

Administering Medication or Formula via Nasogastric Tube

S/U

	<p>*1. Check medication against the MAR and/or HCP's orders, verifying time, date, and dose.</p> <ul style="list-style-type: none"> • Clarify any inconsistencies. • Check for allergies. • Type and rate of formula
	<p>*2. Verbalize the action, nursing considerations, safe dose ranges, purpose for administration, and adverse effects for each medication. Follows medication specific directions, including ability of medications to be crushed.</p>
	<p>*3. Perform entry measures.</p>
	<p>*4. Raise (or maintain) head of the bed 30-45 degrees.</p>
	<p>5. Assess bowel sounds, for abdominal distention, and for nausea and vomiting.</p>
	<p>6. Stop feeding pump; put on clean gloves; disconnect from continuous feeding or use Lopez valve to access NGT.</p>
	<p>*7. Check placement using at least two accepted methods, including measuring exposed tube length from nares to end.</p>
	<p>8. Medications:</p> <ul style="list-style-type: none"> a. Crush pills or open capsules and dissolve in 15-30 mL warm water. Pour liquids. b. Don clean gloves. c. Check for residual. *Hold meds/additional feedings if residual exceeds 400 mL. d. Remove plunger from 30 or 60 mL syringe. Attach syringe to PEG tube, open clamp, and pour in 15-30 mL water to flush tube. e. Using the syringe as a funnel, administer each medication separately, flushing after each med with 15-30 mL water. Final flush should be 30-60 mL water. f. Remove gloves and perform hand hygiene.
	<p>9. Feeding:</p> <ul style="list-style-type: none"> *a. Don clean gloves before preparing, assembling and handling the feeding. b. Cleanse top of formula container with alcohol before opening it. *c. Check the expiration date of formula. *d. If residual not just checked for meds, check residual. *Hold formula if residual exceeds 400 mL. *e. Prepare only 4 to 6 hours of feeding at one time. f. Label feeding container: Date/time equipment was opened, date/time to be discarded, name and volume of feeding prepared, rate of administration, and initials. If adding to existing bag: date and time formula is added, volume prepared, and initials *g. Pour formula into formula bag and allow solution to run through tubing. Attach feeding setup to feeding tube, open clamp, and regulate rate as ordered. h. Flush after feeding with 30-60 mL water. i. Rinse feeding bag and tubing with 30-60 mL water if adding formula. j. Remove gloves and perform hand hygiene.
	<p>10. Reconnect tubing or switch Lopez valve to feeding tubing and restart feeding pump.</p>
	<p>*11. Maintain elevation of head for at least one hour after feeding is discontinued.</p>
	<p>*12. Perform exit measures.</p>

	<p>13. Document:</p> <ul style="list-style-type: none">▪ Medications administered.▪ Assessment.▪ Amount of residual.▪ Date and time administration of feeding was begun.▪ Type of formula, volume prepared, rate of administration.▪ Patient's response.▪ Fluids administered on I&O record.
	<p>*14. Follow performance summary measures</p>

*Indicates critical performance element