

## Managing Potential Problems: Strategies and Solutions

Hopefully, your child's home tube-feeding program will be trouble-free. If you encounter any problems, be sure to talk to your healthcare professional. Here is a brief description of some common problems, possible causes and some steps you can take to help prevent or alleviate these problems.

### Constipation

Constipation – meaning difficult-to-pass and very infrequent bowel movements – can sometimes occur on a home tube-feeding program. During tube-feeding, bowel movements may be less frequent than usual. If your child is constipated, they may feel uncomfortable or bloated.

Probable causes:

- Not enough water is being given with feedings
- No fiber, or not enough fiber, in the formula
- Unable to engage in enough physical activity
- Medications

Important guidelines:

- Provide additional water through the feeding tube as instructed by your healthcare professional.
- Check with your doctor or dietitian to see if your child should change to a formula that contains additional fiber.
- If it is permitted, and your child is able, increase your child's physical activity.
- Ask your healthcare professional to review your child's medications to see if any may cause constipation.

### Diarrhea

Diarrhea – frequent loose and watery stools – can sometimes occur on a home tube-feeding program. A child who is tube-fed may normally have more frequent or watery stools; but if they are having 4 or more loose or watery stools a day, speak with your healthcare professional.

Probable causes:

- Medications
- Formula is too cold
- Rate of feeding is too fast
- Formula may have been spoiled or contaminated by bacteria
- No fiber, or not enough fiber, in the formula
- Intolerance to the formula

Important guidelines:

- Because emotions can affect digestion, help your child to relax during the feeding.
- Do not refrigerate unopened cans or containers of formula.
- Remove opened cans or containers of formula from the refrigerator at least 30 minutes prior to feeding, allowing it to warm to room temperature.
- Contact your healthcare professional for advice on slowing the feeding rate.
- Do not use formula that has been opened and left at room temperature for longer than the manufacturer's recommendation.
- Do not use formula that has been opened and left in the refrigerator for longer than 24 hours.
- Check with your healthcare professional about changing to a formula that contains fiber.
- Check with your healthcare professional to see if your child should change to a special formula that contains ingredients that are easier to digest and absorb.
- Wash your hands thoroughly, and disinfect the top of the formula can or container with an alcohol wipe, before you open the can or container or handle the formula and tubing.
- Replace the feeding container and tubing as directed by your healthcare professional.

## Stomach upset

An uncomfortable feeling of nausea, bloating or gas may sometimes result from home tube-feedings. Occasionally, belching or vomiting can also take place.

Probable causes:

- Formula is being fed too fast
- Formula is too cold
- Too much formula at one feeding
- Lying flat while taking the feeding
- Engaging in too much activity right after a feeding
- Intolerance to the formula

Important guidelines:

- Consult your healthcare professional for advice on slowing the rate of feeding.
- Do not refrigerate unopened cans or containers of formula.
- Remove opened cans or containers of formula from the refrigerator at least 30 minutes prior to feeding, allowing it to warm to room temperature.
- Make sure you are following the directions for the prescribed amount of formula and/or correct flow rate.
- Do not allow your child to lie flat during or just after a feeding. Your child should sit or lie at a 45-degree angle during the feeding and for an hour after the feeding.
- If directed by your healthcare professional, check the stomach residual before restarting the next feeding. Do not start a feeding if the residual is over \_\_\_\_\_ fluid ounces or \_\_\_\_\_ mL.
- Ask your healthcare professional to reevaluate your child's formula. You may need to switch to a formula that has more calories in less volume or to a special formula that contains ingredients that are easier to digest and absorb.

## Dehydration

Your child may be receiving too little fluid or they are losing too much fluid. Some potential early signs include thirst and urine that is darker yellow than usual. More serious signs could include dryness of lips, tongue and skin, and decreased urine output.

Probable causes:

- Formula is too concentrated
- Frequent diarrhea
- Prolonged fever
- Not taking enough water
- Wound is draining large amounts of fluid
- Perspiring heavily

Important guidelines:

- Give your child the prescribed amount of water every day before and after their feedings.
- If your child is experiencing fever, diarrhea, excessive wound drainage or heavy sweating, consult your healthcare professional to determine how much more water you need.

## Swelling of the limbs (also called edema)

Your child may be receiving too much fluid or they are retaining too much fluid. Some indications of edema are swollen or puffy ankles, feet or legs.

Probable causes:

- Taking too much water before or after feedings
- Feeding rate is too high
- Fluid volume is too high due to diluted formula

Important guidelines:

- Consult with your healthcare professional to determine if you should decrease the amount of water your child takes before or after feedings.
- Use the prescribed volume and strength of the feeding formula. Do not dilute the formula with water unless directed by your healthcare professional.
- Ask your healthcare professional to reevaluate your child's formula. You may need to switch to a formula that has more calories in less volume.

## Aspiration

Aspiration refers to formula that enters the lungs and is usually identified by coughing, gagging and difficulty breathing. Consult your healthcare professional immediately if symptoms develop.

Probable causes:

- Formula has backed up or been inhaled into your child's lungs
- Lying flat during feeding

Important guidelines:

- Check that the tube is properly positioned.
- Have your child sit or lie at a 30–45 degree angle (about the height of two pillows) during the feeding.
- Have your child remain sitting up for at least one hour after the feeding.
- If your child is taking their feeding at night, follow your healthcare professional's instructions for elevating the head of the bed.
- If your child feels or looks bloated, is irritable, looks uncomfortable or has been vomiting, do not begin a feeding. Consult your healthcare professional immediately if symptoms develop.
- If directed by your healthcare professional, check the stomach residual before restarting the next feeding. Do not start a feeding if the residual is over \_\_\_\_\_ fluid ounces or \_\_\_\_\_ mL.

