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# Feeding through a tube

Safe feeding at home for a person with swallowing difficulties

Scene from the CaregIVR virtual home: the room of a person requiring care.

After a stroke, many people have swallowing difficulties (dysphagia). When eating by mouth carries a risk of aspiration, a doctor may recommend feeding through a nasogastric tube or a gastrostomy (PEG), a tube inserted through the abdominal wall into the stomach. At home, feeding is carried out by the caregiver after training by a nurse or dietitian.

## BEFORE EACH FEEDING

### 1 Prepare

Wash your hands. Prepare the feeding syringe and the prescribed formula at room temperature.

### 2 Position

Seat the person or raise the head of the bed to at least 30–45°.

### 3 Check

Make sure the tube is in place, for example by checking that the mark on the tube is at its usual height.

### 4 Flush

Flush the tube with boiled, lukewarm water in the amount recommended by the nurse.

## DURING AND AFTER FEEDING

- Give the formula slowly, in the prescribed amount and at the prescribed rate.
- Give each medicine separately, flushing the tube before the first, between each one and after the last. Ask a pharmacist whether the tablets can be crushed.
- Flush the tube after the meal; the person should stay sitting up for 30–60 minutes.
- Take care of oral hygiene and the skin around the nose or the PEG site every day.

**Remember:** do not give anything by mouth, not even a spoonful of water, without the consent of a doctor or speech therapist. Home enteral feeding (formula, equipment and visits) is funded by the NFZ; a referral is issued by a doctor.

**Stop and contact a nurse or doctor if:**

- coughing, choking or shortness of breath occurs,
- the tube has moved or fallen out (do not reinsert it yourself),
- vomiting, bloating, abdominal pain or diarrhoea occurs,
- the skin around the PEG is red, painful or oozing,
- the tube becomes blocked (do not try to unblock it with a wire) or a fever develops.

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