube is inserted)
   - J-tube: DO NOT PULL OR ROTATE the tube at any time
   - DO NOT aggressively pull or tear adhesive tape from your skin; instead, try using warm, soapy water. Never use scissors

4. Wipe the area again with warm water and allow to air dry completely.

5. If you are using gauze squares for drainage around the skin disk, it is important to change the gauze every day, or right away if it becomes wet or soiled, to minimize the risk of infection. Place gauze square over your feeding tube bumper — not between skin and bumper. Once drainage from the tube slows or stops, discontinue using the gauze, as moisture can cause skin irritation. A small amount of drainage around the tube is normal.

6. If crusty drainage has accumulated at your tube site, remove it with a clean washcloth or cotton swab by using hydrogen peroxide diluted with water (½ water and ½ hydrogen peroxide). Follow this with plain water. DO NOT use hydrogen peroxide for daily cleaning and DO NOT use full-strength hydrogen peroxide — ALWAYS dilute it with water.
Call your healthcare provider at any sign of infection, skin problems or tube displacement, such as:

- Redness or rash
- Swelling
- Pain or soreness
- Difficulty feeding through the tube
- Loose or dislodged tube
- Unusual or foul-smelling drainage
- Tissue protrusion around the tube
- Excessive leakage

How do I make sure the tube is in the right place?

Before you begin tube feeding, make sure the tube is positioned correctly.

1. Using a ruler, measure the distance from the stoma to the end of the G-tube or J-tube.
2. Keep a record of your tube placement by writing the measurements in the Daily Log Sheet in the pocket of this guide.
3. Compare the figure with previous measurements. If the measurements are different, call your healthcare provider.

Ask your healthcare provider how often you should check the position of your tube.
Tube maintenance for a ballooned G-tube

If you have this type of tube, it is important to check the balloon inflation every 7 to 10 days to ensure it contains enough water. This will help to hold the tube in its proper place.

1. Wash your hands following the instructions on page 5.
2. Place a syringe in the balloon inflation valve.
3. Hold the tube in place, and remove the water from the balloon.
4. Refill the balloon with the amount of water (sterile or distilled, according to manufacturer directions) recommended by your healthcare provider.
5. If stomach contents leak around the tube, add water 1 mL at a time, up to the maximum balloon fill volume, until leakage stops.
6. Your insurance company may allow you to have a backup G-tube in case your other tube fails. In this case, a prescription from your physician is required.
7. The life of your ballooned G-tube depends on your body chemistry, and you may need to replace it every 3 to 9 months. Your healthcare provider will let you know if and when your tube needs to be replaced.
Site care for an NG or NJ tube

Following these steps daily will help to keep you comfortable and allow for easier delivery of feedings:

1. Gather the materials you will need to clean the tube site:
   • Soap
   • Cotton swab or clean washcloth
   • Warm water
   • Water-based lubricant (optional)
   • Tape
   • Mirror (if needed)

2. Wash your hands following the instructions on page 5.

3. While holding the tube in place, gently remove the old adhesive tape. To loosen stubborn tape, gently rub it with warm, soapy water. Be careful not to pull the tube.

4. Clean the nostrils with warm water using a cotton swab or clean washcloth. Remove any crust or secretions in the nose by wiping with a washcloth or cotton swab wetted with soap and water. Rinse again with a cotton swab wetted with water only.

5. For extra comfort you can apply a water-based lubricant to the nostril around the tube.

6. Using the mirror, verify your placement mark on the tube where it exits your nose.

7. Apply adhesive tape as directed by your healthcare provider.

8. After securely taping the tube place it over the ear to keep it out of the way and prevent it from accidentally moving out of place.

9. If you notice redness or irritation try putting the tube in the other nostril. If you have sores in your nostrils, retape the tube away from the irritated area.
How to check tube position

- Use a permanent nontoxic marker or pen to mark the tube 1 inch from where it enters the nose. Use this point to keep track of the tube’s position.
- Measure the length of tube from the tip of the nose to the end of the feeding tube. Keep a record of the distance in a log like the one in the pocket of this guide. Measure daily and if the length of tube changes by more than ______ inches, call your local Option Care office.
- Check the back of the throat to make sure that the tube has not curled into the mouth.

Call your healthcare provider at any sign of infection, skin problems or tube displacement such as:

- Redness, swelling and/or irritation in both nostrils
- A clogged tube that cannot be unclogged with water
- A dislodged tube that you are unable to replace

Because each tube is unique, you should always follow the instructions given to you by the healthcare provider who placed your tube.
Taking medications through your tube

Most medications can be safely taken through your feeding tube but speak with your physician or an Option Care pharmacist before administering. It’s important to know whether your medication comes in a liquid form, whether the tablet can be crushed, and whether your particular medication should be taken on an empty or full stomach.

- If you have a J-tube, ask whether your medications will work properly, as they will not pass through the stomach
- Use liquid medications when possible
- If your medication comes in a tablet form crush the tablet into a fine powder and mix well with warm water. DO NOT CRUSH ENTERIC-COATED TABLETS, TIMED-RELEASE TABLETS, OR CAPSULES*
- If your medication comes in a capsule, open or pierce the capsule and thoroughly mix its contents with warm water
- Use a syringe to give the medication and flush the tube with warm water as instructed in your Feeding Plan before and after the medication is given
- Give one medication at a time. Flush the tube with 20-30 mL of warm water between medications
- DO NOT MIX MEDICATIONS TOGETHER*
- DO NOT ADD MEDICATIONS TO FORMULA OR THE FEEDING SET CONTAINER*

Bathing and showering with your tube

- Your healthcare provider will inform you as to when to take a shower or sponge bath
- To keep from accidentally pulling out your tube, make sure it is anchored or secured to your abdomen
- When showering, there is no need to cover your tube, as long as the end is capped
- After you bathe or shower dry the skin around your stoma thoroughly
- AVOID tub baths and swimming as recommended by your healthcare provider
- If your healthcare provider says it is okay to take tub baths keep your tube from going all the way under the water

* Unless instructed otherwise by your physician or pharmacist.
Flushing your tube

Whether you are bolus feeding with a syringe, gravity feeding or feeding continuously with a pump it is important that you flush your tube with water several times a day to avoid blockages.

Here are the steps to follow when flushing a tube:

- If you have not yet started to use your tube for feedings, flush it twice a day with 60 mL of water. This will help prevent your tube from clogging.
- Flush your tube before and/or after feedings, as instructed in the “Methods of tube feeding” section for your tube type.
- Speak with your physician or your Option Care pharmacist, dietitian or nurse to determine your individualized flushing requirements if not included in your Feeding Plan.

Unblocking a clogged feeding tube

1. Attempt to flush the tube with a syringe filled with 30 mL of warm water.
2. Gently push and pull on the syringe plunger. Do not try to force water into the tube.
3. Repeat the attempt to flush with 30 mL of warm water.
4. If the tube will not flush, call your healthcare provider immediately for additional instructions.

Always use warm — not hot — water when flushing and unblocking a feeding tube.
Mouth care

Daily mouth care is extremely important even if you are unable to eat orally. Good oral hygiene is especially necessary to reduce bacterial growth that can cause infections in the mouth and throat as well as the formation of plaque on your teeth.

- Proper mouth care will keep your breath fresh and reduce dental problems. Follow your healthcare provider’s instructions for mouth care
- Brush your teeth, gums and tongue with a toothbrush and toothpaste at least twice a day
- Rinse with mouthwash or water as needed to freshen your mouth
- If your lips are dry, consider using a lip balm or petroleum jelly
- Call your healthcare provider if you notice bleeding or other mouth problems
- Visit your dentist regularly

Handling and care of your formula and supplies

Each month, you will receive the formula and/or feeding tube supplies you have ordered. Keeping all of your supplies in one place will help you to stay organized. You should have used almost all of your formula by the time your next shipment arrives.

Formula storage guidelines

To help ensure the quality and safety of your enteral product follow these guidelines:

Unopened enteral formula should be stored at room temperature, meaning at 66°-86°F. (The best temperature range for storage is 66°-77°F.)

- **AVOID** storing your formula in places exposed to direct heat or sunlight or in places that are damp
- **DO NOT** expose formula to excessive heat (over 104°F) or freezing temperatures
• **DO NOT STORE** enteral formula in a car or trunk of a car. When traveling in hot weather, keep the enteral formula in a cooler with ice packs

• If your enteral formula has been exposed to excessive heat or cold bring the formula to room temperature. Take a sample can from the case and check it for leakage. Shake the can, pour it into a glass and visually inspect the formula. If the formula container is leaking or the formula itself is clumpy or shows any other abnormal appearance, color or odor do not use the formula

• **REFRIGERATE FORMULA AFTER OPENING.** Most formulas can be kept in the refrigerator for 1 to 2 days, but check the manufacturer label of the product for precise directions. Be sure to bring the formula back to room temperature before use. Once opened formula can stay at room temperature (and hang in an open system) for no more than 4:
  - 12 hours for commercially sterile, canned formulas
  - 4 hours for powdered or liquid concentrated formulas (including breast milk) or anytime an additive is mixed into the formula
  - 4 hours for any feeding for babies younger than 4 weeks

Lastly, once it is spiked, formula in a closed system can hang for up to 48 hours (or as recommended by the manufacturer).
You can help your healthcare provider optimize your care and minimize side effects by taking careful notes about your therapy. It is important to record your feeding schedule and write down how much formula you are able to tolerate at each feeding. You should also note any problems or side effects you encounter.

Here are some of the other important factors you may need to track each day to help ensure your therapy goals are being met. Your healthcare provider will tell you if you need to monitor all of these things or just a few of them. You can keep track of these items on your Daily Log Sheet or in the Notes section at the back of this guide.

**Daily weight**: Weigh yourself at the same time each day or as directed by your healthcare provider. Wear the same amount of clothing each time you weigh yourself. Your healthcare provider will tell you whether he or she wants you to gain weight (typically 1-2 lb per week) or stay at your present weight. A sudden gain in weight may mean that you are retaining fluid. **If you gain 3 pounds or more in one day call your healthcare provider.**

**Stomach residuals**: Your healthcare provider may suggest that you check for formula remaining in your stomach from a previous feeding. If so, you will receive training on this process from a clinician. If you have questions, let us know.

**Fingerstick blood sugar (FSBS) test**: Your healthcare provider may direct you to record the results of FSBS tests to track how well your blood glucose levels are being managed, if they have been out of the normal range.

**Intake and output**: Your healthcare provider may want you to keep daily fluid records. "Intake" is any fluid you eat or drink by mouth and/or the fluids you take through your feeding tube. "Output" is fluid you put out as urine and any drainage such as an ostomy, a fistula or diarrhea. The intake and output record should be kept as exactly as possible every day. Your healthcare provider will give you instructions on what type of information you should note.

**Blood tests**: You may have blood drawn as ordered by your healthcare provider to monitor your therapy.
Managing common complications

This section discusses some of the most common complications experienced with tube feeding and provides tips on how to handle them.

Changes in regular bowel function can result from tube feeding but should resolve in a few days as you become accustomed to the formula. Getting the right amount of fluid is important for adequate hydration and maintenance of regular bowel patterns.

Diarrhea

Diarrhea means having many loose, watery stools. This may be accompanied by stomach cramps or a feeling of fullness. You may also experience stomach growling or churning.

If you have 3 or more loose stools in a 24-hour period or have any of the symptoms listed above call your healthcare provider.

You may be advised to:

- Speak with your Option Care dietitian for further assessment
- Decrease the amount of formula taken at one time
- Increase the time it takes to give formula
- Administer formula at room temperature
- Review techniques for formula preparation, formula storage, supply use and equipment care
- Change medications
- Change formula

Constipation

Constipation means having fewer stools than normal or having difficulty passing stools. Some people who are tube feeding have fewer bowel movements than they did when eating regular food. You may notice a full and uncomfortable feeling.

If you think you are experiencing constipation call your healthcare provider.
You may be advised to:

- Speak with your dietitian for further assessment
- Increase the amount of water you take in each day
- Exercise regularly if possible
- Change formula

**Nausea**

Nausea is a feeling of sickness in the stomach with an urge to vomit. You may experience nausea if your feeding is given too fast, too much formula is given at one time or the formula is too cold.

If you experience nausea while feeding stop the feeding for 30 to 60 minutes. If this does not relieve the nausea within 24 hours call your healthcare provider.

**Dehydration**

Dehydration can occur when the body loses more fluids than it takes in. It may happen as a result of fever, vomiting, diarrhea, medication or just not taking in enough fluids.

The main signs that you might be dehydrated include feeling thirsty and having a dry mouth and lips as well as decreased urine output or urine that is dark or strong smelling. This may be accompanied by weakness, dizziness or rapid weight loss.

Call your healthcare provider if you are experiencing any of these symptoms. You may be advised to:

- Speak with your Option Care dietitian for further assessment
- Increase the amount of water you are taking in
- Change medications
- Temporarily administer an electrolyte solution instead of your regular formula and water if you are ill
Aspiration
It is possible for you to inhale formula into your lungs accidentally, which is called aspiration. Burping up small amounts of formula or vomiting may cause aspiration.

Aspiration is dangerous. STOP THE FEEDING IMMEDIATELY IF YOU START CHOKING OR FIND IT DIFFICULT TO BREATHE. Sit up or lie on one side and call your healthcare provider IMMEDIATELY for instructions.

To prevent aspiration1:
1. Never lie flat while you are tube feeding
2. Check the feeding tube for placement before giving feeding
3. Never give the feeding if you have a feeling of fullness, an upset stomach or are vomiting
4. Do not give the feeding if you are coughing or hiccuping

Infected stoma site
If your stoma becomes infected, you may notice redness, swelling, pain or unusual drainage around the tube. Call your healthcare provider IMMEDIATELY if you notice any of these symptoms.

Feeding tube coming out of place or has come out
If your feeding tube comes completely out go to your hospital emergency department. It is very important to have your tube replaced within 2 to 4 hours or else your stoma could close. Do not replace your own tube unless your healthcare provider has trained you on how to do so.

If your feeding tube is only partially out:
• Do not use the tube for flushing or feeding
• Measure how far the tube is out of place and record with your prior measurements in the Daily Log Sheet in the pocket of this guide
• Tape the feeding tube to your skin to reduce movement
• Call your healthcare provider right away
Call your healthcare provider unless otherwise directed if:

- You have choking or shortness of breath
- Your feeding tube becomes blocked or breaks
- You have nausea or an upset stomach for more than 24 hours
- You are vomiting or coughing a lot
- You have 3 or more loose stools in a 24-hour period
- You have constipation that lasts 5 to 7 days
- You have fever, chills, sweats or weakness
- You have signs of dehydration
- Your tube site is red, sore, swollen, draining or leaking (except what was described as normal when your tube was first placed)
  - Blood in or around the feeding tube
  - Bad-smelling drainage from the stoma
  - Formula or stomach contents leaking around the tube site
- You have weight loss or gain of more than 2 pounds per week
- Anything causes you to stop giving feedings for more than 24 hours
We can make it easy to get the things you need

1. Option Care staff will call you for your next refill request before your formula and/or supplies run low. If you need items before you hear from us please call at least 2 business days before running out of formula or supplies.

2. Once your order is placed you will receive a 30-day supply of formula and supplies. Expect one delivery per month.

3. Each month during your refill call with your Option Care team member you will be asked a series of questions about your weight, feeding tolerance, current physician and current insurance. This ensures: 1) You always receive the most appropriate enteral nutrition support, 2) We can contact your physician for prescription refills and 3) Option Care bills the correct insurance.

4. **Call us immediately** if you are admitted to the hospital, when there is a change in the amount of formula used or if you experience formula intolerance such as nausea, vomiting, diarrhea or constipation — unless these symptoms result from an illness unrelated to your need for tube feeding.

5. If you plan to travel we are available to provide service and support for you 24/7 throughout the United States. Call us for more information.

6. When there is a change in your tube feeding regimen, we will obtain a new prescription from your physician and authorization from your insurance to provide the new product. This process may take 1 to 7 days. **Early notification is important to ensure that you have an adequate supply of formula.**

7. If your insurance company authorizes a backup or replacement G-tube, call Option Care when you use the backup tube.

8. If we have provided you with a pump please call us once your therapy is complete so that we can make arrangements to pick it up.

If you have any questions about this information, please contact your local Option Care office.

*Please note: Pharmacy regulations prohibit the resale or reuse of dispensed prescriptions and related supplies. Therefore we are unable to issue credit for any unused product or supplies.*
In the beginning it may feel like your entire life revolves around your tube feedings. As you become more familiar with the process it is possible to get to a point where tube feeding is a usual part of your day.

Here are some tips on how to stay positive as you integrate tube feeding into your life. This section will help you identify ways to promote a healthier attitude and improve your ability to cope.

**Take charge:** You don’t need to be a passive participant in your tube feeding. The more you take charge of the daily process the more quickly you will be able to get back to enjoying the activities you did before tube feedings. Even if you need a caregiver to assist you be sure to talk openly with him or her to figure out ways that you can take a more active approach to your tube feedings.

**Speak up:** Emotions may be high when starting tube feeding; but whatever you do don’t ignore them. Anger, frustration, disappointment and anxiety are just a few of the things you may feel. Whether you choose to keep a journal and write down your feelings, seek spiritual help or speak with a licensed counselor you need to express whatever you are feeling. Many people who tube feed experience depression. If you have any signs or symptoms of depression seek help immediately from your healthcare provider.

**Branch out:** Receiving support from others is very important so be sure to reach out. Joining support groups, reconnecting with friends and family and even volunteering can help keep your spirits up and let you see that there is a lot more to life than your tube feedings. Consider some light exercise if your healthcare provider says it’s okay. If you are unable to perform previous hobbies or favorite pastimes now is the perfect time to learn something new that will keep you active and involved.

**Treat yourself:** While you’re working hard to integrate tube feeding into your life you may forget to focus on yourself. Resolve to do something nice for yourself each day. Take time to pamper yourself; get a manicure or a haircut.

**Keep connected:** Even though you may be eating differently that doesn’t mean you can’t enjoy social gatherings like you did before. Many tube feeding patients still enjoy preparing meals for their family and joining the family for sit-down meals. Friends and family members may be hesitant to eat in front of you or ask you to dinner so be open with them and let them know how you feel.

**Turn to us:** Ask your Option Care dietitian if it’s possible to simplify your feeding regimen to meet your changing needs and lifestyle; for example, working toward decreasing time on a feeding pump or limiting the number of feeds per day. We want to enhance your quality of life while meeting all of your nutrition needs.

Option Care is here to support you and answer any of your questions. We’re available to help 24/7.
A daily log

Tracking your daily tube feedings allows you to take an active role in your therapy and helps you optimize your tube feeding. It can also help your healthcare provider stay up to date on how you are doing and determine whether any changes need to be made to your tube feeding regimen.

If your condition requires you to track your tube feedings and health status every day you will be given a Nutrition Support Journal by your Option Care dietitian or nurse. If you don’t need to keep a record that detailed you can use the Enteral Daily Log Sheet in the pocket of this guide. Feel free to make copies of the sheet to track your feedings throughout your therapy.

### Enteral Daily Log Sheet

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**FSBS, Fingerstick Blood Sugar**

Option Care locations are ACHC accredited.

HHA #20881096, HHA #20885096, HHA #299991678, HHA #299992580, HHA #299992912, HHA #299994060, HHA #299994066

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Nutrition resources

Oley Foundation
www.oley.org
800-776-OLEY
The Oley Foundation provides its 12,000 members with critical information on such topics as research, health insurance and medical advances. The foundation is also a source of support helping people on home tube and IV feeding overcome challenges such as their inability to eat and altered body image. All Oley programs are offered free of charge to consumers and their families.

Crohn’s and Colitis Foundation of America
www.ccfa.org
800-932-2423
CCFA is a nonprofit, volunteer-driven organization dedicated to finding cures for Crohn’s disease and ulcerative colitis.

National Stroke Association
www.stroke.org
800-787-6537
This division of the American Heart Association is focused solely on reducing disability and death from stroke through research, education, fundraising and advocacy.

American Cancer Society
www.cancer.org
800-227-2345
The American Cancer Society is dedicated to helping everyone who faces cancer through research, patient services, early detection, treatment and education.
Abbott Nutrition (enteral formulas)
www.abbottnutrition.com
800-227-5767

Nestle Nutrition (enteral formulas)
www.nestle-nutrition.com
800-422-2752

Covidien (enteral pump and supply manufacturer)
www.covidien.com
800-962-9888

Moog (enteral pump and supply manufacturer)
www.moog.com
800-970-2337

ALS Association
800-782-4747

Muscular Dystrophy Association
www.mda.org
800-572-1717