Administering Drugs Via Enteral Feeding Tubes
A Practical Guide

UNLICENSED ROUTE

Crushing tablets, opening capsules, and administration via feeding tubes generally falls outside a drug's product licence. **In these circumstances the prescriber and practitioner accept liability for any adverse effects resulting from this administration.**

TUBE TIP POSITION

- Check the drug is absorbed from the site of delivery.
- This can be a problem for jejunal tubes (some drugs have a reduced absorption).

WHICH TYPE OF WATER?

- Check local policy
- The type of water recommended depends on local practice and the exit site of the tube.

SYRINGE TYPE AND SIZE?

- 50ml oral, enteral or catheter tipped syringe should be used.
- It may be necessary to use a specially designed connector.
- A smaller syringe may produce too much pressure and split the tube (check manufacturers guidelines).
- Do not use syringes intended for intravenous use due to the risk of accidental parenteral administration.

INFECTION CONTROL AND SAFETY

- Wash hands and wear gloves.
- It is important that exposure to drug powder is kept to a minimum+.

TUBE BLOCKAGE

- Inadequate flushing is the most common cause of tube blockage.
- Using the wrong formulation of medication can also cause tube blockage.
- If flushing with warm water does not unblock the tube, seek specialist advice, do not apply excessive force.

DISCHARGE PLANNING

- Ensure the agreed feed and drug regimen are practical in a community setting.
- Ensure all necessary information is given to the community pharmacist and GP.

STEP BY STEP GUIDE

- **Can the patient still take their medication orally?**
  - **Do not add medication directly to the feed**
- **Seek further advice for fluid restricted or paediatric patients as flushing volumes may need to be reduced**
- **Review all medication. Is it all really necessary?**
  - **Can an alternative route be used?**

STOP THE FEED
Flush the tube with at least 30ml of water

Do you need to allow a break before administering the medicines?

Assemble medication and equipment needed
e.g. syringes, pestle and mortar
Prepare each drug separately
Never mix drugs unless instructed by a pharmacist

SOLUBLE TABLETS
Dissolve in 10-15ml of water. Administer down tube

LIQUIDS
Shake well. Viscous (thick) liquids – dilute with an equal amount of water immediately before administration

Administer down tube.

TABLETS*
Crush uncoated and sugar coated tablets using a pestle and mortar or suitable device

CAPSULES*
Open capsules and tip powder into medicine pot

Do not crush:
Enteric Coated (EC) medicines
Modified release (MR, SR, LA, XL) medicines
Hormone preparations
Cytotoxics
Always seek advice

Mix with 10-15ml of water. Administer down the tube.

Rinse tablet crusher/containers, and/or draw up water into the syringe used and flush this down tube.
This ensures that the whole dose is given.

If more than one medicine is to be administered – flush between drugs with at least 10ml of water to ensure that the drug is cleared from the tube.

Flush tube with at least 30ml of water following administration of last drug

Do you need to allow a break before restarting the feed?

RE-START THE FEED

For further advice contact your local hospital Medicines Information Department

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www.bapen.org.uk Registered Charity 1023927
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The British Pharmaceutical Nutrition Group
www.bpng.co.uk

PREFERRED FORMULATIONS

- Liquids or soluble tablets are the preferred formulations to be administered via a feeding tube.
- Some injections can be given enterally.
- ***Crushing tablets or opening capsules should be considered as a last resort.**

MEDICINES THAT SHOULD NOT BE CRUSHED

- Enteric Coated (EC): The coating is designed to resist gastric acid to protect the drug and/or reduce gastric side effects.
- Modified/Slow Release (MR, SR, LA, XL): These are tablets or capsules that are specifically designed to release the drug over a long period of time. Crushing these will cause all the drug to be released at once and may cause toxic side effects.
- + Cytotoxics & Hormones: These should not be crushed due to the risks to staff from exposure to the powdered drug.

INTERACTIONS

Interactions between feed and drugs can be important. Always check with your pharmacist before administering any medication via a feeding tube.
Where possible give dose during a break in the feeding regimen to minimise this.

Problem Drugs

- **Phenytoin, Digoxin and Carbamazepine:** Blood levels may be affected by feeds, these should be checked regularly. It may be necessary to increase the dose.
- **Antacids:** The metal ions in the antacids bind to the protein in the feed and can block the tube. Consider using alternative drugs.
- **Penicillins:** Feed may reduce the absorption, a higher dose may be needed. If possible stop feed 1 hour before and 2 hours after administration.
- **Other antibiotics:** Levels of antibiotics such as ciprofloxacin, tetracyclines and rifampcin can be significantly reduced by feed.
- Consider other alternatives or increase doses.

(This list is not exhaustive).

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