

26. BOLUS FEEDING

It is generally not advisable to use this method when feeding into the jejunum, as the jejunum does not have the reservoir capacity of the stomach.

Instructions on the appropriate method of feeding will be provided by the prescriber.

Intermittent bolus feeds can be delivered via a feeding pump, refer to manufacturers guidance on setting the pump up.

The Nursing Service Team will advise to:

- Check enteral feed (ref: policy no. 6)
- Wash hands before and after the procedure (ref: policy no. 5). All healthcare workers must adhere to local infection control policies, including the use of PPE (NICE 2012)
- Assemble and prepare all equipment for bolus feeding on a clean tray or table. When administering a bolus feed from a pack of enteral feed, this should be opened using a bolus adaptor, to reduce the risk of infection (ICNA 2003)
- Check the feeding tube position remains in the correct position by confirming there is no change in the cm graduation markings where the tube exits the body. If the tube is a nasogastric tube, a pH value must be checked prior to each administration as well as confirming external tube cm graduation markings at nostril
- If there are any concerns that the tube may not be in the correct position, then do not use the tube and the patient must contact the managing healthcare professional for instructions on how to proceed.
- Position patient correctly for feeding (ref: policy no. 7)
- If the tube is a low-profile device, attach the primed extension set
- Flush the feeding tube. (ref: policy no. 8)

Gravity Method:

- Ensure the clamp on the feeding tube (if present) is closed
- Attach an enteral feeding syringe without the plunger to the feeding tube or extension set
- Similarly, if using a bolus feeding set, run the feed through this first and connect to the end of tube
- Slowly pour the amount of feed required into the syringe or bolus feeding set and open clamps
- Hold the syringe a comfortable height above the feeding tube to allow the feed to run through the feeding tube. It is important that the feed does not run through too fast as this can affect tolerance. Adjust the height of the syringe and therefore speed of administration according to patient comfort and tolerance
- Repeat these steps until the prescribed volume of feed has been delivered
- Ensure that the feed rate is as recommended by the prescriber. Never attempt to rush bolus feed.

Plunger method:

- Ensure the clamp on the feeding tube (if present) is closed
- The prescribed amount of feed should be decanted into a clean or sterile container. Draw the prescribed feed up into the enteral syringe. Have some gauze or tissues ready to wipe the end of the syringe to prevent dripping
- Attach the filled syringe onto the end of the feeding tube or extension set and open the clamp (if present)
- Push the plunger to gently administer the feed using the start stop method
- Close the clamp on the feeding tube (if present) before removing the syringe
- Refill the syringe and repeat these steps until the prescribed volume of feed has been administered

- Ensure that the feed rate is as recommended by the prescriber. Never attempt to rush bolus feed
- On completion of the feed, administer a water flush, type and amount as prescribed by the managing healthcare professional
- Close the clamp (if present) and remove the syringe/bolus feeding set and extension set (if low profile device)
- Replace the cap on the feeding tube.

REFERENCE:

INCA (2003). Enteral Feeding. Infection Control Guidelines. Infection Control Nurses Association

NICE (2012). Updated 2017 Healthcare-Associated Infections: Prevention and Control in Primary and Community Care. NICE Clinical Guidance (CG139). National Institute for Clinical Excellence.
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