

鼻胃管灌食護理指導-英文版

Nursing Guidelines for Nasogastric Tube Feeding

1. 洗手 Hand washing.

2. 準備用物：Prepare the necessities:

灌食空針 Feeding syringe、衛生紙 Toilet paper、溫開水 Warm water.

液體食物（牛奶、果汁、豆漿、蔬菜汁、米糊，或市售配方）或藥物。

Liquid food (milk、juice、soybean、vegetable juice、
semi-liquid rice cereal、or commercially available formulas)or medicine.

3. 協助病人採半坐臥或坐姿（45~60 度）以利食物灌入。

Tilt the patient by 30-45 degree to facilitate the feeding.

4. 確定鼻胃管在胃內，檢查方法：

Assure the accurate nasogastric tube position by:

①鼻胃管上刻度無滑出。Averting tube dislodging.

②空針反抽，有抽出胃內容物。Aspirating the gastric contents with the syringe.

5. 若反回抽量大於 50~100 cc，考慮延後灌食（約 30 分鐘後可再回抽）或少灌一餐。

Return all the aspirated gastric juice if it more than 150ml. Delay the
feeding if the undigested food is aspirated.

6. 反抽液為黑色或咖啡色，應先停止灌食，並告知醫護人員。

Immediately stop the feeding and notify the nursing staff if the black
or coffee fluid is aspirated.

7. 將針心、針筒分開，反摺鼻胃管末端，將針筒連接於鼻胃管末端，再將灌入物慢慢
注入針筒內，針筒需高於胃部 30~45 公分直至灌完為止。（若藥物無法溶解可將灌

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食空針之針心及針筒合併使用)。

Separate the syringe into the infusion needle and pump which enters the nasogastric tube , slowly amasses the diet and stays 30-45 cm higher than the stomach until the feeding is finished (Employ the syringe for the unsoluble formula).

8. 灌食完畢後，再灌入約 30 cc 的溫開水，將鼻胃管內食物沖入後，關閉管夾，或將鼻胃管末端反折塞入開口中。

With no more feeding , flush the nasogastric tube with the 30cc warm boiled water and clamp it or fold its end which goes into the infusion pump.

9. 清洗灌食空針後晾乾。

Clean and air dry the feeding syringe.

10. 灌食前應先完成拍背、翻身、抽痰等活動。

Back tapping , patient turning , and sputum suctioning are before feeding.

11. 每次灌入量不得超過 500cc。

Do not exceed 500cc for each feeding.

12. 如果灌食中病人咳嗽厲害或嘔吐，應停止灌食並讓病人側躺。

Cease feeding and help the patient lie on the side if they cough or vomit.

13. 灌完後維持半坐臥或坐姿 30 分鐘，以免造成吸入性肺炎。

Have the patient semi-recline or sit 30 minutes to avoid inhaling the tube-fed formula into the lungs.