

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Procedure Protocol
FEEDING TUBES

Initial Date: November 13, 2020

Revised Date:

Section 11-29

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: Provide guidelines for CIP paramedics to maintain a percutaneous tract into the stomach or a nasogastric tube through evaluation of efficacy and either rectifying or making a referral for ineffective tracts.

Aliases: Feeding Tubes, NG tubs, PEG tubes

- I. Indications
 - a. Complaints including blockage, damage or need for replacement
- II. Contraindication
 - a. Signs of infection or active bleeding
- III. Equipment
 - a. 10 ml syringe
 - b. Warm water or carbonated beverage such as diet cola
 - c. Approved de-clogging device designed for the tube.
- IV. Procedure
 - a. Identify the type of feeding tube.
 - b. Examine for patency, functionality, and placement.
 - c. If there is evidence of blockage, using sterile technique flush the tube using a 10 ml syringe and water or carbonated beverage.
 - i. If unable to flush use carbonated beverage and let it sit for 5-10 minutes and reattempt flushing.
 - d. If unable to establish good flow and the tube is in place, consider making arrangement for replacement.
 - e. ☒ Nasogastric tube removal (optional)
 - i. Obtain medical direction prior to procedure
 - ii. Position patient a minimal of a 30-degree incline from supine to prevent aspiration
 - iii. Discontinue gastric suction
 - iv. Flush the tube with a small bolus of air to clear any remaining gastric contents
 - v. Remove securement device
 - vi. Fold over or clamp the proximal end of the tube to prevent backflow of gastric contents
 - vii. Direct patient to hold the breath to close the epiglottic and withdraw the tube gently and steadily.
 - viii. When the distal end of the tube reaches the nasopharynx, it can be pulled quickly
 - ix. Inspect the tube to ensure it is intact
 - f. ☒ Replacement of damaged percutaneous tube in a well-established tract (optional)

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- i. Indications
 - a. Inadvertent removal of a tube
 - ii. Contraindications
 - 1. Initial gastrostomy placed less than 2 months ago
 - 2. Tube has been out of place for more than 24 hours
 - iii. Procedure
 - 1. Consider analgesics
 - 2. Utilize sterile technique
 - 3. Insert largest appropriate replacement tube (urinary catheter)
 - g. Concerns that present threats to the patient's immediate health and well-being must be reported to the referring physician prior to the conclusion of the visit.
 - V. Documentation **see CIP Documentation protocol**
 - a. Additionally (if applicable)
 - i. Results of attempts to flush tubes
 - ii. Removal of NG tubes, tube intact and patient reaction
 - iii. Replacement of percutaneous tract tube, confirmation of placement and measurements