**Plano Independent School District**

**School Health**

**Enteral Tube Feeding Problem List**

**Possible Issues that Require Immediate Attention**

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| **Observation** | **Possible Cause** | **Action** |
| Color Changes/Breathing Difficulty | Possibly due to aspiration of formula into lungs | * Stop feeding immediately * Call RN to assess if student not in distress * If student in distress call 911 before calling RN * Notify parents immediately |

**Possible Issues that are Not Emergencies**

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| **Observation** | **Possible Cause** | **Action** |
| Nausea and/or cramping  Vomiting | Rate too fast  Formula too cold  Improper positioning  Excess gas  Excess formula/slowed digestion | * Stop feeding * Check rate – may need to decrease * Check formula temperature – may be too cold – stop feeding and allow to warm to room temperature, then resume feeding * Place student in upright position * Check for abdominal distention * Vent tube, if ordered * Check residual, if ordered * Delay feeding until decreased residual * If problem continues, notify parent |
| Feeding will not progress through tube | Possible blocked device  Inadequate flushing | * Check clamps; check for kinks in tubing; check rate and level of syringe; check residual if ordered; check formula temperature (see above) * Place student in upright position or change position * Flush with warm water after feedings and as needed. If problem continues, notify parent |
| Bleeding/drainage/redness/  irritation | May be due to contact of food, fluid or medication with skin | * Check skin around device with each feeding * Clean site if food/fluid/medications leaks onto skin * Dry skin * Apply dressing around device if needed * Notify parent |
| Leakage of stomach contents from or around device | May be due to problems with anti-reflux valve or improper fit of device | * Clean skin * Apply dressing * Notify parent |
| Gastrostomy device falls out | Defective device/improper fit | * Save device in a baggie for reinsertion. Some student’s tracts may close quickly. The device will need to be reinserted quickly. Cover the site with gauze/tape. * Notify RN immediately * Contact parent immediately |
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Signature of Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Trainer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_