Ucomfor®

IFU of Feeding Tube

Description

The Enteral Feeding Tube is made of medical grade thermoplastic polyurethanes material and centimeter markings. A nasogastric tube is a small-bore tube passed into the stomach via the nose. It is used for short-term to facilitate delivery or removal of fluids or substances into the gastrointestinal tract via connect with enteral feeding set/bags and also for aspiration of gastrointestinal tract contents.

Indication and usage

This feeding tube is designed for the delivery of fluids, nutrition and medications for patients who require intermittent or continuous tube feedings through the nasogastric or nasoenteral route. This feeding tube can only use for adult.

Restrictions on use

Contraindications for enteral feeding

Although the enteral route should always be the first option, there may be occasions when it is contraindicated. These include:

1) for the intravenous administration of infusion fluids.
2) if enteral feeding is contraindicated by medical prescription.
   a) severe coagulopathies. It is recommended to check INR/PTT, Hemoglobin and platelets prior to procedure.
   b) There is danger of perforation of the esophagus (recent esophageal repair, esophageal varices, esophageal strictures, gastric surgery, alkali ingestion).
   c) recent gastric, duodenal, esophageal surgery
   d) absence of intestinal function due to failure, severe inflammation or, in some instances, post-operative stasis.
   e) complete intestinal obstruction.
   f) inability to access the gut (i.e severe burns, multiple trauma).
   g) high loss intestinal fistulaea.
3) preterms (born < 37 weeks of pregnancy) and neonates (<1 month).
4) in Magnetic Resonance Imaging (MRI) environments.
5) in ambulances, helicopters, aircrafts and hyperbaric chambers.
6) ethical considerations (i.e terminal care)

Complications of enteral feeding

Potential complications which may arise during the enteral feeding procedure include:

- · Nausea, Vomiting
- · Large Gastric Residuals
- · Diarrhea
- · Constipation
- · Peritonitis
- · Dehydration
- · Increased/Decreased Serum Electrolytes
- · Hypokalemia Hypophosphatemia
- · Hyperglycemia/ Hypoglycemia
- · Skin Excoriation
- · Infection
- · Granulation Tissue
- · Pharyngeal or Oesophageal Pouch Perforation
- · Precipitation of Variceal Bleeding
- · Leakage Around Tube
  a) stretched ostomy (i.e. feeding tube not secured to abdomen resulting in or excessive movement, site is always moist causing stoma to stretch and feeding tube is pulled too tightly causing the tract to stretch)
  b) abdominal distention (i.e. due to poor gastrointestinal motility, constipation)
  c) if balloon feeding device, may be deflated or tube or may have migrated further into stomach resulting in leakage around the internal securing device
  d) gastric outlet obstruction

Warning

1. Ensure this device is only connected to the female ENFit connector and not to an I.V. connector.
2. Remove the device and discard per local hospital policy.
3. Contents are sterile in an unopened, undamaged package. Do not use this device if opened or damaged.
4. Avoid excessive heat. Protect from freezing.
5. Do not use for more than 30 days.
6. Do not re-sterilize.
7. The endotracheal device which already exits may guide the feeding tube into the trachea. The misplacement will lead the feeding tube to enter the tracheobronchial tree and cause damage to the lung or esophagus.
8. Coughing may be the sign of tube into trachea. If this is suspected, remove tube and reinsert once patient is comfortable. Maintaining the patient in a Fowler's position or sitting posture may reduce regurgitation or aspiration.
9. This device should only be inserted by a trained clinician.
10. The tube is intended for single use. Do not reuse.

Precaution

1. In order to protect patients' health, please follow clean aseptic handling procedure for containers, sets or feeding tubes disposal.
2. -Check the liquid container intended use regarding the feeding protocol, especially for patients requiring special attention.
3. The fluid in the feeding route must be within normal temperature conditions: +10°/+40°C.
4. Do not put blended or pureed food or other liquids into the feeding route.
5. Beware not to damage the portion of the tubing hanging between the feeding bag/bottle and the feeding tube.
6. This tubing can only connect with the female ENFit connector which comply with ISO 80369-3.
9. Intended user:
   This device should only be inserted by a trained clinician.
10. Feeding tubes should be flushed frequently to avoid clogging. Recommend flushing schedule:
    a. before and after each feeding
    b. before and after administering medication
    c. once every four hours during continuous feeding or between intermittent feedings
    d. each time the feeding set is disconnected
    e. each time the feeding container is filled or changed
    f. each time the pump is stopped
11. Use only drinking or sterile water to flush.
12. To maintain optimum tube patency in long term enteral feeding, the feeding tube should be replaced every four weeks. Alternating nostrils is also suggested.

Direction for Use

1. Read all warnings and notes before tube insertion.
2. Explain the procedure to the conscious patients.
3. Prepare the following supplies: enteral syringe, adhesive tape, drinking water and stethoscope.
4. Make sure patient is in a Fowler's or sitting position. Leaning forward and extending head or neck are not allowed.
5. Pick out the tube and inspect tube integrity for any cracks or breakage.
6. To estimate the length of tube to be inserted. Place the exit port of the tube at tips of nose. Extend the tube to patient's earlobe, then to the xiphoid. Use the printed centimeter marks to aid intubation and check for tube migration.
7. Inject approximately 10 mL of water into the tube to lubricate the lumen before tube placement.
8. Choose the most patent nostril and insert the feeding tube. Once in place, do not manipulate or pull the tube back and forth. When the tube has reached the oropharynx encourage the patient to swallow. Giving some drinking water may assist the passage of the tube.
9. Placement confirmation must be determined by x-ray. Supportive confirmation includes auscultation of the upper left quadrant during injection of air using a syringe and aspiration of gastric contents.
10. Once the tube position has been confirmed, lubricate the lumen with another 10 mL of water. Tape the tube securely, avoiding pressure on the nostril.
11. Fill the enteral feeding bag, purge the tubing of air, connect it to the feeding tube. Enteral feedings can begin under the clinician guidance.
12. If duodenal or jejunal passage is desired, tape tube loosely to cheek, leaving a loop of several inches between nose and tape on cheek. Keep patient in a Fowler's position on the right side will aid peristaltic passage of tube tip into intestine. Advancement of several inches of tube each hour may be done manually, assuring tube has not curled in back of patients' throat.

Maintenance

1. Stop administering medication.
2. The enteral feeding device must be closed before irrigation or aspiration.
3. It is suggested that 20 ml of water to be used during the tube irrigation.
4. Insert the syringe into the access port to irrigate feeding tube.
5. Also can use the cath tip syringe, connect the adaptor securely to the access port. Then connect the syringe and adaptor securely to irrigate feeding tube.
6. Close the access port and restart enteral feeding.

Extubation

1. To remove the tube gently from patient's nostril.
2. Dispose of the tube carefully and avoid reuse.

Supplied

REF. Code	Includes Stylet	Rigid Outler Port	French Size	Length	REF. Code	Includes Stylet	Rigid Outler Port	French Size	Length
N08151	No	No	8	38cm(15")	N0815A	No	Yes	8	38cm(15")
N08221	No	No	8	56cm(22")	N0822A	No	Yes	8	56cm(22")
N08361	No	No	8	91cm(36")	N0836A	No	Yes	8	91cm(36")
N08431	No	No	8	109cm(43")	N0843A	No	Yes	8	109cm(43")
N10361	No	No	10	91cm(36")	N1036A	No	Yes	10	91cm(36")
N10431	No	No	10	109cm(43")	N1043A	No	Yes	10	109cm(43")
N12361	No	No	12	91cm(36")	N1236A	No	Yes	12	91cm(36")
N12431	No	No	12	109cm(43")	N1243A	No	Yes	12	109cm(43")

More details and specifications please connect us.

Ucomfor Scientific Co., Ltd.
www.ucomfor.com
LeKun Road, LeYu Town, 215621,
Zhangjiagang City, Jiangsu Province,
PEOPLE'S REPUBLIC OF CHINA
EC REP **Shanghai International Holding Corp. GmbH (Europe)**
Eiffelstraße 80, 20537 Hamburg GERMANY
Made in China

CE 2797

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