Small Bore Feeding Tube Placement
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PROBLEM: At our facility, only physicians inserted small bore feeding tubes. Placement technique was inconsistent. Multiple x-rays were often required to achieve post-pyloric placement and some insertions required fluoroscopy. Because of placement problems, large bore (Salem) rather than small bore feeding tubes were often inserted. Additionally, documentation of feeding tube insertion, regardless of type, was incomplete.

EVIDENCE: Current literature was reviewed and analyzed, other facilities were contacted, and our university affiliate hospital insertion protocol was reviewed.

STRATEGY: The Nursing Practice Council recommended and the Nursing Management Council endorsed the development of a core group of nurses trained in the insertion of small bore feeding tubes. Based on published evidence, two Cortrak devices were purchased to assist with placement.

PRACTICE CHANGE: Four nurses read a packet of articles, completed an exam, and demonstrated competency by successfully placing at least six small bore feeding tubes using the Cortrak under the supervision of a previously trained RN. An order set as well as a procedure was written.

EVALUATION: We compared data for all feeding tubes inserted during a 6-month period before and after the initiation of the feeding tube program.

RESULTS: The use of large bore (Salem) tubes decreased by 65%. The average number of x-rays per small-bore tube placement decreased by 38% (estimated cost per x-ray approx $140). Fluoroscopy insertion decreased by 78% (Fluoroscopic insertion estimated costs are $6500 - $10,000.) Post pyloric position increased from 56% to 65%. Chart documentation of placement increased by 73%.

RECOMMENDATIONS: Continue the program of specialty trained nurses inserting small bore feeding tubes using the Cortrak device. Ensure core team competence by requiring each member to successfully place 6 tubes per year.

LESSONS LEARNED: 1. Prior to data collection, develop detailed, written criteria to avoid multiple chart reviews. 2. Specially trained nurses inserting feeding tubes results in more timely and accurate placement of small bore feeding tubes that potentially can save significant amount of resources/money.

REFERENCES:
