

Section 9	Clinical Policies	02/02/12 -Originated
Subject 9.13	General Procedures	08/18/14-Reviewed w/ changes -Reviewed w/o changes
<b>Policy 9.13.37 Tube Placement for Nutrition in Adults</b>		03/02/12 -Effective Nursing Services -Author

## Tube Placement for Nutrition in Adults

### Policy

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Evidence indicates that enteral nutrition for hospitalized adults should be initiated early. Delivery in the small bowel is desirable; however, delays incurred attempting small bowel placement of tubes may be unnecessary for some patients. UTMB evidence-based guidelines include an algorithm approach for tube selection and patient monitoring.

The EPIC order SET must be utilized for the insertion of a tube.

Nurses shall only insert non-styleted enteral feeding tubes.

Large bore (gastric) tubes may be placed for nutrition as long as the patient meets criteria for gastric feedings. Criteria for gastric feedings may be found [at the following link](#).

Any tubes placed for the delivery of nutrition or medications may not be utilized until X-ray confirmation of the tube's proper placement has been verified by radiology faculty or the patient's attending physician. This includes both large bore and small bore tubes. An EPIC order will be entered by a physician that the tube is cleared for use. The physician must indicate which radiology faculty or attending physician cleared the tube for use.

Enteral feeding tubes with stylets may be considered when placement without a stylet has been unsuccessful and delivery of tube feedings into the small bowel is considered necessary.

- 1.) Insertion may only be performed by a faculty physician, or by residents or fellows under the direct supervision of a faculty physician
- 2.) Options to facilitate placement may include bronchoscopy or GI endoscopy
- 3.) X-ray confirmation by a Radiology faculty or patient's attending physician of the tube's placement is required

### Guidelines

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Detailed guidelines regarding tube placement for nutrition in adults at UTMB may be found [at the following link](#).

### Standards

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Enteral feedings should be started as soon as possible. Evidence indicates

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**Guidelines,  
continued**

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initiation within 24-48 hours of admission is beneficial.

Repeat X-rays should be obtained anytime there is a concern for potential tube dislodgement (e.g., change in tube’s external length, or the patient begins vomiting, coughing, or moving excessively).

Documentation should include:

1. Procedure, including type and size of tube
2. Patient tolerance of procedure, including number of placement attempts (if more than one)
3. Date and time of insertion
4. Confirmation of placement using X-ray
5. Date and time of discontinuation
6. Patient and/or family teaching

**References**

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Acosta-Escribano, J., Fernandez-Vivas, M., Carmona, T., Caturla-Such, J., Garcia-Martinez, M., Menendez-Mainer, A. et al. (2010). Gastric versus transpyloric feeding in severe traumatic brain injury: a prospective, randomized trial. *Intensive Care Medicine*, 36, 1532-39.

Bankhead, R., Boullata, J., Brantley, S., Corkins, M., Guenter, P., Krenitsky, J., et al. (2009). Enteral Nutrition Practice Recommendations. *Journal of Parenteral Enteral Nutrition*, published online January 26, 2009 as doi:10.1177/0148607108330314. (A.S.P.E.N. -American Society for Parenteral and Enteral Nutrition-Practice Recommendations)

Elamin, E. & Camporesi. (2009). Evidence-based Nutritional Support in the Intensive Care Unit. *International Anesthesiology Clinics*, 47 (1), 121-38.

A full list of references may be found [at the following link](#)

[7-10-13 Enteral Feeding Tube \(with stylet\) Insertion and Maintenance in Adult Patients](#)

[7-10-2 - Enteral Feeding, Pediatric](#)

[7-10-8 - Enteral Feeding, Continuous](#)

[7-10-7 - Enteral Feeding, Intermittent](#)