THE STUDY VAULT

Clinical Chaos

Enteral Feeding

SKILL SNAPSHOT

Purpose
- Provides formula, water, and nutrients through a verified gastrointestinal feeding tube.

When to use
- GI tract functions but oral intake is unsafe or inadequate; delivered as continuous, cyclic, intermittent, or bolus feeding.

Supplies needed
- Ordered formula; enteral-only feeding set/ENFit syringe; pump; water flushes; pH strips if policy uses; gloves; stethoscope for assessment, not placement confirmation.

PREP + PATIENT SETUP
- Verify order, formula, route, rate/volume, flushes, allergies, and aspiration precautions.
- Assess abdomen, bowel function, hydration, glucose/electrolytes, stool, nausea, and tube site.
- Confirm initial tube placement radiographically

VAULT TIP
- Before START, trace the enteral tubing from formula container all the way to the patient's feeding tube.

STEP-BY-STEP
1. Hand hygiene; identify patient; explain feeding and position head of bed 30-45 degrees unless contraindicated.
2. Verify tube type, external length/mark, securement, and site. Compare with baseline. Stop for migration or respiratory distress.
3. Confirm placement using facility-approved method. Do not rely on air-bolus auscultation.
4. Check formula label, expiration, integrity, and room-temperature storage. Use enteral-only connectors.
5. Assess gastric residual only when ordered/policy requires; interpret with the full clinical picture and return/discard per policy.
6. Flush tube with ordered water using an enteral syringe before feeding.
7. For a closed system, connect aseptically and label date/time. For open systems, pour only the ordered amount and follow hang-time limits.
8. Program pump with correct formula, route, rate, and volume. Trace tubing from container to feeding tube before starting.
9. Begin feeding. Keep patient 30-45 degrees during feeding and for the ordered time afterward.
10. Monitor for coughing, desaturation, vomiting, distention, pain, diarrhea/constipation, glucose change, hydration, and tube-site problems.
11. Flush at ordered intervals and before/after medications. Give each medication separately; never mix medication into formula.
12. Pause feeding as required for medication interactions, procedures, or intolerance. Avoid unnecessary interruptions.
13. At completion, flush, clamp/cap tube, maintain position, clean equipment, and reassess.

SAFETY REMINDERS
- Stop feeding for suspected tube displacement, aspiration, severe intolerance, or acute respiratory change.
- Never connect enteral tubing to IV access.
- Do not use air-bolus auscultation to confirm placement.
- Watch for refeeding syndrome in high-risk patients.

COMMON MISTAKES
- Feeding with head flat.
- Mixing medications together or into formula.
- Using expired formula or exceeding hang time.
- Ignoring a changed external tube length.

DOCUMENTATION
- Formula, route, rate, volume, and flushes.
- Placement verification and external length.
- Position and tolerance; abdominal/stool findings.
- I&O, glucose/labs, residual if obtained.
- Interruptions, complications, teaching, notifications.