

**neonatal
solutions**

Polyurethane Enteral Feeding Tube

Length 16"

Size 5 French

(Approx. Priming Vol. 0.30 mL)

WARNING: For Enteral Feeding Only. Not for I.V. Use.

DIRECTIONS: Can be used in the patient for up to 30 days with proper care and maintenance.

Not made with natural rubber latex.

STERILE EO

R_x Only



Single Use Only



See Directions

LOT 179999



2017-10-13

Manufactured for:
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Not made with Diethylhexylththalate (DEHP).

R_x Only

CAUTIONS:

Contents are sterile in an unopened, undamaged package. Do not use this device if opened or damaged.

Do not re-sterilize.

Warning: Prior to use read all package insert warning, precautions and instructions. Failure to do so may result in severe patient injury or death.

Polyurethane feeding tubes are fragile and must be handled with care. Forceps, clamps, and sharp instruments can damage polyurethane feeding tubes.

Clinicians should not remove the hub from the feeding tube.

The infant's age, clinical conditions, and ability to feed orally will determine the method of feeding.

Trained personnel well versed in anatomical landmarks, safe technique, and potential complications must perform the procedure.

INDICATIONS FOR USE:

The TwistLok® Enteral Feeding Tube is intended to be placed into the stomach or duodenum, nasogastrically or orogastrically, for the introduction of enteral fluids and/or oral medication. The TwistLok Enteral Feeding Tube is disposable and single use only.

WARNINGS:

This device has the potential to misconnect with small bore connectors of other healthcare applications.

The feeding tube is not intended for individual use longer than 30 days, or in patients with congenital anomalies of the GI tract above the stomach requiring surgical intervention. Follow the hospital feeding tube replacement and maintenance procedures as applicable.

RECOMMENDED PROCEDURE:

Use clean technique.

Ensure this device is only connected to an enteral port and not to an I.V. set.

Insertion Measurement: measure from the tip of the nose to the earlobe and then from the earlobe to midway between the xyphoid process and umbilicus. Centimeter markings are provided on the catheter to assist in the feeding tube placement.

A strip of sterile tape can be placed at the target insertion depth of the feeding tube for reference.

Insert the tube slowly and cautiously into the mouth or nose (lubricant is optional); allow the infant to swallow as the tube is advanced.

Continue to advance to the predetermined length. Precautions: avoid inadvertent placement of the tube into the trachea or inadequate insertion such that the proximal side hole is not fully placed in the stomach.

Secure the feeding tube either by holding the tube or taping to the patient before checking for placement.

Verify feeding tube placement:

- Inject 1cc – 2cc of air while auscultating over stomach with stethoscope and listen for air entry.
- Aspirate back 1cc – 2cc of air and check for residual gastric content.

Finalize securement and verify by radiography, as desired and if the tip placement remains uncertain reposition or remove.

Document the procedure according to hospital procedures and/or policies.

MAINTENANCE:

The feeding tube should be checked for correct position and visibility of tube marking each time the tube is used.

Auscultate to ensure proper tube placement before each use.

Routinely inspect patient's nostril and mouth for tolerating feeding tube position.

Flush feeding tube with sterile water before and after use.

Keep feeding tube closed with tethered closure component when tube is not in use.

FEEDING TUBE REMOVAL:

Flush the feeding tube with 0.5cc – 1cc of sterile water.

Close the tethered closure component and/or clamp the feeding tube during tube removal to minimize the risk of aspirating fluids into the trachea during withdrawal.

Gently and slowly withdraw the feeding tube and discard per standard procedures.

Document the feeding tube removal.