PROCEDURE FOR INSERTION OF THE CORFLO® - ULTRA AND CONTROLLER ENTERAL NG FEEDING TUBES

1.
- Explain procedure to patient.
- Position patient in a sitting or Fowler’s position as tolerated.

WARNING: The patient should not lean forward, nor should the head and neck be extended.

2. **TUBE MANAGEMENT**

   - Remove NG tube and stylet from package. (Save tube package for stylet storage.) Make sure stylet connector stays firmly seated in administration set port during insertion.
   - Cap access port.
   - Place exit port of tube at tip of nose. Extend NG tube to earlobe, then to Xiphoid process. Use the printed centimeter marks on the tube to aid insertion and to check for tube migration.
   - WARNING: Premeasurement of tubing length is essential. DO NOT INSERT EXCESS. OCCLUSION MAY RESULT FROM KINKING OF TUBE.

3. **STYLET REMOVAL**

   - Activate lubricant on guide tip by dipping distal end in tap water.

4. **ACTIVATE INTERNAL LUBRICANT BEFORE STYLET IS REMOVED.** Cap access port (if open) and flush tube THROUGH stylet connector with up to 10 ml of tap water.

WARNING: Tube position MUST BE CONFIRMED PRIOR TO FLUSHING NG tube with tap water.

5. **Gastric**

   - Direct NG tube posteriorly, aiming tip parallel to nasal septum and superior surface of hard palate. Advance tube to nasopharynx, allowing tip to seek its own passage. As patient swallows sips of water, advance tube through esophagus into stomach with gentle motion.
   - WARNING: Coughing may indicate passage of tube into trachea. If this is suspected, remove tube and reinset once patient is comfortable. If resistance is encountered, remove tube. Notify physician. Particular care should be taken if an endotracheal tube is in place, as it may tend to guide feeding tube into trachea.

6. **Jejunal**

   - Confirmation of tube position can be done with or without stylet in place. Confirm position per institutional protocol (i.e., X-ray, pH measurement, etc.).

7. **Gastric**

   - Determine preferred nostril for insertion.
   - Activate lubricant on guide tip by dipping distal end in tap water.
   - Provide cooperative patient with glass of water and straw.
   - WARNING: One of the following procedures may be recommended for safe placement in high risk patients, e.g., those who are intubated, unconscious, have minimal or absent gag reflex, or are otherwise debilitated:
     1. Placement under fluoroscopy
     2. Placement under endoscopy
     3. Placement under 2-stage X-ray

   Stage 1: Confirm tube has not entered the bronchial tree.

   Stage 2: Confirm final placement.

   WARNING: NEVER RETRACT STYLET DURING INTUBATION.

8. **Tube Feeding Techniques**

   - The NG tube is gently looped and taped to patient’s nose and one tail is spiraled around feeding tube.
   - The other tail is spiraled down tube in opposite direction.

   - Attachment and band feeding per physician’s order and usual institution protocol.

   - **WARNING:** NEVER REINSERT STYLET WHEN TUBE IS IN PATIENT.

9. **TUBE MAINTENANCE**

   - The tube should be flushed with water whenever feeding formula is interrupted and before and after medication administration. Tubes should be irrigated routinely every four hours with up to 20 ml of water.
   - Although feeding port has been designed to lessen possibility of clogging, vigorous pressure should not be used for irrigation. A new tube may be required. Do not use stylet if it is bent.

   - To maintain optimum tube performance in long-term enteral feeding, the feeding tube should be considered for replacement every four weeks. Alternating nostrils is also suggested.

   - **WARNING:** VIGOROUS SYRINGE FORCE SHOULD NOT BE USED TO IRRIGATE, ADMINISTER LIQUIDS OR UNBLOCK TUBE.

NG tube feeding techniques will vary according to individual hospital procedures. For full information, please see Instructions For Use packaged with NG feeding tube. Federal law (USA) restricts this device to sale by or on the order of a physician.

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