How To Get Started

Developing a Feeding Tube Placement Program
Objectives

SO YOU MEAN TO TELL ME
MY TOES ARE NOT PIGGIES?
Objectives

- List indications and contraindications of bedside small bowel feeding tube placement
- Discuss initial training and ongoing competency associated with bedside small bowel feeding tube placement
While few studies have shown a differential effect on mortality, the most consistent outcome effect from EN is a reduction in infectious morbidity (generally pneumonia and central line infections...). In many studies, further benefits are seen from significant reductions in hospital length of stay, cost of nutrition therapy, and even a return of cognitive function (in head injury patients).”

Small bowel access is preferred in patients who:

- Are intolerant to gastric feeding
- At an increased risk for aspiration of stomach contents (such as supine position, heavy sedation)
- Require high rates of tube feeding infusion
What is Small Bowel Access?
Absolute Contraindications

- Basilar skull fracture
- History of transsphenoidal surgery
- Facial, nasal or sinus trauma
- Severe clotting abnormalities

- Do not use CORTRAK EAS for patients with implanted medical devices that may be affected by electromagnetic fields (LVAD).

MMC specific patient care policy/procedure: Tube feeding – Insertion of post pyloric tube with stylet (CORTRAK).
Relative Contraindications

- Esophageal varices with recent bleeding or ligation within 72 hours
- Esophageal stricture, tremor or recent esophageal surgery
- History of gastrointestinal surgery with altered anatomic pathways (such as roux en y gastric bypass)
- Gastroesophageal reflux
- Gastroparesis
- Nasal polyps, septal abnormalities, sinusitis
- Minor to moderate clotting abnormalities

MMC specific patient care policy/procedure: Tube feeding – Insertion of post pyloric tube with stylet (CORTRAK).
Obtaining Small Bowel Access

1. Surgeon in operating theatre following another procedure
2. MD at the bedside using portable fluoroscopy
3. Radiologist using fluoroscopy in the radiology suite
Obtaining Small Bowel Access

1. Surgeon in operating theatre following another procedure
2. MD at the bedside using portable fluoroscopy
3. Radiologist using fluoroscopy in the radiology suite
4. Insertion by a competent Registered Dietitian or ICU Registered Nurse at the Bedside
“At the Expert stage (Advanced level), the RD thinks critically about nutrition support therapy, exhibits a range of highly developed clinical and technical skills (which may include but are not limited to performing comprehensive nutrition-focused physical assessment, placement of enteral feeding tubes, and management of high acuity patients... Expert practice in nutrition support therapy is often evidenced by competency-based actions authorized by physician approved protocols.”

Anticipated Benefits

- Less travel for patients and staff
- Increases time in radiology suite for other procedures
- Quicker delivery of medications, fluids and tube feeding
- Reduced radiographic exposure
- Cost savings
Considerations

- How do we identify appropriate patients?
- Which staff members will perform the procedure?
- Efficacy of insertion
- Staff availability
- Risk of negative health outcomes, including inadvertent lung intubation

Krenitsky, J. Practical Gastroenterology, 2011; 32-42.
Implementing Change at MMC

- 2006: Barnes Jewish Hospital Site Visit
- 2006: Onsite Training by BJC RD
- 2012: AMT Nasal Bridle
- 2015: CORTRAK EAS2
- 2016: Clinical Simulation Lab
Insertion of a Non-Weighted Feeding Tube with Stylet at the Bedside:

The Bedside Technique
Must follow approved procedure to ensure patient safety.

Completed at the Bedside.

Allow 15-60 minutes.
Preparing for Tube Insertion

- Verify physician order
- Review medical record
- Coordinate care with nursing and respiratory staff
- Obtain and prepare supplies
Supplies Required
Preparing for Tube Insertion

- Verify physician order
- Review medical record
- Coordinate care with nursing and respiratory staff
- Obtain and prepare supplies
- Explain procedure to patient and/or family
- Verify patient identification using 2 unique identifiers
- Wash hands and don gloves
- Adjust patient positioning
- Check monitors for oxygen saturation, heart rate, etc if applicable
MMC Specific Procedure Video
Cortrak Tracings
Radiographic Imaging

4th Portion Duodenum
Radiographic Imaging

Jejunum
“Coiled in Stomach, Distal Tip at the Pylorus”

“Well into the Duodenum”
1. Order from the physician to perform the procedure
2. Powerchart flowsheet documentation
3. Cortrak tracing printout
4. KUB order for placement confirmation
Competency Requirements

Initial

- Three successful* placements under supervision by a ‘competent’ RDN or RN
- Competency paperwork

Maintenance

- Three independent successful placements per year

*Successful = Tip of tube in duodenum or jejunum on KUB report
AMT Nasal Bridle
Indications

- Recurrent dislodgement of nasally inserted feeding tube
- Any nasally inserted fluoroscopically placed tube
- History of difficult nasal tube placement
- Confused and agitated patients
- Oily skin with decreased adhesiveness of tape
- Facial burns

https://www.google.com/images (image)
Contraindications

- Medically contraindicated
- Mechanical obstruction in nasal airway
- Nasal and/or facial fractures (acute or by history)
- Anterior cranial fractures
- Patients that may pull on the device aggressively and cause serious harm to the nasal septum
- Bleeding risk
- Ordered by the physician “do not use nasal bridle”
- Basal skull fracture
- Patient refusal
Nasal Bridle Procedure

1. Insert probe to first rib.
2. Insert Catheter.
3. Remove stylet AFTER magnet connection.
4. Withdraw Probe
5. Gut Catheter

6. Place nasal tube in clip channel.
7. Place both strands of umbilical tape near the hinge of the clip.
8. Clip, pressing firmly
9. Hold tube fixed.
10. Tie ends in a knot to secure. Trim excess.

Nasal Bridle Competency

Initial
- One nasal bridle placement under supervision by a ‘competent’ RDN or RN
- Competency paperwork

Maintenance
- None
Clinical Simulation Learning
Small bowel feeding tube placement is within scope of practice for advanced practice RDN’s

All patients should be evaluated for contraindications prior to procedure

Additional research is warranted to validate the effectiveness of clinical simulation learning for small bowel feeding tube insertion
Christina M. Rollins, MS RDN LDN CNSC
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