INSTRUCTIONS POST TUBE PLACEMENT:
- Clean tube site daily
- Flush tube 2 times daily with 30-60mL water
- Follow up with your Providence Infusion (PIPS) Dietitian. A PIPS Dietitian will be contacting you soon after your tube has been placed to arrange teaching on how to do your tube feedings.

QUESTIONS: Please call the Dietitian @ 1-800-832-0319

HANDLING THE FEEDING TUBE:
Prior to handling your tube, it is important to create a clean workspace.

- Clear and Clean a workspace with soap and water
- Wash your hands
  - Use anti-bacterial soap and warm running water to thoroughly wash your hands for a minimum of 20 seconds (back of hands, under fingernails and between fingers.). Dry your hands with a clean paper towel and use a paper towel to turn off the faucet.
  - Or use an alcohol based hand sanitizer, scrubbing for 15-20 seconds

TUBE SITE CLEANING & CARE: (Do not pull on the tube. Do not loosen bolster)

1.) Leave the dressing in place for the first 24 hours, or per your doctor’s instructions.

2.) After 24 hours, wash your hands and gently clean around the tube with a solution of mild soap and water. If your tube has a bolster next to your skin, clean the area underneath the bolster. Be sure to rinse well with water after each cleaning. Continue to clean the tube site daily.

3.) Keep the area clean and dry. If your tube site is draining or oozing you may use gauze and secure the gauze with tape. If you have a bolster, place gauze over the bolster. Once the area around the tube has healed, you do not have to use gauze. A small amount of drainage from the tube site is normal.

4.) Coil the tube and tape on your abdomen when not in use.
FLUSHING YOUR TUBE:

After 24 hours, using a 60mL syringe, flush the tube with 30-60mL room-temperature water twice a day. (Continue to flush twice daily if not using tube for formula or medications.)

1. Wash your hands.
2. In a 60ml syringe, draw up 30-60mL of room temperature water.
3. With syringe tip pointing up, gently press plunger to remove excess air from syringe.
4. Clamp or kink patient’s feeding tube.
5. Open the end of patient’s feeding tube.
6. Connect end of syringe to feeding tube, twisting to form a secure connection.
7. Unclamp or un-kink patient’s feeding tube.
8. Gently press down on plunger until all water has gone into feeding tube. Recommend using one hand to hold tube and syringe at connection site to ensure a secure fit and prevent leaking or disconnection.
9. Clamp or kink patient’s feeding tube.

Instructional Videos:
1. Go to www.providence.org/enteral
2. Select “Educational Resources” in the left hand column.
3. In Enteral Therapy Video Library: select desired video and press

Go To A Walk-in Clinic or Emergency Room If You Have:
- Continued severe pain
- Increased swelling, warmth, firmness, redness, or other discoloration
- Any foul, thick or white drainage/fever of 101 degrees or greater
- Tube comes out

The area around the tube may be sore or tender for the first 7-10 days. This is normal.