

FEEDING BLENDERIZED FOOD

UNDERSTANDING THE POTENTIAL ISSUES WHEN DELIVERING FOOD-BASED FORMULAS WITH ENTERAL FEEDING PUMPS

The availability of high-quality commercially blenderized food has provided a variety of nutrition options previously unavailable to tube-fed patients. However, these food-based formulas can sometimes impact enteral pump performance. With just a little planning, patients can enjoy both the benefits of food-based formulas and the convenience of enteral feeding pumps.

WHAT IS THE ISSUE?

Enteral feeding pumps are thoroughly tested for delivery accuracy using a variety of commercially available formulas. For several reasons, using blenderized formulas in pumps can affect performance and accuracy.



Blenderized Foods

With the rapid proliferation of commercially available blenderized food formulas, manufacturers aren't able to test their pump with each and every formula to ensure accuracy.



Variable Consistency

These blenderized formulas are of various consistency or thickness. Some are very thick while others are not. Formula consistency may impact the pump's accuracy.



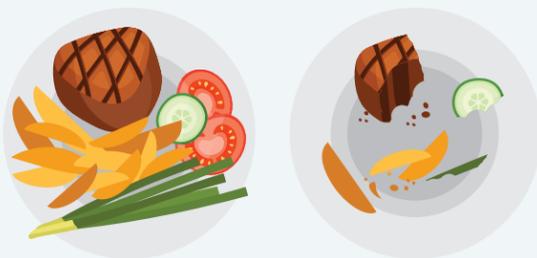
Unique Ingredients

Some blenderized formulas may also contain sticky solids or other ingredients that can obstruct or interfere with a pump's sensors, which can impact accuracy.

The consistency and ingredients in commercially prepared feeding solutions may cause the pump to occlude and alarm. Some pumps may be able to deliver these thicker formulas, but at a slower rate than is indicated on the pump. In these situations, the pump may indicate that the formula has been delivered, when in fact, it has yet to deliver the full amount.

A FEEDING EXAMPLE

This simple visual example illustrates what happens during under delivery.



A full plate of food

With a full plate of food, it is easy to see how much food there is at the beginning of the meal (top left).

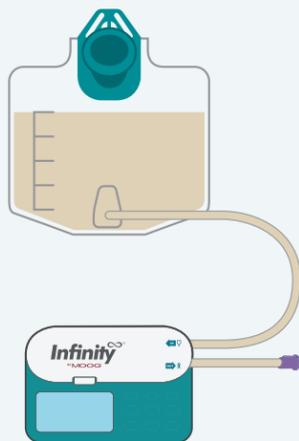
Was all the food eaten?

And afterwards, you can see how much is left and know exactly how much was eaten (top right).

Placing food on the plate doesn't mean it will actually be eaten. Similarly, checking to see how much formula remains in the bag and tubing after a feeding shows exactly how much was delivered.

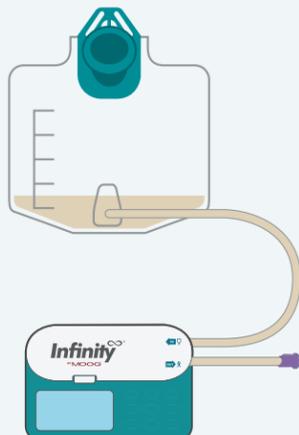
A full feeding bag

Filling an enteral feeding container prior to feeding is much like putting food on the plate.



Was all the formula delivered?

And afterwards (after the pump stops), you can see how much remains and how much was actually delivered.



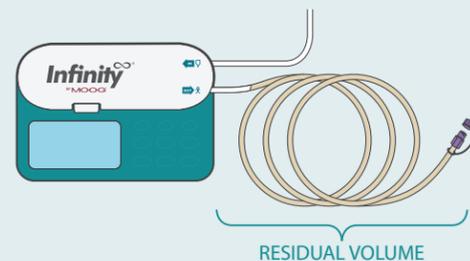
PLANNING AHEAD

The simplest way to compensate for potential issues when using blenderized food, **and in keeping with best clinical practice**, is to always put the prescribed amount of food plus any **residual fluid** in the bag, and then keep feeding until the food in the bag is delivered.

Residual fluid is the food left in the tubing after a feeding is delivered. All enteral feeding pumps have residual fluid.

$$\text{Total amount desired for feeding} + \text{Residual fluid} = \text{Minimum fluid required in bag set}$$

This is the minimum amount that should be added to the bag. More fluid can be added as appropriate.



If using an Infinity pump, use the following example of a 500 mL feeding as a guide. Note: Infinity pumps have a residual volume of 11.5 mL

$$500 \text{ mL} + 11.5 \text{ mL Residual fluid} = 511.5 \text{ mL}$$

511.5 mL is the minimum amount that should be added to the bag. More fluid can be added as appropriate.

If the pump alarms and indicates that the feeding is completed, but there is still formula in the bag, simply resume feeding until all the formula is delivered.

Note: Always check with your health care provider if the pump behaves differently than expected.



For more information on Residual Volume, scan the QR code to the left or click the link below.

<https://www.moogmedical.com/compensate-residual-volume/>