



Nasogastric Feeding Tube with ENFit® Port(s) and Stylet

Description:

Vesco Medical Nasoenteric Feeding Tubes (Vesco NE Tubes) are made of radiopaque polyurethane material. The lumen and tip are coated with a water activated lubricant.

Indications:

Vesco NE Tubes, with and without flow-through stylet, are for administration of nutrition, fluids, and medications to the stomach or small bowel by the nasoenteric route in pediatric, adult or elderly patients who have an intact gastrointestinal tract but are physically unable to manage nutritional intake through normal mastication and deglutition. Vesco NE Tubes have not been tested for use longer than short-term use (<30 days).

Contraindications:

- Use caution with patients who have anomalies or diseases of the nose, throat, or esophagus.
- Use caution with patients with known sensitivities or allergies to its components.

Warnings:

- Confirm any potential transitional connectors are connected to an enteral port and not an IV set
- The Vesco NE Tubes are intended to connect to enteral specific devices delivering enteral fluid only
- Never insert a stylet into an indwelling tube.
- The presence of an endotracheal device tends to guide the feeding tube into the trachea. Should the feeding tube and stylet (if stylet is used) enter the tracheobronchial tree during a tube placement, damage to the lung or esophagus could occur. If any resistance is felt during placement, remove the tube and stylet and reinsert. Misplacement of tubes into the lungs resulting in pneumothorax has been reported in neurologically impaired patients and those with tracheal tubes in place.
- Tube has the potential to misconnect with small bore connectors of other healthcare applications.

- Intestinal perforations have been reported in infants with the use of these devices. Use extreme caution.
- Maintaining the patient in a semi-Fowler's position may reduce regurgitation or aspiration.
- This device should only be inserted by a trained clinician.
- This is a disposable device intended for single use. Do not reuse.

Precautions:

- The Vesco Medical NE Tube connection is intended to connect to ENFit compatible devices.
- Avoid applying excessive force during insertion of tube. If resistance is encountered, remove the tube and notify the physician immediately. Do not attempt to reinsert tube.
- Do not use a syringe smaller than 30mL when irrigating tube.
- Feeding tubes should be flushed frequently to prevent clogging.
- Use only tap or sterile water to flush. Do not use solutions containing meat tenderizers to flush or open a clogged feeding tube.
- Tube replacement may be considered at four (4) week intervals to ensure optimum tube patency.
- Administration of medications should be guided by hospital policy. Many liquid preparations contain Sorbitol which tends to interact with enteral formulas and clog the feeding tube. Thoroughly crush tablets, excluding enteric tablets which should never be crushed; however, always consult with your pharmacist regarding which tablets should be crushed for feeding tube administration.
- Do not use with feeding pumps that develop pressure greater than 15 psi. Consult pump manufacturer's specifications and recommendations.
- Vesco NE Tubes have not been tested for use longer than short-term use (<30 days).
- Use device before the Use By date on package.
- Examine package and device for damage before use. If damaged do not use device.

ADVERSE EVENTS:

Pneumothorax, intestinal perforations, and aspirational pneumonia have been reported during the use of this type of device.

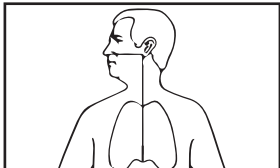
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DIRECTIONS FOR USE:

The following instructions are suggested guidelines. The accepted agency procedure should be used.

1. Explain procedure to patient and provide privacy.
2. Place patient in sitting or semi-erect position.
3. Seat stylet into ENFIT connector for proper placement.

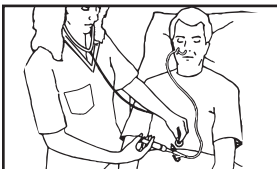
WARNING: Before use, make sure the stylet is not visible through eyelet in tube. Stylets vary in length. Use only the stylet that comes preassembled with this tube.



4. Moisten tip of the tube with water to activate lubricant. Additional lubrication is not usually necessary.
5. Estimate distance for placement into the stomach by measuring the distance from tip of patient's nose to earlobe and then from earlobe to xiphoid process, or use your standard procedure. Centimeter markings on the tube indicate the distance from the tube's distal tip.
6. Using the patient's more patent nostril, pass the tube posteriorly and anteriorly through the nostril. If possible, when the tube reaches the pharynx, have the patient sip water through a straw and swallow as the tube is passed into the stomach.



7. When tube has been inserted to desired length, check tube placement as follows:
 - a. Upon initial insertion of tube, obtain radio-graphic confirmation that any blindly placed tube is properly positioned in gastrointestinal tract prior to initial use.
 - b. When checking tube placement routinely, use a variety of bedside techniques to assess tube placement (e.g. aspiration, pH, auscultation, etc.) per institution policy or physician orders.
 - c. **If there is any doubt about tube placement, confirm with x-ray.**
8. The stylet should be removed gently **only after tube placement is confirmed**. If stylet is difficult to remove, flush tube with 10 mL of water.



WARNING: Once you begin process of removing stylet, never attempt to reinsert into the tube.

9. For nasoduodenal tube placement, patient may be positioned on right side following tube insertion to aid passage through the pyloric sphincter. **X-ray confirmation is necessary for naso-duodenal tube placement.**
10. Tape the tube to the patient's cheek, being careful to avoid any pressure on or distortion of the nares.
11. Observe the patient for respiratory distress or abdominal pain. Wait 30-60 minutes following intubation before feeding an agitated patient.
12. Initiate and maintain feeding as tolerated by patient.
13. Flush tube with 20-30 mL of warm water using a 30 mL or larger syringe before and after feedings are administered, every 4-6 hours during continuous feedings, any time feedings have been on hold, before and after giving medications (give 5mL of water between each medication if more than one is given), and after checking gastric residuals.



14. Dispose in accordance with facility protocol.