

Tube Feeding Quick Reference Guide

Types of Feeding Tubes

NG	PEG	PEJ
A nasogastric (NG) tube is placed through the nose, down the back of the throat, through the esophagus (food pipe), and into the stomach.	- A percutaneous endoscopic gastrostomy (PEG) tube goes from an opening in the abdominal wall into the stomach. - This tube is placed using an endoscope, which is an instrument used to examine the inner parts of the body. A pump must be used for feedings.	- A percutaneous endoscopic jejunostomy (PEJ) tube goes from an opening in the abdominal wall into the jejunum (small intestine). It bypasses the stomach. - This tube is placed using an endoscope, which is an instrument used to examine the inner parts of the body.

Button	Surgical GT or JT	PEG-J (Super PEG)
- A PEG or PEJ tube may be replaced by a button. It lies flat on the abdomen and is more comfortable for long-term use. An adapter must be used for feedings.	- A gastrostomy tube (GT) goes from an opening in the abdominal wall into the stomach. - A jejunostomy tube (JT) goes from an opening in the abdominal wall into the small intestine (jejunum). A pump must be used for feedings with a JT tube. - Both tubes are placed during surgery.	- A PEG-J (also called a Super PEG) is a tube within a tube. It goes from an opening in the abdominal wall into the stomach. - The tube can be used to drain fluid from the stomach. - The tube has an extension that goes into the jejunum for feeding. A pump must be used for feedings in the jejunum.

Tube Feeding Procedures

- Sit in an upright position (at least a 45-degree angle) during the feeding.
- You can walk around during the feeding, if you wish.
- Do not lie down for 1 hour after the feeding.**

Formula: _____ Goal: _____ cans per day

Bolus Method	Gravity Method	Pump Method
Give _____ cans 3 4 5 times a day. Flush the tube with 30 to 60 mL of water before and after each feeding.	Give _____ cans 3 4 5 times a day over _____ minutes. Flush the tube with 30 to 60 mL of water before and after each feeding.	Start by giving _____ mL per hour over _____ hours. Increase the rate by _____ mL per hour, every 24 hours, until you reach your goal rate of _____ mL per hour, per day. Flush the tube with 30 to 60 mL of water before and after each feeding.

Call Your Doctor or Nurse if You:

- Start to cough at the beginning of or during your feeding. **If this happens, stop the feeding immediately.**
- Have a temperature of 101° F (38.3° C) or higher
- Have diarrhea or constipation
- Have vomiting, bloating, or stomach cramps
- Have pain, redness, or drainage at the tube site
- Are not able to unclog the tube
- Have dry skin
- Have decreased urinary output
- Have excessive thirst
- Have shortness of breath
- Feel listless or confused
- Have swollen ankles, feet, or legs

Taking Medication Through Your Feeding Tube

Check with your pharmacist or nurse before you take any medication through your feeding tube. Please review the *Tube Feeding* resource your nurse gave you for additional instructions.

Cleaning the Equipment

Wash the equipment with a small amount of mild liquid dishwashing soap and warm water. Rinse the equipment well with warm water and allow it to dry before the next feeding.

Supplies

Please review the *Tube Feeding* resource your nurse gave you for instructions.

Follow-up Care

You will be given an appointment to be seen in the nutrition clinic. If you cannot keep your appointment, please call your doctor at the number below to reschedule:

Dr. Schattner: (212) 639-3148

Dr. Shike: (212) 639-6985

Dr. Mendelson: (212) 639-8152

Contact Information

If you have any questions or concerns, please call the Nutrition Service office at (212) 639-6985 and ask for the outpatient nurse. You can reach the office Monday through Friday from 9:00 am to 5:00 pm. After 5:00 pm, during weekend, and on holidays, call (212) 639-2000 and ask for the doctor on call for your doctor.

To order more supplies or formula, contact your home care agency.

Home care agency: _____ Telephone: _____

Home care agency contact person: _____ Telephone: _____



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