

Enteral Nutrition Support











Medical Supplies for Care at Home Since 1957

Summer 2014

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Feeding Tube Site Care 101



Stoma site problems are the most common complications associated with feeding tubes. Regular assessment of the site is the key to prevention!

Daily

- Check for pain, redness, irritation and leakage around the stoma site.
 - -Rotate the external bolster 1/4 turn (not with J-tubes). It should rotate freely.
- Check the external bolster height in both sitting and supine position.
 - -There should be at least the thickness of a dime between the bolster and the skin.
 - -Too loose can cause leakage.
 - -Too tight can cause irritation.
- Clean the site, including underneath the external bolster, with mild soap and water.
- Keep the area dry.

Weekly

- Check balloon volume (if applicable) to test for leaks.
 - -Deflate the balloon by withdrawing water, noting the amount.
 - If >5 mL of the amount placed has been lost, notify physician/replace tube.
 - -Re-inflate with recommended amount of sterile water.
 - Do not use air, which may seep out and deflate the balloon.
 - Do not use saline, which may clog the access port.

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What's New at Shield?



Learn more at ShieldHealthCare.com

Every day, Shield HealthCare serves patients who need medical supplies for wound healing and prevention. Questions often arise about the most effective product usage. Shield employees have over 1,200 combined hours of specialized wound training from the Wound Care Education Institute®.

From incontinence-associated dermatitis to stoma site infections and pressure ulcers, Shield understands that skin issues are complex and affect the overall health and well-being of your patients. We invite you to visit our online community, where you will find helpful patient resources and articles.



- If you notice leakage around the stoma site:
 - o Adjust the external bolster height and/or balloon volume as needed.
 - o Apply a skin protectant or moisture barrier.
 - o Use a short-term dressing to absorb drainage.
 - o Keep the head of the bed at 30-45 degrees during and one hour after feedings.
 - o Adjust the volume of feeding as needed.
 - o Replace the tube if the stoma size has changed.
- Hypergranulation tissue (discolored, irritated and raised skin tissue around the stoma site)
 - o Prevent it by using only mild soap and water to clean the site.
 - Half-strength hydrogen peroxide should only be used occasionally to clean crusty debris not removable by water & mild soap.
 - o Stabilize the tube to restrict movement that may further irritate the skin.
 - o Treatment includes foam dressings to apply pressure and absorb moisture, silver nitrate sticks, moisture barriers & steroid creams.

Featured Product: CALORIE AND PROTEIN MODULARS

When your patient needs additional calories and/or protein for wound healing but doesn't tolerate the volume of more formula or food, modular products may be useful.







Come discover more

home tube feeding tips

ShieldHealthCare.com/community/nutrition

Healthy At Home

Tips for Keeping Your Tube-fed Patients in the Home

Celebrate **National Food Safety Education Month** (September) by encouraging your patients to follow these safe practices for tube feeding:

- Wash your hands before handling all formula equipment and supplies
- Refrigerate leftover formula and discard after 24 hours
- Follow formula hang time guidelines:

4 hours

Non-sterile powdered formula and human milk

8 hours

Sterile formula in an open system in a health care facility

12 hours

Sterile formula in an open system at home

24-28 hours

✓ Store unopened formula in a cool, dry area

Non-sterile powdered formula and human milk

PEDIATRIC CORNER

Nutrition For Pediatric Wound Healing

A new study out of **Seattle Children's Hospital** suggests guidelines to assess and manage the nutrition status of pediatric patients with complex wounds i.e., pressure ulcers, dehisced surgical wounds. A multidisciplinary team identified key components of the wound healing process:

- Formal nutrition assessment to evaluate nutritional needs and intake, weight status, labs, etc.
- Multivitamin and mineral supplementation for patients with one or more of the following: consuming less than 75% of estimated needs, 5% weight loss, BMI or weight/length of < 10% or > 95th percentile for age, < 90% ideal body weight, or growth failure.
- Increased protein intake (20-25% above current prescription) for non-healing wounds
- Evaluation of serum zinc and vitamin C levels and supplementation when deficiency is suspected and/or confirmed.





SEASONAL TIP: Vitamin D and Your Skin

Your body uses UVB exposure from sunlight absorbed by your skin to make vitamin D. Experts recommend 5 to 30 minutes of sunlight exposure between 10 am and 3 pm at least twice weekly. Multiple factors, however, affect your body's ability to make vitamin D from sunlight:

- Complete cloud cover reduces UV rays by 50%.
- Shade cover reduces UV rays by 60%.
- Sun exposure through glass does not produce vitamin D.
- Sunscreen with SPF > 8 blocks most UV rays (although most people don't apply enough to prevent partial exposure).
- The darker your skin, the less UVB it can absorb.

If many of the above factors apply to you, you may need to get more vitamin D from food to meet the 600 International Units (IU) recommended daily. Ask your doctor if you should also take a vitamin D supplement.

Food	Amount in International Units	Percent Daily Value
Cod Liver Oil, 1 Tbs	1,360 IU	340%
Salmon (sockeye), 3 oz	447 IU	112%
Tuna packed in water,	154 IU	39%
3 oz		
Orange Juice, fortified	137 IU	34%
Milk, 1 cup	120 IU	30%
Fortified margarine, 1 Tbs	60 IU	15%
Egg Yolk, 1 large	41 IU	10%

Caregiver Corner



September is National Preparedness Month!

Make sure you're prepared for anything with these steps:

Be informed. Find out about which types of disasters, including natural, technological and home fires are likely to occur in your area. Be on the alert for wireless emergency alert text messages on your cell phone.

Make a plan. Be sure your family knows what to do before, during and after an emergency. Download the Family Communication plan at http://www.fema.gov/media-library/assets/documents/34330

Build a kit. Set aside enough food, water and supplies to last at least 3 days.

- Choose foods your family will eat and that are low in salt, which will increase thirst: salt-free crackers, whole grain cereals and low-sodium canned foods with a high liquid content.
- If you or a family member depends on a feeding pump for nutrition, keep an Emergency Gravity Feeding Kit from Shield HealthCare on hand.

Get involved. Join the National Preparedness Community for tips, links, discussions and events at

community.fema.gov

shieldhealthcare.com



Meet Your Local RDs...



Trina Boland MS, RD, LD



Amy Long Carrera MS, RD, CNSC, CWCMS



Mary Kuehl MS, RD, CNSC



Lisa Zaccaro RD, CWCMS



Annie Muto MS. RD



Question

What should I do if my G-tube comes out?

Answer

Your patient's feeding tube may become dislodged or the balloon may fail to stay inflated. If this happens, keep the tube in place with tape and cover the area until a tube can be successfully reinserted at the doctor's office or emergency department.

If left open, the hole can close up within a few hours!

Shield Enteral Nutrition Support Program A d v a n t a g e

- Pump setup within 4 hours of discharge in most cases
- · Direct dietitian-physician communication
- Wellness checks and quarterly nutrition screenings
- Clinical and nutrition in-services for your staff
- Fewer hospital visits for your patients
- On-staff RDs available for questions and troubleshooting

References:

Kimberly-Clark Health Care Education: Care and Maintenance of the Stoma Site and Feeding Tube

A.S.P.E.N. Enteral nutrition practice recommendations. JPEN, March 2009. Federal Emergency Management Agency: Ready.gov

Office of Dietary Supplements

Thompson KL, et al. Nutrition Interventions to Optimize Pediatric Wound Healing: An Evidenced-Based Clinical Pathway. Nutr Clin Pract. published online 28 May 2014.

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