



英文



如何由鼻胃管正確灌入食物

How to inject food through nasogastric tube

一. 原則及注意事項：

Principles and Attention:

1. 灌食前應先以下列方式確認胃管在正確的位置：

- ① 檢查鼻胃管的記號，應維持在護理師所做的記號處，若脫出10公分以上時，應通知護理師重插；若未超過10公分，檢查口腔若無為胃管纏繞，則可輕推進至原刻度位置，重新固定。

Make sure nasogastric tube located in the right position as described below before feeding: Inspect mark on nasogastric tube and make sure it maintains at the nursing supervisor's marking position, if it emerges more than 10 cm notify the nurse/supervisor to re-insert the tube. If not more than 10 cm, perform oral examination to make sure no winding of nasogastric tube, then push lightly forward to the original marking location, and re-fix the tube.

- ② 再以灌食空針反抽，若有反抽物，則就確定胃管仍在胃內。同時檢查胃內殘餘食物量，若在50cc以上，則延遲半小時或一小時再灌（無異狀之反抽物，可讓其自然流回胃內）。

Then use empty feeding syringe to do pull-out to make sure stomach material resided and nasogastric tube is inside stomach. At the same time to inspect food remnant in stomach, if more than 50 cc, then delayed half an hour or one-hour for feeding (should pull-out material without abnormality, let it naturally return to stomach)



Lin Shin hospital
Contact telephone number :
04-2258-6688



Wuri Lin Shin hospital
Contact telephone number :
04-2338-8766



How to inject food through nasogastric tube

2. 準備管灌食物:

Preparations of feeding food:

- ① 若採自製，則可一次製作一天的量，放在冰箱每次取出約250cc -300cc 的量加熱並將之完全灌完（若無法全部灌完，應速放回冰箱冷藏）。

For self-made case, it can be produced one time for one day consumption usage, stored it in the refrigerator and take 250 cc-300cc each time to warm it up and feed to case all at once. (The unused amount need to stored into refrigerator right away).

- ② 若採商業配方，應依配方上沖泡調製方法使用。若為粉狀，每次只沖泡當餐的灌食量；若為罐裝，可直接隔水加熱後灌入，如當餐未完全灌完，則應立即放入冰箱中冷藏，下次取用時仍先請隔水加熱或倒出至杯中溫熱才可食用。

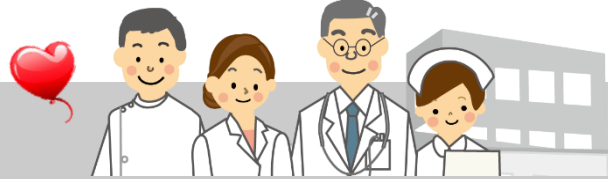
For commercial formula case, prepare it according to the described formula. For powder form, just prepare the right amount for each serve; For canned form, use water bath heating over the can, it should be stored frozen in the refrigerator for any unused amount which should be heated by water bath over can or warm up in the cup for next feeding.

3. 使用氣管內管或氣管套管的病人，灌食前應先翻身、拍背、抽痰，氣囊是否需打氣，應遵居家護理師之指示，以免食物灌入肺內。

For endotracheal tube or use of tracheal case of patients, feeding should be preceded by body flipping, back rap, suction of phlegm, and check aerocyst condition. Procedures which should comply with home care supervisor's to avoid food flowing into lungs.

4. 藥物不可與食物攪拌後一起灌入，註明飯前、飯後或睡前使用之藥物應分開灌入。

Do not mix food and drug together for feeding, put annotation on medicine for before meal, after meal or before bed use, separatelym .



How to inject food through nasogastric tube

二. 準備用物: 灌食空針、管灌食物、毛巾、衛生紙

To use of: Food feeding syringe, feeding food, towels, and toilet paper .

三. 方法：

Method:

1. 協助個案採半坐臥姿或坐姿；視需要墊上毛巾，以防食物滴落。

Place case at partly sitting prone position or the sitting posture; put a towel underneath case to prevent food dropping out.

2. 洗淨雙手。

Wash hands.

3. 灌食前先用灌食空針反抽，需有反抽誤以確定胃管仍在胃內，若抽出量在50c.c.以上，則延遲半小時再餵食，無異狀之反抽食物，可讓其自然流回胃內。

Use empty feeding syringe to do pullout from nasogastric tube to make sure stomach material resided and nasogastric tube is inside stomach. At the same time to inspect food remnant in stomach, if in more than 50 cc, then delayed half an hour or onehour for feeding (let the pullout material naturally return to stomach should pull-out material without abnormality).

4. 灌食空針接在胃管末端，將流質食物緩緩倒入，借重力流入胃內，灌食空針高度距腹部約30~45公分。

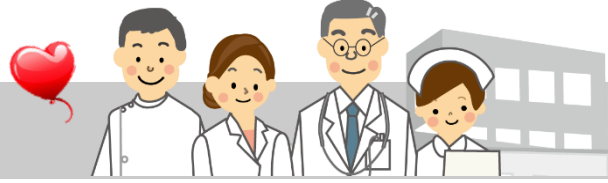
Connect feeding syringe to nasogastric tube end, put feeding material slowly into the feeding syringe and let it by gravity flow into the stomach, feeding height stay about 30 to 45 cm above the belly.

5. 灌食食物的溫度約38~40℃。

Maintain food temperature of about 38 ~ 40 ℃ for feeding.

6. 每次灌食量總量不可超過500 cc，速度不可太快，以免引起個案腹瀉、噁心、嘔吐等不適症狀。

Do not exceed 500 cc each time for feeding, and do not go to fast on feeding speed, so as to avoid diarrhea, nausea, vomiting and other uncomfortable symptoms.



How to inject food through nasogastric tube

7. 灌食過程中應避免空氣進入，以減少個案腹脹不適。
Avoid feeding air into the syringe to reduce the cases of abdominal distention.
8. 灌食過程中，若個案有異常情形，(例如：不停咳嗽、嘔吐、臉色發紫等)應立即停止灌食，並即刻通知護理師；若為非上班時間，無症狀緩解跡象，則應立移送醫。
Any unusual circumstance, for example: non-stop coughing, vomiting, complexion turns purple, etc. during feeding processes should stop feeding immediately, and inform the nurse or home care supervisor right away; Case should be transferred to hospital in cases of non-working hours and no relief of symptomatic signs.
9. 灌食時，若感覺不易灌入，可能是管口被食物阻塞，此時先用灌食空針反抽，再灌溫開水沖通鼻胃管。若仍然無法灌食，則與居家護理師聯絡處理。
Whenever feeding is not flowing smoothly or too slow, it may be obstructed by feeding material in this case, try to use empty feeding syringe to do pullback and use warm water to flush nasogastric tube. Contact nurse or supervisor immediately should problem stay.
10. 灌食後，以清水30~50c.c.沖洗鼻胃管以防止食物殘留鼻胃管壁，將鼻胃管反摺塞入開口處或以栓子塞住。
Once complete feeding, use clean water of 30 ~ 50 c.c. to wash nasogastric tube to prevent food residues, and bend the very end of nasogastric tube and fold it back, and squeeze it into the opening or engage with plug.
11. 灌食後，繼續採半坐臥姿或坐姿，且勿翻身或抽痰，以免刺激引發嘔吐，約30~60分鐘後再平躺。
Maintain partly sitting prone position or the sitting posture at least 30-60 minutes after feeding, during this period not to perform body flip or phlegm suction to avoid vomiting, and assist suffice position on bed afterward.

12. 將灌食用具清洗乾淨晾乾後，放置於清潔容器內，以備下次使用。

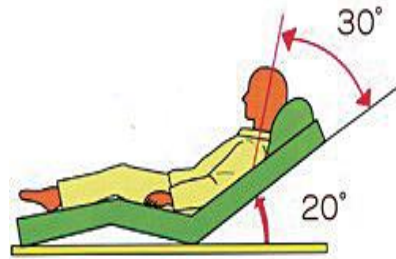
Clean and perform air-dry on feeding appliances, place these in clean containers for the next use.

13. 紀錄此餐的灌食內容及量。

Record feeding content and quantity.



Wash hands



Place case at partly sitting prone position or the sitting posture



Use empty feeding syringe to do pullout from nasogastric tube to make sure stomach material resided and nasogastric tube is inside stomach

Question

1. 每次灌食前需反抽確定鼻胃管位置?
Should you check the position of gavage tube before feeding?
2. 灌食前請採平躺?
Should patients be on their backs before feeding?
3. 灌食量一次不可超過500毫升，速度不可太快，以免引起腹瀉、噁心、嘔吐
Should the amount of feeding be less than 500 ml

資料來源：

1. 居家外勞照顧技巧指導手冊，台灣長期照護專業協會 95 年 11 月出版

