

Questions to ask before administering any drug via an enteral feeding tube;

- Can the patient still take medications orally?
- Would another route of administration be more appropriate?
- Is the medication essential?
- Is the enteral feeding tube in the correct position as per care bundle?

For each medication, either check drug monograph in the Handbook of Drug Administration via Enteral Feeding Tubes/NEWT, speak with a pharmacist or contact the Pharmacy Dispensary. Do NOT crush any medication unless specifically advised

Stop any feeds and flush with at least 30ml sterile water

Prepare each medication separately using a 60ml enteral/oral syringe – never mix

### Liquids

Shake bottle well and draw up dose into a 60ml syringe.  
**NB:** For small volume liquids, measure dose using an appropriate size syringe to ensure accuracy, and then transfer into a 60ml syringe for administration

### Tablets

Place tablet in barrel of a 60ml syringe

Draw up 10ml sterile water leaving space and attach bung

Allow tablet to disintegrate shaking if necessary – larger tablets may require 50ml water

Inspect syringe for large visible particles that could block tube

### Capsules or Soluble Tablets

Open capsule and pour contents/place tablet into a medicines pot

Add 15-30ml of sterile water – stir to disperse if required

Draw up into a 60ml syringe

Administer medication via feeding tube

Draw 10ml sterile water into administering syringe and flush down feeding tube to ensure whole dose has been given.  
Flush with further 10ml sterile water between each medication.

Flush with at least 30ml sterile water after last medication administered

Restart feed following break if required

Administering a medication via an enteral feeding tube generally falls outside of a drugs product licence and is not normally advised. The prescriber/practitioner should first be consulted, and accepts liability for any adverse effects resulting from administration in this way. Only a doctor can authorise this practice for a consenting patient.

### General Points

- Wash hands and wear gloves
- Use a 60ml enteral/oral syringe for all drugs and flushes
- Ensure appropriate route prescribed on drug chart e.g. NG, NJ, PEG
- Liquids or soluble tablets are preferred formulations to be administered via a feeding tube
- Seek advice for fluid restricted patients – record all volumes and flushes on the fluid balance chart.

### Medicine that should NEVER be dispersed or crushed

- Enteric Coated (EC)
- Modified release e.g. MR, SR, XL, LA
- Cytotoxics/hormones e.g. methotrexate, azathioprine, mercaptopurine
- Chewable tablet (e.g.: Tegretol Retard Chewtabs), buccal and sublingual tablets

### Problem Drugs

- Drugs with narrow therapeutic window e.g. phenytoin, warfarin, digoxin, carbamazepine, theophylline. Blood levels may be affected - check regularly
- Antacids containing metal ions e.g. aluminium hydroxide may bind to proteins in the feed and block the tube
- Drugs may interact with the feed e.g. ciprofloxacin, tetracycline, penicillin causing reduced drug absorption. Give the medication during the break in the feeding regime if possible

### References

Handbook of Drug Administration via Enteral Feeding Tubes – Accessed July 2021  
BAPEN: Administering Drugs via Enteral Feeding Tubes: A Practical Guide; 2017

Updated July 2021; Appendix 6 from [UHSC035 - Policy for the Safe Insertion and Care of Nasogastric Feeding Tubes in Adults](#)