

GENERAL NURSING CARE FOR NEWBORNS WITH **ENTERAL NUTRITION**



1 HANDWASHING

Wash hands with soap and water or use alcohol-based hand sanitizer before manipulation. Follow hygiene protocols.

2 IDENTIFICATION

Ensure correct patient identification.

3 CLINICAL ASSESSMENT

Assess the patient's clinical status.

4 SELECTION OF THE FEEDING TUBE

Choose the appropriate size feeding tube based on the patient's weight and anatomical characteristics.

5 TUBE PLACEMENT

Verify correct placement of the nasogastric tube (NGT). Secure the tube to the nose or cheeks to prevent accidental displacement and bronchoaspiration.

6 POSITIONING

To reduce the risk of aspiration during enteral feeding, elevate the head of the bed to 30-45°.

7 DIET

Verify that the diet to be administered matches the one prescribed by the physician in terms of quantity and composition.

8 CONCENTRATION AND FLOW RATE

Administer the diet at the appropriate concentration and flow rate. Avoid high speeds to prevent gastric content reflux.

9 TOLERANCE

Monitor diet tolerance by measuring gastric contents. If greater than 20 mL, reintroduce the liquid into the stomach and suspend feeding.

10 TUBE FLUSHING

Flush the tube with water after feeding to prevent obstruction and milk fat residue buildup on the tube walls.

11 BRONCHOASPIRATION

Keep the patient in the supine position with the head turned to the side and elevated at 30-45° to prevent bronchoaspiration in case of regurgitation or vomiting.

12 TUBE MOBILIZATION

Change tube fixation and mobilize the tube every 24-48 hours to prevent bacterial growth and oral-pharyngeal lesions.

13 NUTRITIONAL FORMULAS

Powdered formulas, breast milk, or nutritional supplements should not be left at room temperature for more than 4 hours. Follow proper hygiene protocols at all times. It is preferable to use sterile liquid formulas over powdered formulas.