ENTERAL TUBES

ENTERAL MEDICATION ADMINISTRATION

Keywords: enteral medication, NGT, nasogastric, drug administration

AIMS

- To administer medications through the nasogastric route safely within the hospital medication administration guidelines.
- To limit the occurrence of nasogastric tube (NGT) blockage.

KEY POINTS

1. Contact the Pharmacy Department for advice before proceeding.¹
2. Some fine bore feeding tubes may not be suitable for drug administration.
3. Administration of oral medications to patients via a nasogastric tube can be complicated due to drug formulation, drug / nutrient interactions and characteristics of the tube.¹
4. Crushing tablets or opening capsules should be considered as a last resort. Liquid formulations should be used whenever possible.² Another route of administration may be appropriate.
5. Use syringes and administration sets marked specifically for oral / enteral administration (e.g. purple Vygon) for oral / enteral medication administration.³,⁴
6. Do not crush:
   - Enteric coated (EC) medications
   - Modified release (MR, SR, LA, XL, CR, ER) medications
     - Contact Pharmacy
     - MIMS Online
   - Cytotoxics.

EQUIPMENT ³

- 50-60mL purple oral / enteral syringe⁴ (Do not use a syringe smaller than 30mL to avoid excessive pressure and tube rupture)
- pH indicator strips
- Tap water in a cup (boiled/ sterile water for immunocompromised women)
- Prescribed medication
- Personal protective equipment (includes disposable gloves⁵)
- Mortar and pestle.³

PROCEDURE

1. Confirm the woman’s identity.
2. Prepare the medication.³
3. Confirm the tube placement prior to administering the medication⁵ & document the aspiration details⁶ (see Clinical Guideline O&G: Enteral Tubes: Nasogastric Tube Insertion).
4. Check the tube patency and flush with at least 10mL³ to 30mL of room temperature water¹ (boiled / sterile water should be used for immunocompromised women).¹ Formula residue must be removed thoroughly to prevent intraluminal mixing of nutrients and the medication; this is one of the most common causes of tube blockage.
5. If the tablets must be crushed, ensure they are crushed into a fine powder, with the tablet crusher or mortar and pestle if available, and mix well with water. Liquid medication must be diluted before administration.
6. Connect the syringe to the end of the tube and administer using gravity flow.¹,³
7. If more than one medication is to be administered, flush between drugs with at least 10mL of water to ensure that the drug is cleared from the tubing.
8. Flush the tube with at least 15-30mL of water following administration of the last medication.¹,³
9. Recomence feeds as required, or if on straight drainage, spigot the tube for one hour³.

REFERENCES / STANDARDS

National Standards – 1 Clinical Care; 4 Medication Safety
Legislation - Nil

Related Guidelines/ Policies – KEMH Clinical Guidelines: Section O&G: Enteral Tubes
Other related documents – Nil

RESPONSIBILITY

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<th>OGCCU / Pharmacy</th>
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