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LSUHSC-Shreveport
Critical Care

Transpyloric Tube (TPT) Placement and the Delivery of Continuous Feedings via TPT

Purpose:

- To establish a policy for the safe and effective placement of transpyloric feeding tubes.
- To establish guidelines for the provision of continuous enteral nutrition to critically ill patients in the ICU.

Policy:

1. There are several types of TPTs that may be used for patients requiring continuous feedings. The type of tube selected should be individualized to each patient. The 8Fr Argyle feeding tube may be substituted as a TPT. **(However, no sump tubes will be used and no feeding tube larger than 8 Fr).**
2. All TPTs (weighted or non-weighted) may be placed by either a physician or a RN.
3. The use of continuous feedings via a TPT requires a physician's order which will include the dietary supplement to be used and the rate of infusion (cc/hr).
4. All feedings will be infused via an enteral feeding pump.
5. There should be confirmation and documentation on the nursing flowsheet of initial TPT placement prior to initiation of feedings. Obtain and view an abdominal x-ray on which the TPT can be visualized. The QAM CXR should include the upper abdomen whenever a TPT is in place (if unable to include both, a separate abdominal x-ray should be obtained). Placement should be documented in the daily nursing narrative.
6. Air should not be instilled in the TPT to verify placement.
7. If emesis-containing formula occurs or formula is noted in the NG output, the feeding should be stopped. An abdominal xray should be obtained and the TPT repositioned or replaced as necessary. Ensure that the NGT is in place and functioning (sumping).
8. To prevent increased bacterial growth, the feeding bag and tubing should be changed and labeled every 24 hours and this should be documented in the daily nursing narrative.

References:

- Atkinson, M., Worthley, L. (2003). Nutrition in the critically ill patient: part III. Enteral nutrition. Critical Care Resuscitation, 5 (3) 207-215.
- Marino, L., Ramchandra, P., Nathoo, N. (2005). Journal of Clinical Neuroscience, 12 (4) 435 – 437.
- Misra, S., Macwan, K., Alber, V. (2007). Transpyloric feeding in gastroesophageal – reflux – associated apnea in premature infants. Acta Paediatrica 96 (10) 1426 – 1429. Epub 2007 Sep 10.