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Tube Feeding Tips

We've seen an increase in the number of clogged G-tubes recently. This article looks at some basic strategies to help prevent blockage and reverse it, should it occur.

Residents receiving nutritional products via G-tubes may be fed intermittently or continuously. The continuous option is most common as it is best tolerated by the GI tract. Since many drugs can interact with supplements, continuous feeds are usually interrupted to allow for drug administration. Interactions may result in tube blockage or decreased medication absorption.

To avoid problems, some simple rules should be followed. The tube should be flushed with 15 – 30 mL of water before and after administration. Drugs must never be combined. A 5 – 10 mL flush should be used between doses of multiple medications. This will prevent drug-drug interactions and ensure that no drug residue remains in the tube when the feed resumes.

Liquids dosage forms should be used whenever possible. Many syrups, elixirs and suspensions, however, are acidic and may denature proteins present in all supplements. To prevent the resultant clogging, all liquid medications should be flushed with 15 - 30 mL before and after they are given. See the table below for proper handling of medications that present the greatest challenge with tube feeds.

In spite of all our best efforts, we still may face a blocked tube from time to time. In many cases a warm water flush will clear the tube. If this fails, crush two Viokase® tabs and one tablet of sodium bicarbonate 325 mg to a fine powder. Add 5 – 15 mL of water and draw the mixture up into a 20 mL syringe. Instill the mixture into the clogged tube and clamp it for 15 – 30 minutes. Flush the tube gently with warm water. The MD should be called if three attempts prove unsuccessful.

Selenium for Prostate

Once again the safety of alternative medications has come into question. Selenium, an essential nutrient readily available in the diet, has been touted as an antioxidant wonder drug. Based on earlier research, it was thought to prevent prostate cancer.

The recently completed *SELECT* trial studied over 35,000 men for an average of five years. It found that selenium supplements do not prevent prostate cancer. In fact, a related study published in the *Journal of Clinical Oncology* in June 2009 reported that high levels of selenium in the bloodstream are associated with more aggressive prostate cancers. It would be prudent for men to avoid added selenium.

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MEDICATION	INCOMPATIBILITY	RECOMMENDATION
<i>Dilantin®</i> (phenytoin) suspension	Denatures proteins found in nutritional supplements, leading to clogs	Stop feed for 1-2 hrs before administration, and resume 1-2 hrs later. Flush with 60 ml of water after dosing.
<i>Coumadin®</i> (warfarin)	Binds strongly to proteins in nutritional supplements reducing drug absorption.	Hold feed for 1 hour before and 1 hour after dosing.
<i>Quinolone antibiotics</i> (Cipro®, Noroxin®, Levofloxacin®, Avelox®)	Most quinolones bind extensively to iron, calcium and other minerals in supplements. This may lead to treatment failure.	Feeds should be stopped 1 hour before and 2 hours after quinolone dosing. Avelox® is less likely to interact and is preferred.
<i>Capsules with enteric coated beads</i> (e.g. Prevacid®, Losec®)	Beads can stick together when flushed with water, leading to clogs.	Flush with fruit juice (apple, or orange).
<i>Enteric coated tablets</i> (e.g. Pantoloc®, Pariet®)	Crushing can leave behind fragments from the enteric coating which may clog the tube.	Crush four 325mg tabs of sodium bicarbonate and add 15 mL water. Agitate solution with enteric coated tablet until dissolved.

* Adapted from Am J Health-System Pharmacy, July 2009

