

## Continuous enteral feeding

### Standard

All infants who receive continuous enteral feeding will have the procedure carried out safely.

### Equipment

A Flocare Infinity pump, a sterile Flocare system, correct milk

### Procedure

- Equipment is assembled and placed in an accessible position for carrying out the procedure.
- Cleanse hands according to NNU policy.

#### Nurse 1

Remove Flocare system from outer wrapper.

Close off the roller clamp.

Open the lid of the reservoir bag.

#### Nurse 2

Open the correct milk and pour milk into the Flocare reservoir without touching the lid.

Enough milk for 4 hours of feeding should be poured into the bag.

#### Nurse 1

Close the lid. Open the roller clamp and prime the line.

Close clamp. If this new set is replacing a set already infusing, put pump on hold otherwise feed the administration set through the pump.

**Continuous naso-gastric feeding** (oro-gastric tubes should not be used for continuous feeding - note 1)

- Disconnect the old set.
- As milk is continuously in the stomach, confirming tube position is difficult. If it is the first time the naso-gastric (NGT) is being used for continuous feeds, ensure to test the gastric aspirate with pH paper. Note the length of the tube in baby's record.
- Prior to connecting the feeding administration set, check that the tube length is the same as that documented when the NGT was first inserted. Verify tube length each hour.
- Set/verify pump rate and start the pump.
- Unclamp roller clamp.

**Continuous naso-jejunal feeding** (NJT) (a NGT must also be in place)

- Disconnect the old set.
- As milk is continuously infusing into the jejunum, confirming tube position is difficult. When the NJT is confirmed on X-Ray, the length of the tube must be documented in baby's notes. Verify tube length each hour.
- Prior to connecting the feeding administration set, check that the NJT length is the same as that recorded when first inserted.
- Set/verify pump rate and start the pump.
- Unclamp roller clamp.

## Aspirating the NGT or NJT

- When giving continuous naso-gastric feeds, milk will always be present in the stomach. Aspirating the NGT for gastric residual will tell little about milk toleration unless the residual is significantly greater than the volume infused. Frequency of tube aspiration should be made on an individual basis taking into account volume of feed/hour and other features of milk absorption and toleration e.g. abdominal distension, vomiting, passage of stools.
- When giving continuous naso-jejunal feeds, the NGT is aspirated 6 hourly to test NJT position. If milk is in the stomach it may indicate the NJT has slipped back through the pylorus or that there is reflux of milk into the stomach from the jejunum.

The Flocare system must be changed 12 hourly if milk alone is being infused. Place a sticker on the Flocare bag indicating the date and time the set was changed.

### Potential complications

Aspiration, bacterial contamination of feeding set

### Notes

1. Oro gastric tubes **should not be used** when giving continuous feeds as there is a greater risk of tube displacement through tube curling in the oro pharynx.
2. See Farrell bag guidance