



Enteral Nutrition Education Form Example

Name: _____ Room # _____

Resident and/or Representative Education/Discussion

Enteral Nutrition, commonly called tube feeding, provides nutrition and hydration by means of a nasogastric (NG), gastrostomy (G-tube), or jejunostomy (J-tube) tube. Feeding tubes provide nutrition and hydration artificially. A person's ability to eat by mouth is not diminished by enteral feeding tube placement. Like all medical interventions, the decision to use enteral nutrition has medical, ethical, emotional, and financial dimensions and the person or representative must consider the risks and benefits involved.

Enteral nutrition can be provided through bolus feeding or continuous feeding. Each method has its own benefits and possible risks. In the following, we outline the potential benefits and risks of enteral nutrition, with a focus on comparing the advantages and disadvantages between bolus and continuous administration techniques.

Potential Benefits

- Provide adequate nourishment and hydration to the individual
- Promote weight gain or maintenance
- Improve skin integrity
- Prolong and enhance the comfort and quality of life except for late-stage dementia
- In potentially reversible conditions such as a recent stroke with decreased swallowing ability, enteral nutrition could strengthen the person to regain the ability to eat

The bolus administration method typically does not need a pump, offering enhanced mobility and independence. The continuous delivery method maintains consistent formula intake, lowering the chances of gastric distention and aspiration, and reducing metabolic issues. It might also improve absorption after substantial loss of intestine surface area (short-gut syndrome).

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Potential Risks

- Wound infections, painful insertion sites, hemorrhaging, and splitting open of the incision site
- Inflammation of the lining of the abdominal cavity (peritonitis), stomach wall perforation, and other related stomach or intestinal wall defects
- Diarrhea, gastrointestinal bleeding, bowel obstruction, nausea, vomiting, reflux, or fluid overload
- Aspiration of feeding formula into the lungs, leading to aspiration pneumonia
- Behaviors in residents who are confused may lead to pulling out the tube, requiring restraints and diminishing quality of life
- Contrary to the person's wishes

The bolus administration method is often not well tolerated if it is administered into the small bowel and is associated with a higher likelihood of aspiration and gastrointestinal discomfort, such as nausea, vomiting, abdominal distention, cramping, and diarrhea.

The continuous delivery method requires the use of a pump which can restrict mobility and may also elevate gastric pH levels, encouraging bacterial growth.

Overall Burdens: Diminished Quality of Life

- Potential for decreased mobility and social interactions
- Discomfort while carrying out activities of daily living
- Loss of the physical pleasures of tasting and eating food

Alternatives

- Identify modifiable causes of poor oral intake [pain, confusion, no teeth, medications, etc. and address them to restore the person's ability to eat
- Obtain swallow evaluations for possible food consistency changes
- Utilize adaptive equipment to enable self-feeding
- Verbal and/or physical assistance including feeding

The use of enteral nutrition in people with advanced dementia has not been proven to be a superior option compared to careful hand feeding for length of survival.

Name: _____ **Room #** _____

Printed Name of person(s) educated **Resident/Representative**

Signature of person(s) educated **Date**

Licensed staff signature and title **Date**