

Tube Feed Occlusions: Identification, Correction, and Prevention

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BACKGROUND

Proper management of Nasal Gastric Tube (NGT) occlusions is vital to prevent the delay of adequate nutrition. NGT occlusions can be a common occurrence especially when using a small bore tube such as a Dobhoff. For years it has been common practice for nurses to use Soda or Cranberry juice to attempt to resolve the occlusions. However, the acidity precipitates the protein in the enteral feeding formula causing or worsening of the clog. This practice was identified as an opportunity for Nursing education to not only prevent occlusions, but also to ensure proper management is followed once the occlusion is identified. Per the American Society for Parenteral and Enteral Nutrition (ASPEN) most clogs are attributed to meds, and meds must be crush thoroughly to prevent causing a tube feed clog.

PURPOSE

To educate staff on the proper prevention and management of tube feed occlusions, and ensure best practice is followed when an occlusion occurs.

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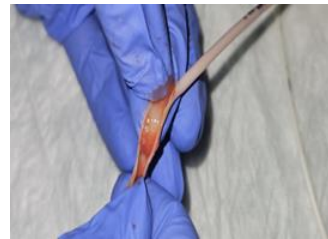
A literature review from nursing journal guidelines, ASPEN, and gastroenterology journals was completed, and education was provided to the staff during daily huddles, monthly UBC and staff meetings, as well as educational material displayed on the board in the nutrition room. To improve nursing understanding, a demonstration of protein precipitation due to acidity was provided, by adding cranberry juice, then cola to tube feed in a cup. Discussion to ensure meds that form gels are diluted adequately, capsules are opened and beads dissolved, appropriate flushing provided, and correct syringe size utilized for flushing. Provisions of the RX crush to the unit to ensure consistent med crushing. With nurses seeing the potential for worsening occlusions, this education aims to provide better adherence to best practices.



Precipitate formed from cranberry juice added to tube feed



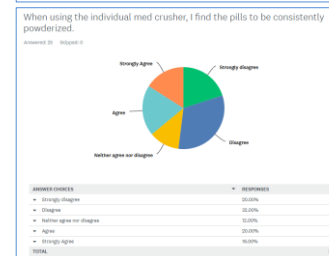
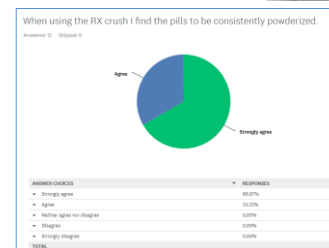
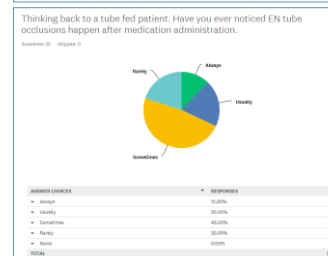
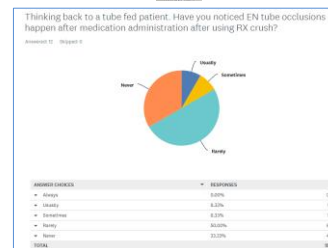
Enteral tube feed occlusion



Red enteric coated med occlusion



Anonymous Survey Monkey results of medication crushing: hospital individual turn top crusher vs. Unit purchased medication crusher



RESULTS

- Nursing utilization of best practice methods to address EN occlusions.
 - proper med crushing, tube flushing, and methods for addressing formula feed occlusions
- Increased nursing confidence to request medication intervention (creon + sodium bi carb) with difficult occlusions.
- Consistent powderization of medications via new med crusher. With the intent to decrease possible tube occlusion after medication provision.

CONCLUSIONS

The impact of the tube feeding occlusion education resulted in the entire unit being educated via UBC, huddle, and 1:1 discussions with nurses on BCU. This education implemented a better medication crusher to the unit to assist in the prevention of tube occlusions, and to ensure nurse confidence to handle occlusions.

REFERENCES

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