PROCEDURE FOR GASTROSTOMY FEEDING
BOLUS METHOD

PROCEDURE

1. Review the orders.
2. Visually inspect gastrostomy device.
3. Check placement for Foleys.
4. Assemble equipment:
   - Liquid feeding solution/formula at room temperature
   - 60-ml catheter-tipped syringe or other container for feeding (e.g., bag)
   - Tubing with clamp
   - Water (if ordered)
   - Gloves
5. Explain the procedure to the student at his/her level of understanding. Encourage the student to participate as much as possible.
   - Position student
   - Wash hands, put on gloves
6. Remove plunger from syringe and connect the extension tubing
7. Prime the tubing with formula or water
8. Clamp the tubing
9. Visually inspect device and stoma site. If abnormalities noted, check placement or equipment, as needed.
10. Open cap of gastrostomy device and connect the tubing into device.
11. Unclamp tubing and allow gravity bolus feeding to start.
12. Pour formula into syringe.
13. Elevate syringe and continue to pour feeding into syringe as contents empty into stomach.

POINTS TO REMEMBER

Anticipating the tasks to be done, the risks involved, and the personal protective equipment needed will enhance protection of both the caregiver and student.

Ensure the order has not changed since the last feeding.

Identify size and type of gastrostomy device.

Some students get cramps if the feeding solution is too cold. Be sure to shake cans of formula well and note expiration date.

Any tubing may vary with the type and size of the device and the length of the feeding.

By encouraging the student to assist in the procedure, the caregiver helps the student achieve maximum self-help skills.

Student must be in an upright or semi-fowler’s position, unless otherwise ordered by LHCP.

If medications are prescribed, administer before or after feeding, according to student-specific guidelines. Do not put crushed or liquid medications in a feeding bag. Administer medications separately via syringe followed by a water flush after each medication.
14. Raise or lower syringe or container to adjust flow to prescribed rate.

15. At the end of the feed, flush tubing and device with water, if ordered.

16. Vent if ordered. Remove the tubing with feeding syringe.

17. Close device safety cap.

18. Refer to student-specific guidelines regarding position and activity after feeding.

19. Wash catheter-tipped syringe and tubing with warm water and mild soap. Rinse, dry, and store in clean labeled container.

20. Remove gloves. Wash hands.

21. Document feeding/medication, residual, and feeding tolerance in Healthmaster and on Easy-Trac, if applicable.

POINTS TO REMEMBER

Do not discard any residual that may come back with venting. Allow residual to return to stomach. If residual fills up the syringe or seems excessive, allow it to return to the stomach and notify parent that feeding will be held due to high residual.

If another type of container, such as a feeding bag, is used for feeding solution, unclamp tubing and allow feeding to flow in by gravity.

Keep the syringe partially filled with formula to prevent air from entering stomach.

Flushing will clear the device of feeding solution and medication.

Be alert to any changes in the student’s tolerance of the feeding. Nausea, vomiting, cramping, or diarrhea may indicate that feeding is being given too quickly or the formula is too cold. If the feeding takes longer than 30 minutes, feeding should be delivered via a pump or using tubing and a bag that has a roller clamp. A feeding that goes in very slowly accompanied by an agitated child may be a sign that the tube is displaced. Stop the feeding and vent to relieve discomfort. If discomfort persists, stop feeding and notify the parent.

Open formula should be stored in a clean, covered container in the refrigerator and labeled correctly. Label with student’s name, type of formula, date and time it was opened. Open formula may be kept in the refrigerator for 24 hours; discard after 24 hours.

Parent should provide clean feeding bags, as needed.