

CONTINUOUS Tube Feeding Instructions

1. Continuous tube feeds are run using a **pump** over many hours or overnight.
2. A home health agency should provide a feeding pump and instructions.
 - **Save these instructions and the phone number to the agency.**
3. Set feeding pump with feeding rate (in milliliters: ml). See **Feeding Schedule**.
 - One ml is approximately 0.03 ounces
 - One ounce is approximately 30 ml
4. Fill feeding bag with **up to 4 cans** (1000 ml) of tube feeding formula.
5. Attach filled feeding bag tubing to pump per instructions.
6. Before starting pump:
 - Make sure feeding tube is in place and not clogged.
 - Flush feeding tube with water via syringe: see **Water Flushing** instructions.
 - Unclamp (or uncap) and attach feeding tube to pump tubing securely.
 - Turn on pump and start feeding.
 - Formula should be seen moving through the tubing.
 - Pump should be lit up and making noise.
7. Once feeding bag is empty, pump may beep or turn off.
8. When finished feeding, turn off pump and unhook tubing.
9. Flush feeding tube with water using a syringe. This will help clean out any formula left in tube. See **Water Flushing** instructions.
10. Clamp (or cap) feeding tube.
11. Remove empty feeding bag and rinse/reuse or discard.
12. **Do not leave feeding formula in bag for more than 8 hours.**
13. Left over opened formula cans may be covered and refrigerated up to 24 hours.
14. Use a new Feeding bag each day.



CONTINUOUS Tube Feeding Schedule

Formula Name: _____

Total Amount/Cans per Day: _____

24-Hour Continuous or Nighttime (Nocturnal) Feeding Schedule:

- Start pump at _____ ml/hour (_____ oz/hour)
- Put _____ cans of formula into feeding bag.
- Gradually increase feeding rate to goal of _____ ml/hour
- Goal is _____ cans total a day.
- Run pump x _____ hours: from _____ am/pm to _____ am/pm.

**You may need to add additional cans to feeding bag during the night.*

Amount of Water per Day: Also See **Water Flushing Directions**

- Syringe 60 ml (2 oz) of water to tube before and after each feeding session.
- Add **additional** _____ oz (_____ ml) of water to tube at the start **and** end of each feeding
- Add _____ oz (_____ ml) to tube _____ times per day.
- **Total water** needed per day: _____

Call your health care provider or nutritionist with any questions.

Health Care Provider: _____

Nutritionist: _____ 410-328-5462