**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
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**Possible Issues that are Not Emergencies**

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| **Observation** | **Possible Cause** | **Action** |
| Nausea and/or crampingVomiting | Rate too fastFormula too coldImproper positioningExcess gasExcess 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
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| Feeding will not progress through tube | Possible blocked deviceInadequate 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
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| 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
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| 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
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| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_