

“Adult Feeding Tube Placement Policy for Small Bore Tubes with or without a Stylet”

Effective March 1, 2006, the Medical Board passed a new policy, “Adult Feeding Tube Placement Policy for Small Bore Tubes with or without a Stylet” (PAT037).

Key Points

The purpose of the policy is to ensure safe and proper placement of styleted feeding tubes in adults using the four-step procedure outlined below. To confirm proper placement of styleted tubes, authorized prescribers are required to obtain two x-rays: (1) the first x-ray is taken after the tube has been inserted (to midline position and below the carina) to confirm that the tube is in the esophagus and not in the airway; (2) the second x-ray is taken after the tube has been advanced to confirm that the styleted tube is in the stomach/duodenum. The policy does not apply to styleted feeding tubes inserted under direct visualization by endoscopy and fluoroscopy.

Indications

The “Adult Feeding Tube Placement Policy for Small Bore Tubes with or without a Stylet”

- applies to all small bore feeding tubes supplied with a stylet whether or not the stylet is utilized or not during placement.
- shall be used for the insertion of styleted feeding tubes in all adult patients.
- does NOT apply to styleted feeding tubes inserted under direct visualization by endoscopy and fluoroscopy.
- does not address Pediatrics. For pediatric patients, refer to: [Bedside Placement of Transpyloric Tubes: PICU](#)

Patient Care Management

An authorized prescriber must obtain informed consent prior to procedure.

- **Step 1:** The tube is measured to an estimated length for placement to just below the carina (typically 30 cm) and passed initially to no deeper than this length.
- **Step 2:** An X-ray is obtained following insertion to the measured length (estimated carina) to confirm that the styleted tube is in the midline position and below the carina (in the esophagus and not the airway). *When there is uncertainty concerning tube position, radiology consultation will be obtained.*
- **Step 3:** After confirmation of correct placement (midline and below carina), the tube can be advanced with the stylet to the appropriate position.
- **Step 4:** A second X-ray is obtained to confirm that the styleted tube is in the stomach/duodenum.

Once in the appropriate position, the stylet shall be removed and cannot be reinserted for any reason.

Feedings can be started at the discretion of the ordering authorized prescriber if the tube is in the stomach/duodenum.

Responsibilities

PHYSICIAN/ AUTHORIZED PRESCRIBER

1. A styleted feeding tube cannot be placed without attending knowledge and appropriate informed consent.
2. Only an authorized prescriber who is either credentialed for the privilege or authorized by job description is allowed to place a styleted feeding tube.
3. Styleted feeding tubes should not be chilled prior to placement; they are used at room temperature.
4. The authorized prescriber must verify and document in the chart acceptable placement and that the tube may be utilized.

REGISTERED NURSE

1. The nurse must confirm medical record documentation of correct tube placement before initiation of use.
2. The position of the tube at the confirmed correct location shall be documented in the medical record.

*The full text of the policy, including documentation requirements and reportable conditions, will be included in the **Interdisciplinary Clinical Practice Manual**, <http://www.insidehopkinsmedicine.org/icpm/>. To obtain a copy of the policy immediately, send an e-mail to smears@jhmi.edu.*

Old Medical Records to be Purged

Medical Records dated 1974 and earlier will be purged from our active Record Center and sent to an alternative storage site. Access to the records will be limited to patients, health care agents and treating physicians for health care needs.

Records will be made available to the JHH medical staff, if necessary. However, requests should be kept to a minimum, and the information requested should be as specific as possible, so that pertinent documents can be faxed rather than delivered as part of the entire chart. If it is absolutely necessary to request the entire chart, the request will be honored. However, requests limited to salient portions of the medical record can be returned more expeditiously via facsimile.

Research requests for medical records from this time period must be approved by the IRB and must be made in writing.

Specimen Labeling

Quality patient care and accurate laboratory result reporting are dependent upon correct patient identification. This requires proper specimen collection and handling procedures. The requirements listed below are mandated by State and Federal regulations, and also required by the Joint Commission.

Always confirm the patient's identification at the time of specimen procurement. All inpatients and outpatients shall be identified using two patient identifiers. For inpatients, ensure that the name and history number are the same on the patient's wristband, the order or requisition, and the specimen label. For outpatients without wristbands, use name and date of birth as the two patient identifiers.

The labeling of the specimen *must* occur at the time of procurement, and in the presence of the patient.

For specimens obtained for point of care testing (POCT):

- If the POCT is being immediately performed in the patient's room, the specimen need not be labeled.
- If the POCT is being conducted at a site other than in the patient's room (e.g., the soiled utility room), the specimen must be labeled in the presence of the patient at the time the specimen is procured.
- For patients on isolation, it is permissible to conduct the test immediately outside the patient's room (e.g., on the isolation cart) without having to label the specimen; however, if testing is to be delayed for any reason, the specimen must be labeled in the presence of the patient before removing it from the room.

Trauma Airway Course

The first intra-departmental Grand Rounds, "Approach to the Trauma Airway," will be presented on Thursday, April 20, from 7a.m. to 8:15 a.m., in Turner Auditorium. This preliminary lecture/discussion will be the first in a joint training program developed by the Departments of Emergency Medicine, Anesthesia and Critical Care Medicine, Otolaryngology/Head and Neck Surgery, and Surgery.

(Cont'd on next page.)

Shallenberger Ethics Lecture Series **“What have we learned from Terri Schiavo?”**

The following lectures sponsored by the Johns Hopkins Ethics Committee and Consultation Service will be held in The School of Nursing Alumni Auditorium (525 N. Wolfe Street), 4-5 p.m., with question and answer period to follow. All members of the Hopkins community are cordially invited to attend.

Thursday, March 30, 2006

Rabbi Dr. Tsvi Schur, Imam Dr. Yahya N. Hendi, the Reverend Dr. Michael O. Thomas, and Fr. Phil Keane will hold a panel discussion from four different theological perspectives about the spiritual dimensions of the Terri Schiavo case, including treatment decisions, the role of religion in decision-making, and faith issues in conflict management when decisions are disputed. The Reverend Paula Teague, D. Min., Manager of Clinical Pastoral Education at The Johns Hopkins Hospital, will facilitate the panel discussion including audience questions.

Thursday, April 27, 2006

Shallenberger Lecture: Ronald Cranford, M.D., Professor of Neurology and Medical Ethicist at Hennepin County Medical Center and University of Minnesota Medical School will discuss the evolution of legal and ethical views of care for patients with persistent vegetative state over the last 30 years, and then the short and long-term implications of the Terri Schiavo case on end-of-life decision making and care. Following the lecture, Marc Steiner, host of WYPR's daily Marc Steiner show, will lead a panel discussion with audience participation. **A reception will follow in the Carpenter Room.**

CEUs have been applied for through the Maryland Nurses Association.

For additional information call Sharon Mears (410-955-0620) or e-mail smears@jhmi.edu.

2006 Risk Management Seminars

Risk Management Seminars will be held on the following dates in Hurd Hall. Contact your departmental credentials coordinator if you are unsure whether you need to attend.

- 4/11/06, 5:30-6:30 p.m.
- 5/16/06, 5:30-6:30 p.m.
- 6/13/06, 5:30-6:30 p.m.

If you have questions, call the Legal Department at 955-7949.

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