

Feeding Tube Daily Care Checklist

Even the most experienced caregivers need to brush up on their skills from time to time. Are there any elements of proper enteral care that are being overlooked at your facility?

Perform Daily

- Check the resident for any pain, discomfort or pressure around the tube exit site.
- Check the tube exit site for skin irritation, inflammation or other signs of infection, gastric leakage or formula leakage.
- Rotate the external retention disk one quarter turn each day to relieve pressure on the skin and allow for aeration.
- Clean the tube exit site, gastrostomy tube and its external retention ring.
- Check the height of the external retention ring with the resident in both the sitting and supine positions. The retention ring should lie just on top of the skin. It might need to be adjusted if it is too tight on the skin or too high off the skin.
- Verify placement of the tube before every feeding, or several times a day for continuous feeding. This is done one of four ways: by checking the graduation marks, aspiration of gastric contents, air auscultation or if there are any questions, by X-ray verification.
- Verify that the resident has received the amount of fluid during the past 24 hours that he/she should have received according to the physician's orders (allow flexibility up to 150cc unless an exact fluid intake is critical for the resident).
- Change the enteral feeding bag and/or spike set per facility policy/manufacture's guidelines, or at least every 24 hours.
- Ensure the irrigation syringes on the bedside are labeled with the resident name, date and usage.
- Provide mouth care, including teeth, gums and tongue.

Notes



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