



Notes of bolus feeding 管灌食適用對象與常見併發症 (英文)

Goal

When patients have a hard time intake food on their own, they need to be fed via nasogastric tube which transports balanced formula to provide nutrition demanded by their body.

Subjects in need of bolus feeding

1. patients living on nasogastric tube for food.
2. Use the gastrostomy or jejunostomy feeding.

Notes

1. Before feeding the formula, please wash your hands thoroughly with soap first.
2. Please follow the time scheduled marked on the cup.
3. Do not heat up prescribed formula as not to destroy nutrients.
4. Do not store the formula in the fridge if it is not unsealed; with the unsealed formula, label the used schedule on the lid and use it up within 24 hours once it is opened.
5. While feeding, lift patients' head up to 45-60 degree. The entire feeding process should take no less than 15 minutes. To prevent food from getting into patients' lung, have they stay at the position for an hour.
6. For mixed formula, finish feeding patients within 30 minutes; if it stays unused for two hours under normal temperature, do dispose it.
7. Do not push an empty tube during feeding.
8. When feeding a patient, check his or her digestion condition from last feeing by releasing some of the formula. If the sucked out amount is greater than half of the amount from last feeding, postpone the feeding an hour later.

9. To prevent infection or blockage, rinse the tube with 20-50c.c. of warm water before and after feeding.
10. Stop feeding immediately once you detect abdominal distension, pain, coughing, or vomits from patients.
11. Care the oral cavity and use the cotton to clear up patients' nostril every day.
12. An hour prior to or after the feeding, avoid activities like sucking phlegm, turning, and patting patients' backs.

Common complications

Complication	Possible	Solution
Feeling disgusted, Vomiting	<ol style="list-style-type: none"> 1. Feeding the formula too fast or too much 2. Stomach emptied too slowly 	<ol style="list-style-type: none"> 1. Reduce the feeding rate or amount 2. Change the position of the tube, such as duodenum
Abdominal distension	Poor absorption	Continuous feeding
Diarrhea	<ol style="list-style-type: none"> 1. The feeding rate is too fast. 2. The Osmotic pressure is too high. 3. Hypoalbumi-nemia. 4. Contaminated formula 5. The influence of the medicine 	<ol style="list-style-type: none"> 1. Continuous feeding. 2. Dilute 3. Giving high protein 4. Wash hands with soap before feeding 5. Adjust medicine
Blockage or obstruction of the tube	Rinsing the water or moist off the tube is insufficient	<ol style="list-style-type: none"> 1. Rinse the tube with 20-50c.c. of water after feeding. 2. For continuous feeding different formula, wash the tube thoroughly.

aspiration pneumonia	<ol style="list-style-type: none"> 1. bad gesture 2. Maintaining an empty stomach for too long 3. Reflux easily 4. Tube inserted improperly 	<ol style="list-style-type: none"> 1. Lift patients' head up 30~45 degrees when feeding 2. slow down the feeding rate and reduce the amount of feeding 3. reconsider the NJ feeding 4. recheck the tube position
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- If there is doubt regarding information provided above, contact our nutritionists or consult the clinic for further guidance.

Feeding plan chart

Nutritionist:

Heat: Kilocalorie: Protein: g

Time	Prescription name	Pace/ quantity	Add the water amount

