

circulatory system. The possibility for error increases when the parenteral solution is a fat emulsion, a milky-appearing substance. Safeguards to prevent this potentially serious error include:

- Use a separate, specifically designed enteral feeding pump mounted on a separate pole for continuous-feeding solutions.
- Label all tubing of continuous enteral feeding with brightly colored tape or labels.
- Use specifically designed continuous-feeding bags to contain the solutions instead of parenteral equipment, such as a burette.
- Whenever access or connections are made, trace the tubing all the way from the patient to the bag to ensure that the correct tubing source is selected.

## Gavage Feeding

Infants and children can be fed simply and safely by a tube passed into the stomach through either the nares or the mouth. The tube can be left in place or inserted and removed with each feeding. In older children, it is usually less traumatic to tape the tube securely in place between feedings. When this alternative is used, the tube should be removed and replaced with a new tube according to hospital policy, specific orders, and the type of tube used.

Meticulous hand washing is practiced during the procedure to prevent bacterial contamination of the feeding, especially during continuous-drip feedings.

## Preparations

The equipment needed for gavage feeding includes:

- A suitable tube selected according to the child's size, the viscosity of the solution being fed, and anticipated duration of treatment
- A receptacle for the fluid; for small amounts, a 10- to 30-ml syringe barrel or Asepto syringe is satisfactory; for larger amounts a 60-ml syringe with a catheter tip is more convenient
- A 10-ml barrel syringe to aspirate stomach contents after the tube has been placed
- Water or water-soluble lubricant to lubricate the tube; sterile water is used for infants