<u>SUBJECT</u>: Declogging Feeding Tubes with Pancreatic Enzyme (Viokase)

<u>PURPOSE</u>: To declog feeding tubes occluded with formula.

EQUIPMENT:

20ml syringe

Kit for unclogging feeding tube containing Pancrelipase and Sodium Bicarbonate Tablets (requires a physician's order) R3, R4

Lukewarm water

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Small feeding tube 3.5F x 12" H2768 }
5F x 15" H2769 } (optional)
6F x 32" H7776 }
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PROCEDURE:

- 1. Wash hands.
- 2. Attempt to withdraw as much formula as possible from the tube and discard.
- 3. Attempt to irrigate feeding tube with lukewarm water using a 20ml syringe.
- 4. If unsuccessful, obtain a kit for unclogging feeding tubes from Pharmacy that contains two Pancrelipase tablets (Viokase) and one 650mg Sodium Bicarbonate tablet. R3, R4, R6, R10
- 5. Crush the Pancrelipase and Sodium Bicarbonate tablets and mix together well. Add 5 to 15 ml of lukewarm water to the powder mixture and stir well.
- 6. Draw up mixture in a 20ml syringe.
- 7. Attach syringe to the end of the clogged tube.
- 8. Instill the slurry into the feeding tube using gentle pressure. If unable to instill mixture, try inserting a small feeding tube (e.g., 5F into 8F tube) as far as it will go and instill the mixture through it.
- 9. Clamp the tube for 15-30 minutes.
- 10. Draw up 20ml of lukewarm water and attach to the tube.
- 11. Irrigate the tube gently with the 20ml of water.
- 12. If unable to flush/unclog the tube, repeat steps 3-9. Procedure may be repeated up to three times.

PRECAUTIONS, CONSIDERATIONS, AND OBSERVATIONS:

1. Unclog feeding tubes within 24 hours of clogging. Flush feeding tubes with lukewarm water before and after intermittent feedings, medications, administration and gastric residual checks, or every 4 hours with continuous drip feedings. This is the most effective way to prevent tubes from clogging. R7, R8 Recommended flushing volumes for adults are 20–60ml and children 15–30ml; however, if the patient is on a fluid restriction, a small flush volume may be necessary. This helps to prevent the mixture of acidic fluids with intact protein formulas, a primary cause of feeding tube occlusion. R1, R2, R7,R10

- 2. Beverages such as Coca-Cola, 7-Up or cranberry juice are acidic and may precipitate the caseinate in formulas. They are <u>not</u> recommended as flush fluids. R5, R9
- 3. Small tablet particles may block the tube. It is important to crush tablets to a fine powder before mixing with water. Consult Pharmacy on whether or not the medication can be dissolved.

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- Powell, K.S., Marcuard, S.P., Farrior, E.S. and Gallagher, M.L. (1993) Aspirating gastric residuals causes occlusion of small-bore feeding tubes. <u>Journal of Parenteral and Enteral Nutrition</u>, 17(3):243-246.
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- R9 Wilson, M.F. and Haynes-Johnson, V. (1987) Cranberry juice or water? A comparison of feeding-tube irrigants. <u>Nutritional Support Services</u>, 7(7):23-24.
- R10₀ Bommarlto, A.A, Heinzelmann, M.J, and Boysen, D.A, A New Approach to the Management of Obstructed Enteral Feeding Tubes. Nutr Clin Pract. 1989;4:111-1.

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L1 Williams, P. How Do You Keep Medications from Clogging Feeding Tubes? <u>American Journal of Nursing</u>, 1989, 89:181-182.

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