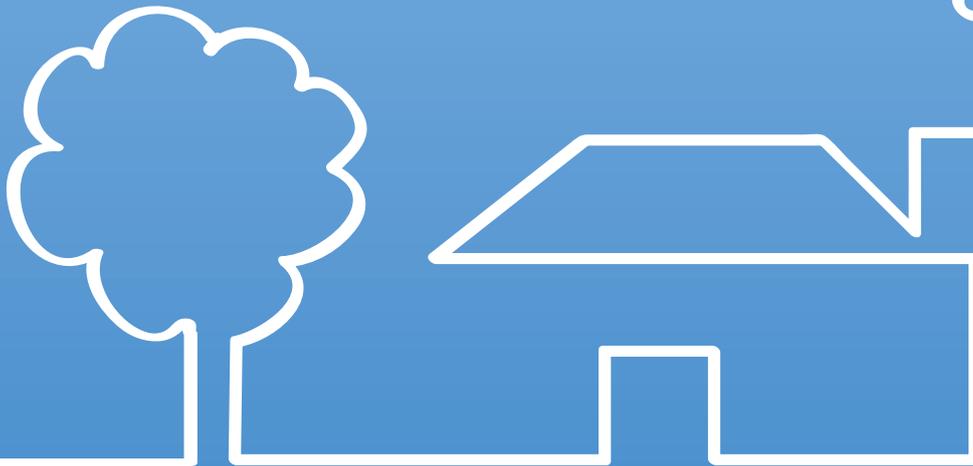


a smooth transition

home



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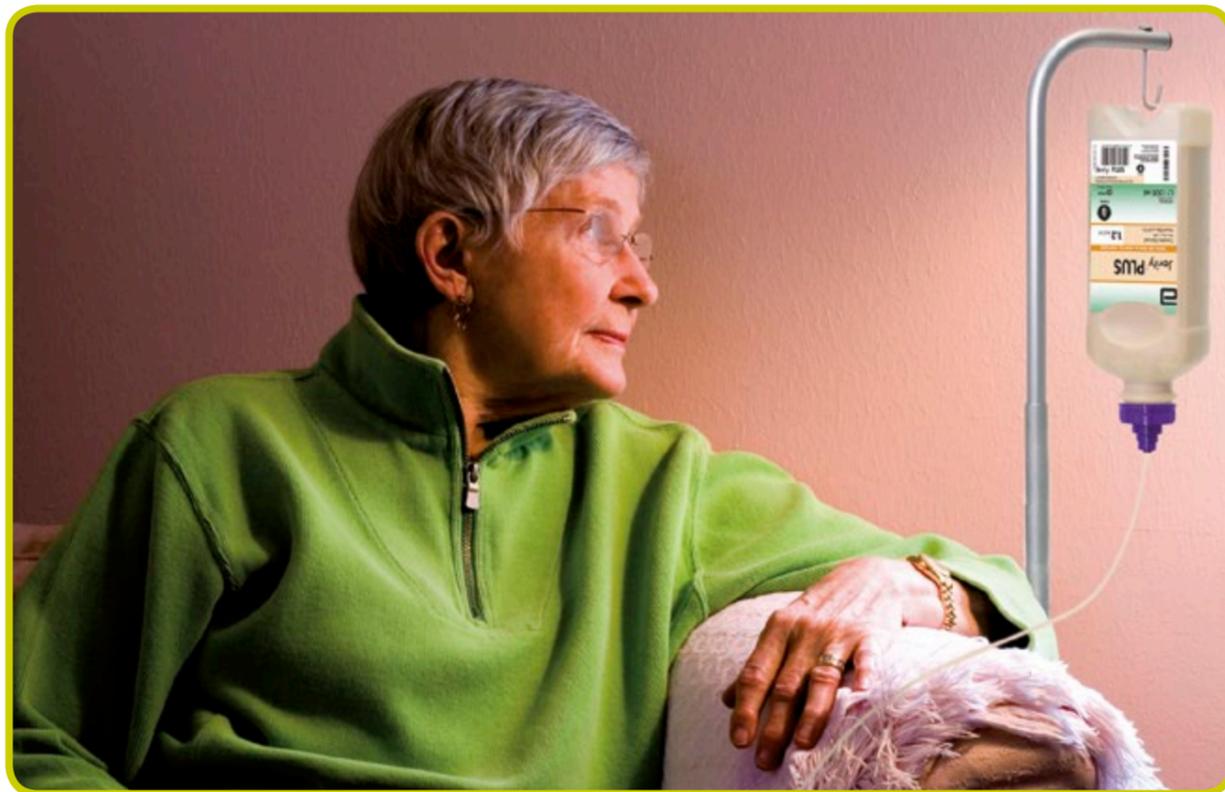
WHY DO YOU NEED A TUBE FEED?

Good nutrition is an important factor that contributes to your health.

Receiving nutrition through a feeding tube will take some time to get used to, but it is important to remember that you can still enjoy many of the things you have always enjoyed.

Tube feeding is given when you cannot eat or drink enough to provide adequate nutrition for the body. With time and patience, tube feeding will become as ordinary as reading the paper or collecting the post.

This folder is designed to help you and your family understand how to tube feed effectively.



ABBOTT HOSPITAL TO HOME HELPLINE:

.....

.....

.....

IMPORTANT NUMBERS:

Dietitian:.....

GP:.....

Pharmacy:.....

Public Health Nurse:.....

Abbott Representative:.....

Other:.....

Hospital to Home: we're here to help

Abbott Hospital to Home, established in 1998, is a service for healthcare professionals, carers and patients to ease the transition from hospital to home and provide ongoing back up and support.

Q: What support is there for me when feeding at home?

A: Help is available from your Dietitian, Public Health Nurse, Pharmacy, GP and the Abbott Hospital to Home Helpline should you require it.

FREEPHONE: 1800 22 11 66

Q: Is there a helpline and if so, when is it open?

A: Yes, the Hospital to Home service operates a helpline (**1800 22 11 66**). It is a freephone number and is open Monday to Friday from 9.00am – 5.00pm.

You can also contact Hospital to Home by email at h2h@abbott.com

Out of Hours? For queries outside of normal business hours, please dial the freephone number and an 'out of hours' number will be provided. In a medical emergency, please contact your Dietitian, Public Health Nurse, Pharmacist or GP.

Q: What happens if I want to go on holiday?

A: If you are going on holiday, please contact the Hospital to Home helpline on **1800 22 11 66** or email h2h@abbott.com. The Hospital to Home service will be able to advise on requirements when you are tube feeding away from home. Please allow 4 weeks for any special arrangements that may be required.

NOTE

This folder is not intended to replace the advice from your dietitian or healthcare professional.

PRESCRIPTIONS: FREQUENTLY ASKED QUESTIONS

Q: Where does the prescription for my feed come from?

A: From your GP/hospital doctor who writes the prescription on the advice of your dietitian.

Q: When should I arrange my next prescription?

A: Your prescription is for 28 days. You should get a repeat prescription from your GP/hospital doctor every 28 days. Always remember to bring the prescription to your local pharmacy. It is advisable to get your next prescription at least 7 days before you run out of feed.

Q: Where do I get my giving sets and syringes?

A: When leaving the hospital, your dietitian will arrange an order for giving sets, syringes and flexitainers with your local health centre or local pharmacy. When you have 7 days supply left, contact your local health centre or local pharmacy to re-order more giving sets and syringes.

FEEDING METHOD

Route of Feeding Nasoenteric (e.g. NG/NJ/ND) **or** Gastrostomy (e.g. PEG/RIG)
 Jejunostomy (e.g. PEJ/JEJ/RIJ)

FEEDING TUBE

Type of feeding tube:
 French size: Date of insertion:
 Balloon volume (if balloon present):

EQUIPMENT

Pump	<input type="radio"/> FreeGo 	<input type="radio"/> Patrol 	<input type="radio"/> Companion ClearStar 
Giving Sets (order codes)	FreeGo <input type="radio"/> Giving Set (S665) <input type="radio"/> NPSA* Giving Set (S675)	Patrol <input type="radio"/> Giving Set (S615) <input type="radio"/> NPSA* Giving Set (S660)	Companion ClearStar <input type="radio"/> Giving Set (S580) <input type="radio"/> NPSA* Giving Set (S605) <input type="radio"/> Ambulatory (S595)
Backpacks (order codes)	FreeGo Adult Colour options: <input type="radio"/> Black (S405) <input type="radio"/> Blue (S532) <input type="radio"/> Red (S530) FreeGo Paediatric Colour options: <input type="radio"/> Black (S404) <input type="radio"/> Blue (S533) <input type="radio"/> Red (S531)		<input type="radio"/> CarryStar Bag (092201) <input type="radio"/> CarryStar Insert (required with CarryStar Bag) (757301) <input type="radio"/> Shoulder Bag (050400)
Dripstands (order codes)	<input type="radio"/> Dripstand (S407)	<input type="radio"/> Dripstand (800A00)	
Flexitainers (if applicable) (order codes)	<input type="radio"/> 1000ml (M240)	<input type="radio"/> 500ml (M241)	
Syringe			
Type: Volume:			

NASOENTERIC TUBE

A nasoenteric tube is a general term for a feeding tube that enters the body through the nose ("naso") and its tip lies in the stomach or intestine. It is an alternative way of feeding in those people who are unable to take adequate food, water and medicines by mouth to help maintain good health.

When the tube tip is in the stomach it is called a nasogastric (NG) tube. For some people the tube is passed into the top of the small intestine called nasoduodenal (ND) feeding, or into the second part of the small intestine called nasojejunal (NJ) feeding.

GASTROSTOMY TUBE

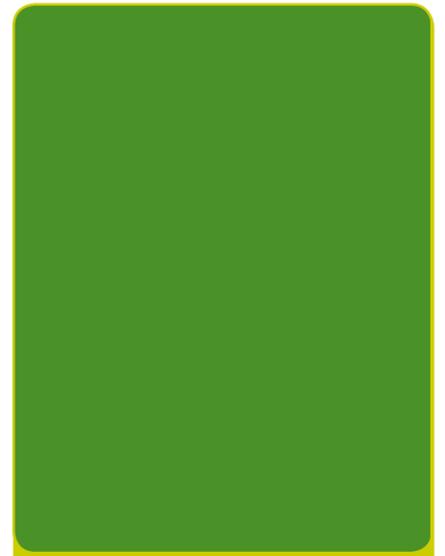
A gastrostomy tube is a feeding tube that is placed directly through your abdominal wall into your stomach to give you the food, water and medicines that you need. The gastrostomy feeding tube can be secured by a balloon or spongy bumper on the inside of the stomach and a firm fixation device or skin disc on the outside.

Most gastrostomy tubes are inserted by the Percutaneous Endoscopic Gastrostomy (PEG) technique. They can also be inserted surgically or under radiological guidance. Those gastrostomy tubes inserted radiologically are known as a Radiologically Inserted Gastrostomy (RIG) tubes.

JEJUNOSTOMY TUBE

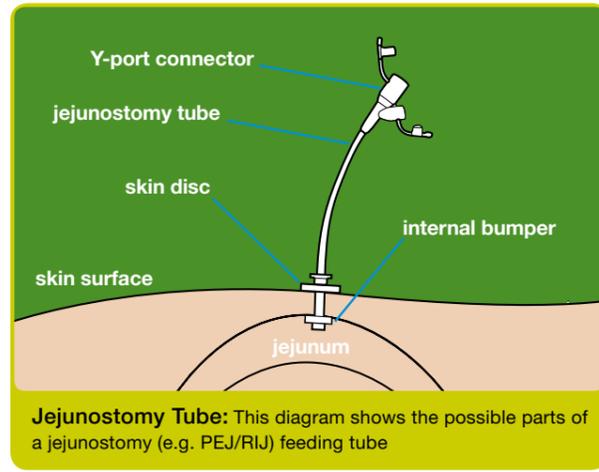
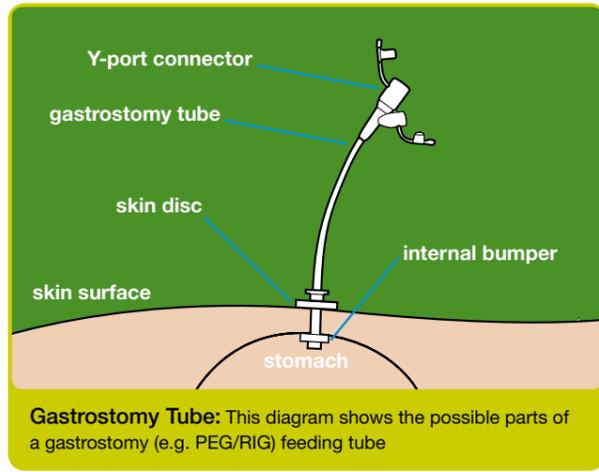
Feeding tubes can also be placed into the jejunum (a section of the small intestine), using a jejunostomy tube.

Jejunostomy tubes can be inserted surgically (JEJ), under endoscopy (PEJ) or can be inserted under radiological guidance (RIJ).



This diagram shows the position of a nasogastric, gastrostomy and jejunostomy tube after being inserted.

Care of your tube



NOTE

Your feeding tube may look different to the above images. Your dietitian will explain the various parts on your own feeding tube.

CARING FOR YOUR FEEDING TUBE

Nothing should be given through your feeding tube except:

- water* (sterile/cooled boiled)
- feed
- medication (see medication section)

* Type of water as advised by your dietitian. If using sterile water, once opened it must be discarded after 24 hours as it is no longer sterile. If using cooled boiled water, this requires special attention. Boil freshly drawn tap water. After boiling, this water must be stored in a clean covered container in a refrigerator. Any unused water must be discarded after 24 hours.

preparing to feed



WHAT DO I NEED TO DO?

Wash and dry your hands thoroughly and clean the table you will be putting the equipment on.

Equipment required:	<input type="radio"/> Pump Feeding Feed Giving set Pump Syringe Sterile/cooled boiled water* for flushing Dripstand Flexitainers (if decanting/pouring feed)	<input type="radio"/> Bolus Feeding Feed Syringe Sterile/cooled boiled water* for flushing
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CHECKING RESIDUALS

If you have a gastrostomy tube, your dietitian may instruct you to check the residual before feeding and show you how to do this.

Residuals are the amount of remaining feed in the stomach after the last feed. Checking the residual is an easy way to make sure that the stomach is emptying after each feed.

If you have an upset stomach or continuously feel full, seek advice from your Dietitian, Public Health Nurse, Pharmacist, or GP.

If you have a jejunostomy tube in place you **should not** check residuals.



Wash your hands with soap and water, rinsing and drying them thoroughly before feeding.

NOTE

Store any unused feed or sterile/cooled boiled water in the refrigerator and use within 24 hours.

Remember to allow feed or sterile/cooled boiled water to reach room temperature before use.

ALWAYS USE A NEW GIVING SET, FLEXITAINER & SYRINGE EVERY 24 HOURS.

NOTE

Flushing your feeding tube regularly with water helps to prevent it from clogging and causing blockages.

FLUSHING YOUR FEEDING TUBE (PUMP FEEDING)*

Always remember to flush your feeding tube before and after each feed and medication administered. If you need to flush the feeding tube during feeding, clamp off the giving set, switch the feeding pump to the "HOLD" position (if used) and disconnect the giving set from your feeding tube.

- 1 Fill the syringe with sterile/cooled boiled water**.
- 2 Connect the syringe to your feeding tube. If you have a Y-port connector on your feeding tube you may not have to disconnect the giving set from your feeding tube for flushing the tube.
- 3 Slowly and gently press the plunger down until the syringe is empty.
- 4 Reconnect the giving set to the feeding tube to commence feeding. If you have finished feeding, flush the feeding tube and place the cap on your feeding tube.



CAUTION

Never syringe water or feed using excessive force. No resistance should be felt.

* This advice may differ slightly from what your healthcare professional recommends. Therefore, please follow the advice of your dietitian or healthcare professional.

** Type of water as advised by your dietitian

FLUSHING YOUR FEEDING TUBE (BOLUS FEEDING)*

Always remember to flush your feeding tube before and after each feed and medication administered.

- 1 Fill the syringe with sterile/cooled boiled water**.
- 2 Connect the syringe to your feeding tube.
- 3 Slowly and gently press the plunger down until the syringe is empty.
- 4 Place the cap on your feeding tube.

FEEDING TUBES: FREQUENTLY ASKED QUESTIONS

Q: How and why do I flush my feeding tube?

A: You should flush the feeding tube with sterile or cooled boiled water before AND after every feed. It is also very important to flush the feeding tube before AND after receiving medication via the feeding tube. This will help prevent the feeding tube from blocking.

- 1 Draw up water in a syringe. Remember to change the syringe every 24 hours, as advised by your dietitian. You should not use the syringe for anything other than water, feed or medications.
- 2 At the beginning of a feed, undo the cap on the feeding tube. During a feed, clamp the giving set and switch the feeding pump to the "HOLD" position.
- 3 Attach the syringe containing the water to the end of the feeding tube and depress the plunger slowly and gently. The water will be released and will flush the feeding tube. If you have a Y-port connector on your feeding tube you may not have to disconnect the giving set from your feeding tube for flushing the tube.
- 4 Now you can start feeding again. If you have finished feeding, replace the cap on the feeding tube.
- 5 Remember to always follow your dietitian's instructions regarding the amount and frequency of flushes required.

Q: What do I do if my feeding tube breaks or appears to be blocked?

A: If your feeding tube is blocked, follow the guidelines in the problem solving section of this folder. If this is unsuccessful or if your feeding tube is broken, contact your GP or Public Health Nurse as soon as possible.

Q: What do I do if my feeding tube comes out?

A: You should contact your GP, Public Health Nurse, Surgeon or Radiology department (if your tube was placed in x-ray) immediately.

PUMP FEEDING

			
Wash and dry your hands thoroughly	Check the expiry date on your feed	Open the giving set	Shake the feed container gently before opening
			
Unscrew the protective white cap, taking care not to touch the foil lid	Do not touch foil lid with your fingers, and do not pierce it with scissors	Screw the cap of the giving set securely onto the feed container. The built-in foil cutter will pierce the foil lid automatically	Hang the container upside-down from the hook on the drip stand

PRIME YOUR GIVING SET

Now you need to prime your giving set. For instructions on how to do this, please refer to your pump instruction booklet/DVD.

BEGIN TO FEED

Switch on the pump and follow the advice of your healthcare professional and/or instructions from the pump user manual.

GETTING COMFORTABLE

It is best for you to be in an upright position while feeding

Ensure your head and shoulders are raised to an angle of at least 30 degrees during feeding and for at least 60 minutes after feeding.

If you are lying down, support the upper body with cushions or pillows so that you are not lying flat.

CAUTION

Do not top up flexitainers with feed.

Discard any unused feed and its container after 24 hours.

pump feeding

starting to feed

POWDER OR DECANTED FEED

- If using a powder feed, mix the powder as instructed by your dietitian.
- If decanting feed, make sure you clean the top of the container with an alcohol wipe before pouring into a flexitainer.

CAUTION

For decanted feeds discard after 8 hours or as per your dietitian's instructions.

For powder or reconstituted/decanted feeds, discard after 4 hours.

bolus feeding*

starting to feed



hospital to home

BOLUS FEEDING**

1. Collect all the equipment together that you require for feeding.
2. Check the expiry date on your feed.
3. Wash and dry your hands thoroughly.
4. Sit in an upright position if possible.
5. Flush your feeding tube with water*** (see "Preparing to Feed" section).
6. Shake the feed container gently before opening.
7. Decant feed into a clean jug.
8. Fill the syringe with the required amount of feed as recommended by your dietitian or healthcare professional.
9. Attach the syringe to the feeding tube.
10. If clamp present, unclamp the feeding tube, slowly and gently press the plunger down until the syringe is empty.
11. Alternatively, take the plunger out of the syringe and attach the syringe to the end of the feeding tube. Slowly, pour the required amount of feed into the syringe. This process may need to be repeated until the desired volume recommended by your dietitian or healthcare professional is fed. Hold the syringe at the height that is comfortable for you and allow the feed to flow through your feeding tube. This will occur naturally due to gravity.
12. When the feed is finished, if clamp is present, clamp the feeding tube and prepare to flush your feeding tube.
13. If clamp is present, unclamp before flushing the feeding tube with sterile/cooled boiled water or as advised by your healthcare professional.
14. To prevent spillage, if clamp is present, remember to clamp your feeding tube before you remove the syringe.
15. Close the cap on the feeding tube until the next feed.
16. If clamp present, unclamp the feeding tube so that the tube does not flatten and eventually block.

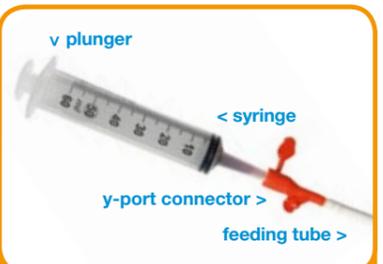
NOTE

There are two ways of bolus feeding:

1. **Gravity feeding where gravity naturally draws the feed into your feeding tube**
2. **Plunger/push syringe feeding where you help the feed through your feeding tube using the syringe plunger.**

TIP

If you hold the syringe at a lower height, this will slow the feeding rate. Raising the height of the syringe will speed up the feeding rate.



Bolus feeding (syringe)

NOTE

Discard the syringe every 24 hours.

* This method of feeding is not recommended if you have a jejunostomy tube.

** This advice may differ slightly from what your healthcare professional recommends. Therefore, please follow the advice of your healthcare professional.

***Type of water as advised by your dietitian

Most medication can be taken safely through your feeding tube by following these simple rules:

DO:

- ✓ Use liquid medication whenever possible
- ✓ If a tablet must be crushed, be sure to crush it into a fine powder and mix it well in sterile/cooled boiled water*
- ✓ Clear the feeding tube by flushing it with sterile/cooled boiled water before and after administration of medications as well as in between each different medication administered.

DON'T:

- ✗ Mix medication. If more than one medication is to be taken, each one should be given separately
- ✗ Add medication to your feed

CAUTION

Be sure to check with your pharmacist or dietitian before administering medication. Find out if:

- **The medications come in a liquid form**
- **The tablet can be crushed**
- **The medication should be taken on an empty or full stomach**
- **The medication is suitable for administration into the small bowel if you have a jejunostomy tube.**

CARE OF YOUR STOMA SITE

If you are feeding with a gastrostomy or jejunostomy tube you will have a stoma site. The stoma site is the place where the feeding tube goes into the stomach or jejunum. It is important that this is kept clean.

There is usually a discharge at the stoma site for the first few days after the feeding tube has been placed. A loose absorbent dressing may be placed at the site. Ensure that the dressing is changed daily.

Once the stoma site has healed (approx. 21 days) a dressing is generally not required.

If advised by your Dietitian, GP or Public Health Nurse rotate your feeding tube 360° daily. However this is not always advised and will depend on the type of feeding tube inserted. It is important to follow the advice of your dietitian or healthcare professional.

Refer to your dietitian or hospital's instructions for specific care of your feeding tube.

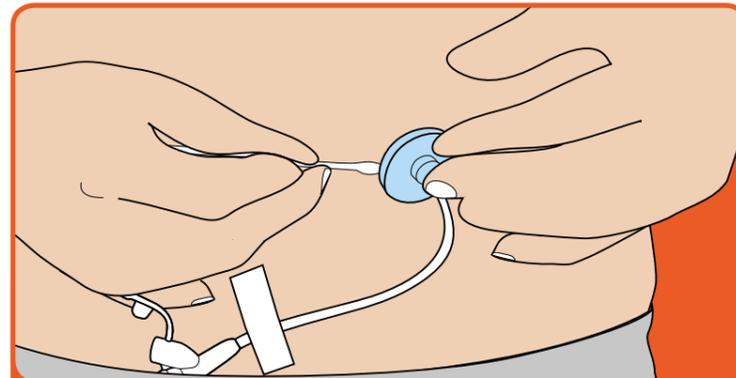
DAILY ROUTINE:

For your own personal comfort, it is important that you follow this simple routine every day. It will help to keep the stoma site clean.

1. Wash your hands with soap and water, rinsing and drying them thoroughly before touching the stoma site.
2. Check the skin surrounding the feeding tube for redness, soreness, skin irritation or swelling. Make sure there is no leakage or extra movement of the feeding tube.
3. Clean the skin around the feeding tube with mild soap and water. Use circular movements, starting next to the stoma site and working outwards. Remember to clean carefully under the skin disc (if present) or around the sutures/stitches (if present).
4. Dry the area thoroughly and leave it open to the air until it is completely dry.
5. Remember to close the cap on the feeding tube fully before bathing.
6. Do not use talcum powder or cream around the site, as skin irritation can occur.



Wash your hands with soap and water, rinsing and drying them thoroughly.



Stoma hygiene: daily routine

YOUR PERSONAL ORAL HYGIENE ROUTINE

Even though you may not be eating and drinking, you will still need to keep your mouth and teeth clean. It is important to follow the advice of your healthcare professional.

- Brush all the surfaces of your teeth, gums and tongue at least twice a day, using a regular toothpaste and toothbrush. This helps to prevent infection.
- To freshen breath and cleanse the mouth, you can use a mouthwash.
- To moisten the lips, use a moisturising cream or lip balm.



Oral hygiene: daily routine

GENERAL CARE QUESTIONS

Q: What about bathing and showering?

A: After the stoma site has healed you can bath and shower as normal, once you ensure the cap on the feeding tube is firmly closed. Your Dietitian, GP, Stoma Care Nurse or Public Health Nurse can provide guidance of what to do while your stoma site is healing.

Q: Can I play sports?

A: Yes, once healed the feeding tube will not restrict any normal activities, including swimming. Ensure that the stoma site is completely healed and ensure that the cap on the feeding tube is closed.

Q: If I am not using the feeding tube, what care does it need?

A: Flush the feeding tube daily (at least once per day) with sterile/cooled boiled water* and clean around the stoma site.

Q: What support is there for me when feeding at home?

A: Help is available from your Hospital, Public Health Nurse, Pharmacy, GP, Dietitian and the Abbott Hospital to Home Helpline (1800 22 11 66) should you require it. Always seek advice if you are unsure about any aspect of your feeding.

SITE INFECTION

If you notice any redness, pain or oozing from the stoma site, contact your Public Health Nurse or GP who will examine it to find out what is causing the problem.

UNBLOCKING THE FEEDING TUBE

1. Switch off your feeding pump if it is running
2. Wash your hands
3. Make sure all clamps are open and the tubing is not kinked.
4. With your hand try to locate the blockage and gently squeeze the feeding tube to try and break it down.
5. Flush lukewarm (not hot) sterile/cooled boiled water* into the feeding tube and let it sit for a few minutes.
6. Tube unblocking products are available from your pharmacy.
7. If this does not work, contact your hospital.
8. Wash your hands

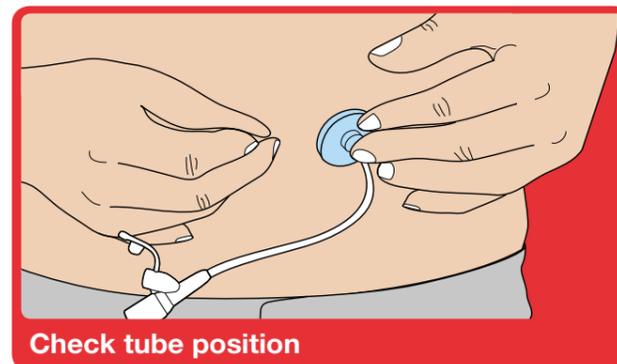
NOTE

NEVER use any sharp instruments or excessive force to unblock a feeding tube.

MOVEMENT OF YOUR FEEDING TUBE

Feeding tubes with an external bumper

If your feeding tube seems to have shortened check the position of the external bumper. The external bumper should be snug to the skin but not tight-fitting, allowing for some movement. Once the stoma site has healed (approx. 21 days after placement), pull the feeding tube gently until you feel resistance and correctly position the external bumper.



Feeding tubes without an external bumper

If your feeding tube does not have an external bumper, please follow the advice of your healthcare professional and/or the manufacturers guidance.

LEAKAGE AROUND THE STOMA SITE

Feeding tubes with an external bumper

There should be a 3mm gap between the stomach wall and external bumper. Tighten the external bumper so that the feeding tube is only able to move 6mm. Avoid the use of barrier creams as they may cause the fixation device to loosen.

Feeding tubes without an external bumper

If your feeding tube does not have an external bumper, please follow the advice of your healthcare professional and/or the manufacturers guidance.

BACK PRESSURE

If, after feeding, you feel a build up of wind in your stomach or feeding tube, take a break for 2 hours then open the cap on the feeding tube and let the tube release any excess gas. If the symptoms persist contact your GP, Public Health Nurse or Dietitian.

VOMITING

If you experience vomiting, contact your GP, Public Health Nurse or Dietitian.

DIARRHOEA

Check that hands and equipment are clean when setting up a feed. Diarrhoea is rarely due to tube feeding; it is more often associated with medications or a medical condition. If diarrhoea persists for more than one day, contact your GP, Public Health Nurse or Dietitian.

CONSTIPATION

If you have a problem with constipation contact your GP, Public Health Nurse or Dietitian.

GIVING SETS, SYRINGES AND FLEXITAINERS

Q: How do I obtain my feed and equipment at home? If you have a Medical Card (GMS)

A: Your feed comes from your pharmacy and the giving sets, syringes, flexitainers and sterile water are either arranged by your local public health nurse or come from your local pharmacy*. You will need to get a prescription from your GP/hospital doctor every month for your feed and your public health nurse will advise you how to obtain the giving sets, syringes and flexitainers.

* This may differ in some areas of the country, your public health nurse will advise you on how it works in your area.

Q: If you don't have a medical card but have a Drugs Payment Scheme (DPS) card

A: Your feed, giving sets, syringes, flexitainers and sterile water are available from your local pharmacy*. You will need to get a prescription from your GP/hospital doctor every month for your feed.

* This may differ in some areas of the country, your dietitian will advise you on how it works in your area.

Q: If you have a Long Term Illness (LTI) Card

A: Your feed, giving sets, syringes, flexitainers and sterile water are available from your local pharmacy. You will need to get a prescription for your feed, giving sets, syringes and flexitainers from your GP/hospital doctor every month.

NOTE

Contact your GP, Public Health Nurse or Pharmacist at least 7 days before you run out of feed, giving sets, flexitainers or syringes.



Q: How often do I need to change the giving set?

A: Every 24 hours – unless advised to do so more frequently by your Dietitian, Public Health Nurse or GP.

Q: What is the small tap on the side of the giving set used for?

A: This tap can be used for flushing medication.

Q: What should I do with the used giving set and feed container once I have finished with them?

A: Used giving sets and feed containers can be rinsed and discarded with your recycling or household waste.

Q: How often should my feeding tube be changed?

A: There are many different types of feeding tubes available. Recommendations for changing tubes vary greatly. It is advisable to check with your healthcare professional when you may need to have a new tube placed.

Q: If my giving set does not fit my feeding tube, who should I contact for a connector/adaptor?

A: Inside the pack with each giving set is an adaptor, which should enable your giving set to fit your feeding tube. If you are still having problems, contact the Hospital to Home helpline on **1800 22 11 66** or h2h@abbott.com, your Dietitian or Public Health Nurse.

FEED STORAGE

Q: How do I store my feed?

A: Any unopened bottles should be kept in a cool, dark place. Opened bottles should be kept in the refrigerator and discarded after 24 hours.

Q: How long will the feed last once it has been opened?

A: Opened feed will last for 24 hours. If the feed is stored in a refrigerator, ensure the feed is allowed to reach room temperature before use. Decanted feeds should be discarded after 8 hours, and reconstituted (powder) feeds discarded after 4 hours.

Q: If unopened how long will my feed last?

A: If unopened, the feed will last for up to 12 months, check the use by date clearly marked on the bottle or can.

Q: What should I do if I don't use all the feed in one go?

A: It may be that you do not need to use all the feed – your dietitian will have told you how much you need each day.

If you are having small quantities of feed at several intervals throughout the day (known as bolus feeding), then screw the cap back on the bottle and store the feed in the refrigerator. Ensure the feed is allowed to reach room temperature before use.



NOTE

When you receive a new pump, you will need to plug it in to initially charge the battery. This may sometimes take up to 30 mins before the pump can operate.

Q: What do I do if I want a short break in feeding when on pump feeding?

A: If your break is to be less than an hour, disconnect the giving set from your feeding tube, but leave the giving set connected to the bottle of feed. Flush your feeding tube thoroughly with water.

If your break is longer than one hour, disconnect the giving set from your feeding tube, but leave the giving set connected to the bottle of feed. Flush your feeding tube thoroughly with water. Place the bottle of feed and giving set in a clean area of the refrigerator. About one hour before you are ready to re-commence feeding, take the giving set and bottle of feed out of the refrigerator to allow the feed to reach room temperature before feeding.

PUMP

Q: What should I do if my pump stops working?

A: Follow the troubleshooting advice in the pump instruction booklet. If the pump is still not working, contact the Hospital to Home helpline on **1800 22 11 66**, who will be able to assist you or arrange a replacement pump for you.

Q: How high off the ground does the pump need to be?

A: Since the pump is mechanical and pushes the feed through the giving set, it will operate at ground level if necessary. However, it is recommended to attach the pump to a drip stand, which is placed on the bedside locker at shoulder height.

Q: Does the pump have a battery and how long does it last?

A: Yes, the pump has a battery, which will last for the following length of time, if fully charged (approximate):*

- **FreeGo pump** – 24 hours
- **Patrol pump** – 6 hours
- **ClearStar pump** – 24 hours

*These times are based on a rate of 85ml/hr

Q: Is the battery rechargeable?

A: Yes. However, while you are not moving around the house, we recommend the pump is kept plugged into the mains electricity to ensure that the battery is fully charged in case of a power failure.

Q: How long does it take to charge the battery fully?

As soon as the, LOW BATTERY, display appears, the pump should be connected to the mains electricity.



FreeGo Pump low battery display



FreeGo Pump



Patrol Pump



ClearStar Pump

NOTE

Please do not return your pump to the hospital. Pumps can be returned by contacting Abbott Hospital to Home on Freephone 1800 2211 66.



FreeGo Pump

NOTE

Only the FreeGo Pump is water resistant and can be rinsed under running water.

FREEGO PUMP

The battery charges fully in approximately 6 hours.

PATROL PUMP

The pump will fully recharge in a maximum of 4.5 hours, if the pump is connected to the mains electricity and is not in use. If the pump is in use, it will take 12 hours to recharge.

CLEARSTAR PUMP

It will take 8 hours to recharge if the pump is not in use and 12 hours when the pump is in use.

Q: How do I clean the pump?

FREEGO PUMP

Wipe the pump carefully and thoroughly with a soft damp cloth and warm soapy water. The pump is water resistant and can be rinsed under running water. Ensure that the pump is thoroughly dried after cleaning. **DO NOT IMMERSE THE FREEGO PUMP IN WATER.**

PATROL & CLEARSTAR PUMPS

Gently wipe the surface of the pump with a clean damp cloth. **DO NOT IMMERSE THE PUMP IN WATER.** Any accidental spillage of feed should be wiped away immediately. No cleaning agents should be necessary. However, feed deposits may be removed using warm water and a mild detergent.

Q: What should I do with my pump when I no longer need it?

A: Call the Hospital to Home helpline on **1800 22 11 66** or email h2h@abbott.com and the patient support coordinators will arrange for the pump to be picked up from you.

PUMPS

GIVING SETS

PUMP SPECIFIC ACCESSORIES

FreeGo



S665
Pack size 30
Description:
FreeGo Giving Set



S675
Pack size 30
Description:
FreeGo NPSA*
Giving Set



S405
Description:
FreeGo Adult
Backpack
**Other colour
options:**
Black S405
Blue S532
Red S530



S414
Description:
FreeGo
Replacement AC
Adaptor Charger



S407
Description:
FreeGo Dripstand



S404
Description:
FreeGo Paediatric
Backpack



S406
Description:
FreeGo Standard
Pole Clamp



S534
Description:
FreeGo extension
accessory cable

**Other colour
options:**
Black S404
Blue S533
Red S531

S413
Description:
12V Car Charger

Patrol



S615
Pack size 30
Description:
Patrol Giving Set



S660
Pack size 30
Description:
Patrol NPSA*
Giving Set

ClearStar



S580
Pack size 30
Description:
ClearStar Giving Set



S605
Pack size 30
Description:
ClearStar NPSA*
Giving Set



S595
Pack size 30
Description:
ClearStar
Ambulatory Giving Set



092201
Description:
Carrystar Bag



050400
Description:
CarryStar
Shoulder Bag

757301
Description:
Carrystar Insert

UNIVERSAL ACCESSORIES

OTHER

DRIPSTAND



800A00
Description:
Dripstand

FLEXITAINERS



M240
Pack size 30
Description:
Flexitainer 1000ml



M241
Pack size 30
Description:
Flexitainer 500ml



E790
Pack size: 30
Description:
Gravity Screw
Cap Giving Set



800A01
Pack size: 1
Description:
Bottle Hanger for
Recloseable Plastic
Bottle

The following terms will help you to better understand tube feeding.

Aspiration

When food or liquid accidentally goes into the lungs.

Bolus Feeding

Feeding method in which the feed flows from a syringe into the feeding tube.

Constipation

Bowel movements (stools) that occur infrequently and are very hard and sometimes painful to pass.

Diarrhoea

Frequent loose, watery bowel movements (stools).

Endoscopy

A method of looking inside the body using a flexible tube that has a small camera on the end of it. This instrument is called an endoscope.

Feeding Pump

A small machine, plug-in or battery-operated, that controls the amount of feed you receive.

Feeding Tube

Tube through which feed, water, medication and other fluids goes into the body.

Flexitainer (plastics)

An empty feed bottle which you can pour feed or water into.

Giving Sets

Tubing that goes from the feeding container via the pump, to the feeding tube.

Jejunum

The second part of the small intestine.

Nasoduodenal (ND) Tube

Tube inserted through the nose into the duodenum.

Nasogastric (NG) Tube

Tube inserted through the nose into the stomach.

Nasojejunal (NJ) Tube

Tube inserted through the nose into the jejunum.

Nutrients

Components of food that nourish the body. Protein, carbohydrate, fat, vitamins, minerals and water are all nutrients.

Percutaneous Endoscopic Gastrostomy (PEG) Tube

A type of feeding tube, that goes directly into the stomach through the skin. The PEG tube is placed under endoscopy.

Percutaneous Endoscopic Jejunostomy (PEJ) Tube

A type of feeding tube, that goes into the jejunum through the skin. The PEJ tube is placed under endoscopy.

Pump Feeding

Feeding method in which a mechanical pump moves feed, water and medications through the feeding tube.

Radiologically Inserted Gastrostomy (RIG) Tube

A type of feeding tube that is placed in the stomach under radiological* guidance.

Radiologically Inserted Jejunostomy (RIJ) Tube

A type of feeding tube that is placed in the jejunum under radiological* guidance.

Stoma

Opening in the abdominal wall through which a gastrostomy or jejunostomy tube enters the body.

Surgical Jejunostomy (JEJ)

A type of feeding tube that is surgically placed directly into the jejunum.

Tube Feed Products

Liquid food that has a balance of all the nutrients you need for a healthy balanced diet.

**using x-ray*



hospital to home

We're here to help...

1800 22 11 66

h2h@abbott.com

