

Refeeding Procedure

Occasionally an infant may be ordered a re-feeding regime. If the stoma is very proximal there may not be enough small bowel to provide for adequate nutrient absorption and growth trajectory may be adversely affected. The basis of re-feeding is to theoretically maximise nutrient, electrolyte and water absorption through the bowel by the aspiration of the intestinal contents from the stoma bag and re-feeding via a nasogastric tube through the mucous fistula (distal stoma). Refeeding is always medically/surgically initiated, and a medical order must exist before commencement.

The first NGT insertion into the mucous fistula is to be conducted by the surgeon or their delegate. If documented as appropriate, stoma/gastro CNC or senior nursing staff who have received education may insert subsequent tubes to the documented length.

EQUIPMENT REQUIRED

Follow the procedure for preparation of a regular bag change plus:

A size 8 feeding tube

2 pieces of Tegaderm

30 ml syringe

- Perform Hand Hygiene (HH)
- Identify, collect, and prepare all equipment for procedure. See equipment list.
- Perform HH
- Prepare patient for bag change
- Cut a small hole in the clear bag to feed the NGT through, ensuring it will at the documented length into the stoma
- Insert the feeding tube through this small hole
- Insert the feeding tube into the mucous fistula
- Perform bag change procedure
- 'Sandwich' 2 Tegaderm™ together to secure the feeding tube to the outside of the bag and prevent output seeping through the hole
- Empty the stoma bag as per the usual regime and reserve the ordered re-feeding amount
- Using the syringe, gently push contents slowly but steadily into the feeding tube
 - Refeeding may be delivered by a syringe pump. Medical staff to order rate in refeeding volume.

Document procedure on EMR as relevant, including fluid balance.



Image courtesy of Butterfly Unit.