

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER

SUBJECT: CONFIRMATION OF ENTERAL FEEDING TUBE PLACEMENT POLICY NO. 391C

CATEGORY: Provision of Care	EFFECTIVE DATE: 11/10
POLICY CONTACT: Susan Stein, MD	UPDATE/REVISION DATE: 1/23
REVIEWED BY COMMITTEE(S):	

PURPOSE:

To describe the proper procedure for confirming placement of an enteral feeding tube prior to the initiation of feeding or medication administration.

POLICY:

- 1. All enteral tubes shall be confirmed to be in the stomach or more distal gastrointestinal tract prior to the initiation of feeding or administration of medications.
 - A. EXCEPTIONS:
 - Enteral tubes used only for decompression
 - Enteral tubes placed with endoscopic or other radiologic guidance
 - Enteral tubes placed surgically
- 2. Radiography (chest x-ray) shall be used to confirm enteral tube placement for ALL patients.
 - A. EXCEPTIONS:
 - Neonatal Intensive Care Unit (NICU)
 - 1. All enteral tubes shall be confirmed initially as follows:
 - a. These methods shall include aspiration of gastric contents, and measurement using the nose ear- mid-umbilicus (NEMU) method.
 - b. In addition, monitor for respiratory distress during enteral tube insertion such as gagging, coughing, apnea, bradycardia, or color change.
 - 2. If there are any questions or concerns, an X-ray shall be ordered for placement confirmation.
 - 3. Thereafter, enteral tube placement shall be confirmed as follows:
 - a. Observation of tube's external length or the incremental tube marking and comparing it with the measurement or marking documented at the time of insertion.
 - b. Visual observation of gastric aspirate.
- 3. A written confirmation shall be documented by the provider.
 - A. Documentation includes tip placement
 - 1. Tip must be below the level of the diaphragm in order to avoid intra-pulmonary placement. The

REVISED:	2/17, 11/19	
	D: 2/17, 11/19, 1/23	
APPROVE	D BY:	
	Anish Mahajan, MD	Griselda Gutierrez, MD
	Chief Executive Officer	Associate Chief Medical Officer
Chief Medical Officer		
	Jason Black, N	/IBA, DNP, RN
	Chief Nursing	Officer



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER

SUBJECT: CONFIRMATION OF ENTERAL FEEDING TUBE PLACEMENT

POLICY NO. 391C

- tip may be visualized within the stomach or more distal in the small intestine.
- 2. If the tube position is below the diaphragm, then the provider shall enter an order in the medical record providing approval for the nurse to use the tube for enteral feeding and medication administration.
- 3. If the enteral tube is not in place, the provider shall reposition the tube as indicated or order replacement of the tube.

PROCEDURE:

1. Consult Lippincott Procedures: Enteral gastric tube feedings, neonatal (Link: https://procedures.lww.com/lnp/view.do?pld=2525533&hits=feedings,enteral,feeding,neonatal,neonates,neonate&a=true&ad=false)

Reviewed and approved by: Medical Executive Committee - 1/2023

Beverley A. Petrie, M.D.

Beverley a. Petrie

President, Professional Staff Association