

Children with special needs sometimes receive formulas and other food through a tube in their stomach (a gastrostomy or “g-tube”). This handout will list the advantages and disadvantages of different ways g-tube feedings are scheduled.

How is a “tube-feeding schedule” determined?

- ◆ Many factors need to be considered when creating a schedule that works best for the child and their family. Medical and nutritional status, the child’s ability to tolerate their formula, the family’s daily schedule, and other commitments like school and therapies will all determine when and how tube feedings are given.

What are the most common types of tube feeding schedules?

- ◆ There are generally two different types of tube feeding schedules- **continuous feeds** and **intermittent or bolus feedings**. Both of these methods have advantages and disadvantages.

Continuous Feedings are given over a set amount of hours (usually between 12 and 24).

Advantages

- ✓ Better tolerance, especially if the child is prone to reflux or gagging
- ✓ Can be given at night while the child and care providers are asleep

Disadvantages

- ✓ Not as similar to eating a full meal
- ✓ More difficult to establish hunger because the child’s continuously fed
- ✓ A special feeding pump is required
- ✓ Less freedom to play, have therapies, travel, etc. because of the attachment to the pump (NOTE: backpacks with portable pumps have recently made this easier)
- ✓ Increased likelihood of tube clogging

Intermittent or Bolus Feedings give a large amount of formula over a shorter period of time. For example, most pediatric formulas come in 8-ounce (240 cc) cans. So, a goal may be 1 can, or 240cc every 6 hours.

Advantages

- ✓ More similar to “normal” eating patterns
- ✓ More freedom and flexibility because the tube feeding takes up less time
- ✓ Feeds can be given by holding the tube and using gravity to push formula in over a few minutes or by using a pump over a short period of time (between 15 and 60 minutes depending on the child’s tolerance)

Disadvantages

- ✓ Higher degree of feeding intolerance (especially if given too quickly)
- ✓ Greater risk for reflux and aspiration

(Continued on the next page)

How Many Tube Feedings should be given each day?

- ◆ The amount of tube feeding product used is often determined by estimating the child's nutrition needs and how much of that can be taken by mouth. It is essential that this amount is periodically evaluated and "fine-tuned" based on the child's progress, so as to not under or over-feed the child. This can be accomplished by periodically working with a nutritionist to check how many calories the child takes in each day (a "calorie count") while also working with speech and occupational therapists on helping the child improve their oral-motor skills related to eating.

What formulas are available for tube feedings?

While any liquid preparation can be given through a tube, most children receive commercially made formulas. There are a variety of pediatric-based nutrition formulas that can be used for tube or oral feedings for children, ages 1-10. Specialty formulas may include fiber, special nutrients, altered protein to help the stomach empty faster, and ones that are "pre-digested". A more detailed explanation and breakdown of the many pediatric formulas available will be discussed in a future TelAbility handout. The nutritionist and health-care team should work with the family to determine the best option to begin with and then adjust the formula based on the child's response.

How can I tell which tube feeding schedule is the right one?

The right tube feeding schedule will enable the child to:

- ◆ grow appropriately,
- ◆ tolerate tube feedings comfortably,
- ◆ continue to eat orally (if able), and
- ◆ be fed at convenient times

A tube feeding schedule may need to be changed if the child has any of the following symptoms:

- ◆ gagging, retching, nausea, vomiting, sweating, breathing difficulties, skin rashes.

(While many factors can cause these symptoms, the tube-feeding regimen will need to be examined as well).

For more information, contact your local pediatric nutritionist or the author of this publication.

Author: Sharon Wallace, RD, CSP, CNSD, LDN **Contact Information:** sharonwallace@nc.rr.com

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