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如何由鼻胃管正確灌入食物 Gavage Feeding Methods

一、原則及注意事項：Instruction and caution

1. 灌食前應先以下列方式確認胃管在正確的位置：

To make sure gavage tube is in the accurate position before feeding

- 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。

Check the mark on the gavage tube, which should lie on where R. N. marked. If it has dislocated more than 10 cm, notify R. N. to insert it back. What' s more, if the mark is not dislocated more than 10 cm, then the next step is to check whether the oral cavity is entangled by the gavage tube. If not, gently push the tube down to where it was and then refastened it.


- 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）。

Pull back the syringe plunger to draw, which is to ensure the gavage tube is still in the stomach, in the meanwhile check stomach residual amount. If there is more than 50cc, then postpone the feeding half to an hour later. If there is nothing wrong with the drawn-out stomach substances, let it return to stomach naturally.

2. 準備管灌食物：Preparing 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）。

Self-made formula- Prepare daily amount each time and store it in the refrigerator. Take out a feeding amount (about 250 cc to 300 cc) for each time, heat it up and feed it completely. (If the feeding couldn' t be finished completely, put the rest back into the refrigerator right away)

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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-sale formula- supposed to go with prescription and instructions.

Powder formula- preparing an appropriate amount for each meal and feed it completely. Canned formula- if feeding is not finished, store the remainder in refrigerator immediately. Double-boiling or heating up the remainder first next time before 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。

Following home care attendant' s instructions, turn patient' s body over, operate sputum suction for those who use inner cannula or tracheotomy tube, and check whether needing to inflate with the air sac before feeding to prevent food from getting 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。Medicines are not supposed to be stirred into food and fed in. Take notes of prescribed medicines to be taken before meal or before sleeping, which should be fed in separately.

二、準備用物:Preparations

灌食空針、管灌食物、毛巾、衛生紙

Feeding syringe, food, tissues and towels


三、方法：

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。


Help his/her to sit up or raise the bed head up 30 to 60 degree (semi-Fowler' s position) to allow food to flow down naturally and prepare towels to prevent food from dropping.

2. 洗淨雙手。

Wash hands.

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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。
Pull back on syringe plunger to draw as to make sure if the gavage tube is still in the stomach, in the meanwhile check stomach residual amount. If there is more than 50cc, then postpone the feeding to half hour later. On the contrary, if there is nothing strange on the drawn-out stomach substances, then let it return to stomach slowly and naturally.
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 the syringe plunger with the terminal of gavage tube and allow food to flow into stomach by means of gravity, and the syringe plunger should be 30 to 45 centimeters high away from the belly.
5. 灌食食物的溫度約38~40°C。
38 to 40-degree-celsius for the feeding food
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。
The feeding amount can't be over 500 cc once, and no rush feeding which may cause diarrhea restless, nausea and vomiting.
7. 灌食過程中應避免空氣進入，以減少個案腹脹不適。
Avoid feeding in air during the gavage-feeding to prevent your case from being uncomfortable.
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。
Stop feeding immediately if the following strange phenomena happened: non-stop coughing, breathing changes, vomiting or face turning blue and contact with home care attendant at once. Call for an ambulance when it's off-time.
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。

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The tube might be congested by formula if it's too difficult to feed, then you may draw out the formula with a syringe and then flush in 25cc warm water. If the situation continues, contact with home care attendant immediately.

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。

When feeding is finished, flush in 30~50cc warm water to clean up the tube and avoid residual formula to get rotten or congested in the tube. Pinch the tube closed or refolded it with a cap.

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。

Keep the semi-Fowler's position after feeding, and no turning over the body or sputum suction to prevent from the stimulating which might lead to vomiting. Make him-her lie down after 30 to 60 minutes.

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。

Make the feeding equipment washed, exposed to the air till dry and then put in the clean containers for next time

13. 紀錄此餐的灌食內容及量。

Record the feeding formula and amount of every meal you feed.

以上資料來源自台灣長期照護專業協會，
若您對以上內容有任何疑問時，請洽詢護理人員。