

BACKGROUND

Patients that require long term tube feeds are often switched to bolus feeds prior to discharging from the hospital. This more closely resembles our typical eating patterns with 3-4 "meals" per day provided to the patient. Within the acute care setting, liter containers of Ready-to-Feed formula are most often utilized. The Registered Dietitians identified an area for improvement with food safety for bolus tube feedings as these liter containers cannot be left opened at bedside. They require refrigeration in between the bolus tube feedings to maintain food safety.

PURPOSE

To educate staff on the proper food safety for bolus tube feedings and ensure best practice is followed when a patient is transitioned from continuous to bolus tube feedings.

METHODS

- A literature review from nursing procedure guidelines, ASPEN, manufacturers of Ready-to-Feed formula, and feeding pump manufacturer was completed.
- Education was provided during unit huddles to help Registered Nurses understand best practices for safe bolus tube feedings while in the hospital setting.
- A handout was provided to nurses. Laminated reference sheets were placed on nursing units.
- The information was also covered in detail to new nursing graduates at the nutrition orientation class.
- Guidelines were also reviewed during new hire orientation (CPO) class.

Bolus Tube Feeding Safety

PUMP FAQs
Kangaroo Omni
400 ml/hr - max rate
cartridges
Green: thick formula
Blue: feed and flush
Clear: feed alone.
Don't clear pump history

FOOD SAFETY

- once a liter/bottle is open to air, it is no longer able to stay at bedside like a closed system.
- opened liters/bottles may be stored for 24 hours in the patient refrigerator.
- opened liters/bottles may not be at bedside > 4 hours

INFECTION CONTROL

- To prevent cross contamination, any food item brought into the patient room cannot be placed into the patient refrigerator thereafter, including formula.
- measure bolus feed in patient kitchen and store liter bottle dated/labeled in patient refrigerator.

TUBE INTEGRITY

- **Flush Minimums:** 30 ml after each bolus to maintain tube patency, and avoid tube occlusion.
- **Water Flush:** recommended by MD or provided in RD recommendation. This will be written as "recommended water flush" **NOT** "free water"
- **Occlusions:** use warm water in syringe and use gentle back and forth motion via syringe plunger. If water flushing doesn't resolve the occlusion, notify the practitioner, who can order an enzyme declogging kit. **DO NOT** use soda/ juice.

INTOLERANCE

- Nausea
- vomiting
- diarrhea
- bloating
- constipation
- abdominal discomfort

Tip:
• abdominal cramping is possible if enteral formula is too cold. consider leaving bolus feed amount out to get to room temp prior to feeding. ~20 minutes.- GRV is not an indication of intolerance.

JOHN DOE 0000000000

OPENED 7/31/26 @ 0930

Label should contain:
Patient Name & MRN
Date and Time bottle was opened

RESULTS

The educations provided resulted in nursing utilization of best practices for bolus tube feedings and increased confidence of nurses that are caring for patients with bolus tube feedings. Consistency in bolus tube feeding practice throughout the hospital has improved.

The Registered Dietitians will continue to observe bolus tube feeding practices on units to identify improvements made after education as well as identify additional areas for continued education in regard to bolus tube feeding. Additionally, the RDs will disseminate the information with our colleagues during unit-based council meetings.

CONCLUSIONS

The Registered Dietitians educated nursing units throughout the hospital, new nursing graduates, and new hires on safe practices for bolus tube feeding. Improvement in compliance with recommendations for bolus tube feedings was noted after education was provided.

REFERENCES

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