

# 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.