

Lothian Enteral Tube Feeding Best Practice Statement

MEDICINE ADMINISTRATION VIA THE ENTERAL FEEDING TUBE ROUTE

ISSUE	STATEMENT	REFERENCE
General information	<p>Administration of medicine(s) via an enteral feeding tube should only be undertaken after other routes of administration have been considered</p> <p>Buccal and sublingual tablets can be used, even if the patient is 'nil by mouth', providing they are producing and managing saliva.</p> <p>Administration of medicine via an enteral feeding tube generally falls outside a medicine product license/marketing authorisation</p> <p>Check with a pharmacist regarding medicine administration via an enteral feeding tube. To minimise tube blockage or drug-nutrient interactions.</p> <p>If medicine is to be given covertly then the appropriate documentation should be completed.</p> <p>For patients requiring insulin consideration must be given to the timing of feed and insulin administration.</p> <p>Enteral feeding regimen should be taken into consideration when any new medications are prescribed.</p>	<p>White, R & Bradnam, V (2011) Handbook of Drug Administration Via Enteral Feeding Tubes. 2nd Edition. Pharmaceutical Press</p> <p>Smyth J (2012) The NEWT guidelines for the administration of medication to patients with enteral feeding tubes or swallowing difficulties. Second edition.</p> <p>Lothian Joint Formulary - http://www.ljf.scot.nhs.uk/Pages/default.aspx</p> <p>Covert Medication http://www.mwscot.org.uk/media/51790/Covert%20Medication.pdf</p>

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Problem medicines:

- Phenytoin, Digoxin and Carbamazepine: Blood levels may be affected by feeds, these should be checked regularly. It may be necessary to increase the dose.
- Antacids: The metal ions in the antacids bind to the protein in the feed and can block the tube. Consider using alternative drugs.
- Penicillins: Feed may reduce the absorption, a higher dose may be needed. If possible stop feed 1 hour before and 2 hours after administration.
- Other antibiotics: Levels of antibiotics such as ciprofloxacin, tetracyclines and rifampicin can be significantly reduced by feed. Consider other alternatives or increase doses or adjust feeding regimen as required.

(This list is not exhaustive)

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Giving liquid Phenytoin by enteral feeding tube	<p>Adults</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>When phenytoin capsules are substituted for phenytoin liquid, serum level monitoring is advised and the dose should be adjusted accordingly. The dosage form and volume of liquid should always be documented on the patient's prescription chart to avoid confusion.</p> </div> <ol style="list-style-type: none"> 1. Give phenytoin as a single daily dose. 2. Stop enteral feed 2 hours before administration of phenytoin and recommence 2 hours after dose. <p>OR</p> <p>Suspend feed between 10pm and 6am (that is, during sleeping hours) and give phenytoin as a single dose at midnight (this allows 6 hours for medicine absorption).</p> <ol style="list-style-type: none"> 3. Dilute phenytoin suspension with at least equal parts (at least 20ml) of water. 4. Flush enteral tube with plenty of water before and after administration. <p>Paediatrics</p> <ol style="list-style-type: none"> 1. Flush enteral feeding tube with 5-10ml water before and after administration. 2. Stop enteral feed 1 hour before administration and recommence 1 hour after dose has been given. 3. Dilute phenytoin suspension with an equal volume of water. 	

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Table 1: Cytotoxic medicines / Prostaglandins / Hormone antagonists

These should NOT be crushed due to risk of staff exposure.

Contact your clinical pharmacist before administration.

For example:

- Altretamine (Hexalen[®])
- Aminoglutethimide (Orimeten[®])
- Anastrozole (Arimidex[®])
- Azathioprine (Imuran[®])
- Bicalutamide (Casodex[®])
- Busulphan (Myleran[®])
- Chlorambucil (Leukeran[®])
- Ciclosporin (Neoral[®]/Sandimmun[®]/SangCya[®])
- Cyclophosphamide (Endoxana[®])
- Cyproterone acetate (Cyprostat[®])
- Estramustine (Estracyt[®])
- Etoposide (Vepesid[®])
- Exemestane (Aromasin[®])
- Flutamide (Chimax[®]/Drogenil[®])
- Formestane (Lentaron[®])
- Hydroxyurea (Hydrea[®])
- Idarubicin (Zavedos[®])
- Letrozole (Femara[®])
- Lomustine (CCNU[®])
- Melphalan (Alkeran[®])
- Mercaptopurine (Puri-Nethol[®])
- Methotrexate (Maxtrex[®])
- Misoprostol (Cytotec[®]/Arthrotec[®]/Napratec[®])
- Mycophenolate (CellCept[®])
- Procarbazine (Natulan[®])
- Razoxane
- Tacrolimus (Prograf[®])
- Tamoxifen (Novaldex[®]/Embolon[®]/Fentmox[®]/Tamofen[®])
- Temozolamide (Temodal[®])
- Thioguanine (tioguanine / Lanvis[®])
- Toremifene (Fareston[®])
- Treosulphan
- Tretinoin (Vesanoid[®])

This list is NOT exhaustive