ICU – Gastrointestinal Tubes and Enteral Feeds



Digital Health Quick Reference Guide

This Quick Reference Guide will explain how to:

Document Gastrointestinal Tube (GI Tube) aspirates, drainage and enteral feeds to accurately complete fluid balance documentation in Interactive View and Fluid Balance (iView) within the Intensive Care Unit (ICU) in line with guidelines.

Also, refer to the Policy and Procedures: Adult Nasogastric Tube (NGT) Insertion and Management and Enteral Feeding in Intensive Care Unit (ICU)

Gastrointestinal Tubes

1. Navigate to **'Gastrointestinal Tubes'** section under the 'Adult ICU Gastrointestinal' tab within **iView**.

To add a new tube, create a dynamic group within this section or Adult ICU Lines-Devices *Refer to QRG: Clinical Care: Lines and Devices*



2. Complete Observations within the GI tube dynamic
group. "Tube Type Confirmation" must be selected
as additional fields will appear for measurements and
management of the particular tube selected.

Gastrointestinal Tubes	
⊿ Nasogastric (NGT) Nostril, left 12 Fr	
Tube Type Confirmation	Tube Type Confirmation
Tube Indication/s	Gastrostomy
Drainage/Output Description	Jejunostomy
Activity	Nasoduodenal
Topical Analgesic	Nasogastric (NGT)
Unexpected Event	Nasojejunal (NJT)
Tube Placement Verification	Orogastric (OGT)
Skin & Pl Assessment - Insertion Site	Percutaneous endo gastrostomy (PEG)
Patient Response	Padiologically inserted gastrostomy (P-JEJ)
Feeding Set Change	Transgastric-lejunal
Suction Setting	Other
Occult Blood Gastric Fluid	

Gastrointestinal Tubes		
⊿ Nasogastric (NGT) Nostr	il, left 12 Fr	
Tube Type Confirmation	Nasoc	ast
Tube Length from Nose	cm 🛇	
🛇 Change Tape (3rd Day)	\diamond	
Tube Indication/s		





Handy Hint – Change Tape (3rd Day)

- Within the Intensive Care Unit, NGT tape changes may be required more frequently
- NG tape changes should be as per guidelines- if required more frequently, select yes whenever

the change has been undertaken, even if more frequent than the indicated 3rd day.

♦ Change Tape (3rd Day)	Change Tape (3rd Day) 🛛 🗙	
Tube Indication/s	Yes	
♦ Drainage Method	No	
* - · · · · · ·		

5. Tube Indication/s must also be selected to open additional fields for documentation if applicable

Change lape (Srd Day)	\checkmark
Tube Indication/s	Tube Indication/s
Drainage/Output Description	Decompression
Activity	Drainage
Topical Analgesic	Enteral feeding
Unexpected Event	Medication administration
Tube Placement Verification	
Skin & DI Accessment Insertion Site	

6. Document '**Aspirates**' if applicable. The Aspirate Total Volume and Aspirate Returned Volume are recorded.

Aspirate Total Volume	mL	460
Aspirate Returned	mL	200
Dressing Type		

7. Complete all other applicable fields and finalise documentation by clicking on the green tick



Important – Documentation of Drainage as output Drainage must be selected from within Tube Indications as this will display additional drainage fields Drainage Discarded in mLs must *not* be used for aspirates discarded • Drainage discarded in mLs will display on the Fluid Balance Chart once results are saved Tube Indication/s Drainage Orainage Method Gravity/free drainage Orainage Discarded mL 200 Drainage/Output Description Bile mmHg 🔷 Suction Pressure



Digital Health

Enteral Feeds

	🗙 Adult ICU Gastrointestinal		
	GASTROINTESTINAL		
	GI Ostomy		
	SUD Prophylaxis	R 🖌 🗗	18:00
	 Gastrointestinal Tubes 	∠ Enteral Feeding	
	Enteral Feeding	🚯 Enteral Feed Patient Cohort	Adult
	Tube Flush	🛇 Enteral Feed Formula Adult	Jevity Hi Cal
1 Go to 'Enteral Feeding' under		Additive	
'Adult ICU Gastrointestinal' in		Administration Method	Pump
iView		Feed Rate mL/h	20
		Adverse Events	
		Enteral Tube Intake ml	20
		♦ Trophic Feeds (NOT NBS) ml	\diamond
		⊿ Tube Flush	
		Tube Flush Type	Water
		Tube Flush Sequence	After medication ad
		Tube Flush Volume ml	40

2. Complete the relevant fields and finalise by clicking on the green tick

Important – Feed Rate vs Enteral Tube Intake and the Fluid Balance

- · Feed Rate ml/hr observations do not pull through to the fluid balance chart. It is indicative of the rate set at the feed pump- it does not need to be completed HOURLY, only when there is a change in rate set
- Enteral Tube Intake is the volume in mLs that pulls through to the Fluid Balance Chart. This must be completed HOURLY in ICU



Reviewing the Fluid Balance Chart

1. Select **"Fluid Balance"** from within **iView** and review the **Enteral Intake** and **Enteral Output** sections for both the enteral feed intake/s, Drainage discarded amount and Aspirates documented.

🗙 Ad	ult ICU Renal	Oral Intake ml	
ST Flu	id Balance	Oral Intake Description	
~	Intake A	⊿ Enteral	260
	Continuous Infusions	Enteral Tube Intake ml	20
	Medications	Tube Flush Volume ml	40
	Reference Information	⊿ Aspirate Returned	
	IV Therapies (Paper/Retrospective	⊿ Nasogastric (NGT) Nostril, left 12 Fr	
	Oral	Aspirate Returned ml	200
~	Enteral		
	Feeding Tube		
	Surgical Drains/Tubes	⊿ Other Intake Sources	
	Blood Products	⊿ ICU	
	Other Intake Sources	Other Intake ml	
	Other Documentation	⊿ Output Total	660
	Blood Product Intake - ANAE	⊿ Urine Output	
	Output	Urine Voided ml	
	Urine Output	Incontinent Aids, Weighed ml	
	Urinary Catheter Output	Urine Colour	
	Vomitus	⊿ Urinary Catheter Output	
~	Enteral Output	⊿ Vomitus	
	Feeding Tube Output	Vomit Volume ml	
	Stoma	Vomit Description	
	Surgical Drains/Tubes	Vomit Count	
	Peritoneal Drain/Tube	∠ Enteral Output	660
	Ascitic Tap	A Nasogastric (NGT) Nostril, left 12 Fr	000
	Pleural Tap	Drainage Discarded ml	200
	Chest Tubes	Aspirate Total Volume ml	460
	Dialysis		400
	Haemodiafiltration		
	Per Vagina Loss		
	Implieue Drainnee		
	Other Output Sources	H	
MA 🔀	ultICUL ines - Devices		
A Ad	ult ICLI Bick Accordments		
AU	uit IGO RISKASSESSMENIS	A Other Output Sources	
🔨 Ad	uit Systems Assessment		

Handy Hint – Aspirates and Fluid balance

The total amounts for Aspirate Total Volume (600mls) and Aspirate returned (400 mls), are displayed in the Total Enteral volumes. The discarded amount of 200mLs from the Aspirate total is not documented face up but is accurately calculated and reflected in the **Balance** section

⊿ Enteral		400
Enteral Tube Intake	mL	
Tube Flush Volume	mL	
⊿ Aspirate Returned		
⊿ Nasogastric (NGT) Nostr	ril, left 12 Fr	
Aspirate Returned	mL	400
⊿ Nasogastric (NGT) Nostr	ril, left	
Aspirate Returned	mL	
⊿ Other Intake Sources		
⊿ ICU		
Other Intake	mL	
⊿ Output Total		600
⊿ Urine Output	-	
Urine Voided	mL	
Incontinent Aids, Weighed	mL	
Urine Colour		
⊿ Urinary Catheter Output		
⊿ Vomitus		
Vomit Volume	mL	
Vomit Description		
Vomit Count		
⊿ Enteral Output	Le	600
⊿ Nasogastric (NGT) Nostril, I	left 12 Fr	
Drainage Discarded	mL	
Aspirate Total Volume	mL	600
	-	
⊿ Other Output Sources		
	Palanca	200 00