15.6: Checklist for Enteral Tube Medication Administration

Use the checklist below to review the steps for completion of “Enteral Tube Medication Administration.”[1]

**Steps**

Disclaimer: Always review and follow agency policy regarding this specific skill.

Follow Steps 1 through 12 in the “Checklist for Oral Medication Administration.”

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13. Prepare each medication individually in its own cup. Crush pills, open capsules, and pour liquid medication into a medication cup. Dilute the medication in 5 to 10 mL of water.
14. If administering medication to a patient who is receiving intermittent or continuous tube feeding, stop the feeding based on the following guidelines:
   ◦ 1-2 hours prior to medication administration if medication is incompatible with feeding
   ◦ 1 hour prior to medication administration if placement is to be assessed via the pH method
   ◦ 30 minutes prior to medication administration if the medication should be given on an empty stomach
   ◦ Immediately before medication administration if medication can be given with food
15. If the enteral tube is attached to suction for gastric decompression, disconnect.
17. Elevate the head of the bed at least 30-45 degrees, preferably to high Fowler’s position, to prevent aspiration.
18. Verify tube placement according to agency policy. (For more information on verifying tube placement, review the “Enteral Tube Management” chapter.)
19. Using a 60-mL syringe, flush the tube with at least 15 mL of water to verify patency.
20. Administer diluted medication. When administering multiple medications, each medication should be administered separately to prevent tube clogging. Flush between each medication with 15 mL of room-temperature water (unless contraindicated for the patient). For more information about preventing tube clogging, see the “Enteral Tube Management” chapter.
21. After all medications are administered, flush the tube with at least 15 mL of tepid water. If there is a risk of fluid overload, the amount of fluid used to flush between medications may be modified according to agency policy. However, it is essential to flush the tube when beginning and ending medication administration to prevent tube clogging.
22. If the tube is to be reattached to suction, clamp the enteral tube for 20-30 minutes (or the amount of time specified in the order) to permit medication absorption. If the enteral tube is attached to a continuous tube feeding, the feeding should be resumed when appropriate.
23. Elevate the head of the bed for 60 minutes after medication administration or at all times if continuous feeding is being given.
24. Record the total amount of water used to flush the tube on the client’s intake and output record.
25. Document medication administered on the MAR/eMAR.
26. Assist the patient to a comfortable position, ask if they have any questions, and thank them for their time.
27. Ensure safety measures when leaving the room:
   ◦ CALL LIGHT: Within reach
   ◦ BED: Low and locked (in lowest position and brakes on)
   ◦ SIDE RAILS: Secured
   ◦ TABLE: Within reach
   ◦ ROOM: Risk-free for falls (scan room and clear any obstacles)
28. Perform hand hygiene.
29. Document the medication administration and related assessment findings. Report any concerns according to agency policy.
30. Evaluate the patient’s response to the medication within the appropriate time frame.

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