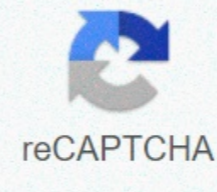




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J tube medication administration

A 55-year-old woman with a primary diagnosis of ovarian cancer with RD peritoneal carcinosis. He has a history of well-controlled epilepsy, GORH and HTN. No drug allergies. A jejunostomy tube (J-tube) RD was placed about 1 month ago while her cancer was hospitalized for complications from intestinal obstruction. RD lives at home with her husband and 3 children, two of whom are in college. Rd hopes his son will graduate from high school in two months, so I want to continue J-tube nutrition. Available medications: Acetaminophen 20mL (650mg) VJT mild to moderate pain every 4 hours or 99.5° FAcetaminophen 650mg PR required for light every 4 hours or temp > 99.5° FBisacodyl 10mg supp PR required for constipation every 3 days Hyoscyamine 0.125mg/mL – 1mL SL over-secretes every 4 hoursLevetiracetam Required fortam100mg/mL oral solution – 5mL (500mg) VJT seizures lorazepam 2mg/mL conk soln 0.0... .25mg VJT twice a day magnesium 30mL VJT required for daily constipation As required for 25mL SL anxietyMorphine 20mg/mL 0.5mL (10mg) SL as needed for severe pain every 2 hoursOmeprazol 20mg cover 1 0mL sodium bicarbonate 8.4% VJT daily refluxProchlorperazine 25mg supp PR every 12 hours nausea and vomiting With Jevity 1.2 Cal continuous tube feeding – 08:00 and 08:00 cut for drug managementRD has a history of 3-4 loose stools per day over the last week. He's got abdominal cramps, but no nausea/vomiting, and afebril. His excrement is negative for C. difficile. Ten days ago, her tube feeding formula was replaced with more fiber after RD noted that it was difficult to pass her feces. He and his family are reviewing other formulas that demand a drug remedy for diarrhea in the short term that can provide a better balance of fiber. I wonder if they ® use pepto Bismol (bismut subsalicylate) as they have some of the suspension house. What are some important terms and attention of enteral tubes?1-5Enteral feeding tube size:Small hole (5-12 Fr) – Liquid drugs ONLY Large hole (≥ 14 Fr)Insertion location and end location:Oro – mouthOrogastric (OG) inserted – ends in the stomachNaso – added with noseNasogastric (NG) – ends in the stomachNasoduodenal (or post pyloric) – duodenumNasojejunal (NJ) ends – ends jejunumPercutaneous – with the abdominal wall and is commonly placed endoscopically. A permanent system (stoma) occurs after 3 weeks at the insertion site. Gastrostomy (G-tube) – inserted into the stomach by termination in the stomach, percutaneal endoscopic gastrostomy (PEG) tubeJejunostomy (J-tube) – inserted into the jejunum with termination of the jejunum, percutaneal endoscopic jejunostomy (PEJ) tube, percutane gastrojejunostomy (PEGJ) tubeAll function:Enteral nutrition – drug application can be used for aspiration or drainage – NOT SUITABLE for drug applicationEnteral nutritional transmission method: Continuous or bolus? If it is continuous, feeding must be stopped for drug treatment. If the patient receives bolus nutrition, the drug application should be timed between feedings. WHY IS IT IMPORTANT TO KNOW THE NUTRITION Termination ZONE BEFORE APPLYING THE DRUGS? Gastric food is an acidic environment that is confused with enzymes to continue the breakdown process initiated by the mouth. The food is then mixed with pancreas, gallbladder and liver secretions through peristalsis through the small intestinal pathway. Jejunum and ileum are responsible for the absorption of nutrients, while the duodenum is largely responsible for continuous shredding. Large intestines (checker, colon, rectum, anus) are responsible for processing waste and facilitating the emptying of the intestines.6 Apply drugs through the oral pathway when possible. Drugs for oral application (for ingestion) are designed with the intention of traveling to each site in the GI system. Some may require an acidic environment of the stomach to be effective (i.e., antacids, busmutate, sucralfate) and others can be predominantly absorbed in the duodenum (i.e., quinolone antibiotics) instead of jejunum and ileum.2,3,5 by jumping one of these organs with a J-tube, for example, potentially change its effectiveness, making it important to understand individual drug properties. WHAT ARE SOME OTHER DRUG ADMINISTRATION CONSIDERATIONS?1-7 Reference drug monographs for administrative guidance on the drug. Should a specific time interval be allowed before and/or after the drug is given? (that is, levothyroxine should be applied on an empty stomach) Drugs should not be added enteral feed for administration. Drug-nutrient interactions can occur with constant enteral nutrition. Taking into account holding tube feeding for at least one to two hours before and after drug administration if drug absorption may be affected. Several drugs are given at the same time, each should be applied separately. Flush tube with at least 5-10mL water between drugs. Liquid preparations:Solutions (preferred)Suspensions – granules can be too large or too viscous to pass through the feeding tube – more than 10 grams of sorbitol per day can cause gas and bloating and cause 15 grams > diarrhea per day. In addition, these dosage forms are clustered when water is added and the tube can be clogged - avoid if possible.3 Soluble tablets (preferred) – fully soluble in water - are completely soluble in water but may require large volumeDispersible tablets – small perforated tubes break down in water to give particles or granules that can be too large for application with Orodispersible tablets – are designed to distribute over the tongue. Application via tube varies depending on the drug – some formulations small perforated tubes are not suitable for buccal/sublingual tablets – NOT SUITABLE for application with INTERAL feeding tubes. The oral mucous memosis and bypass of the liver are designed to be absorbed through the metabolism of the first passage. They are useful alternatives for patients who have NPO or are able to swallow. Compressed tablet - immediately free, non-coated. In this form most tablets are dissolved in water without pre-crushing. Consider crushing tablets as a last resort because part of the drug disappears in a transfer or is distributed in the air. Solid dosage forms that do not break down (just release immediately):Make sure tablets can be crushed8 Make sure the busses contain dust (not granules) and can be turned on. Granules increase the risk of tube blockage. Enteric coated tablets:This form is NOT SUITABLE for application with enteral feeding tubes. Enteric coating is added to tablets to prevent stomach acid deterioration. This coating increases the risk of drug loss and must be removed before application, which reduces the dose of delivery drugs. In addition, the risk of tube obstruction increased when the drug was applied with pristine coating whether crushed or crushed. Extended osmation formulations:As a general rule, these forms should not be applied with enteral feeding tube. Some capsule formulations include microcapsulated pellets. These capsules can be opened and left intact (NOT crushed) and applied with adequate washing.3 Note there is still an increased risk of drugs sticking to tube and/or tube obstruction. Consult a pharmacist before management. Drugs with microcapsulated pellet contain solutions for expanded osical capsules of potassium chloride and Kadian® (morphine extended oscut) encapsulation.This dosage form varies widely depending on individual drug characteristics. Although bioavailability is unknown in the majority of cases, cost constraints and risks with confusion on the intended route are generally not recommended when compared to oral forms. Acetylcysteine, vancomisin and vitamin K solution for injection are examples of drugs commonly used for enteral management.3General management guidelines:1. Stop enteral feeding for continuous feedings 2. Flush tube with 10-30mL water For all solutions, dilute up to 30mL. Some undiscovered solutions hyperzomos and thus draw water into the GI pathway to dehydrate osmlalite - this causes bloating, cramping and/or diarrhea.3 For suspensions, shake the drug For thoroughly effervesant tablets, add the battery in the appropriate amount with the appropriate amount of water, for soluble, dispersible, orodispersible and compressed tablets to provide effervesant without spilling, remove the oral syringe piston and place the tablet in the barrel of the syringe, then replace the piston. Pull 10mL of water into the syringe and let the tablet melt, swinging as needed. For immediately free tablets that do not break down, use a mortar and mortar to crush the tablet(s) into a fine powder. Add 5mL of water to crush more to form a dough. Add 5-10mL more water and continue mixing paste to create a suspension for immediately free capsules containing powder, open a capsule into the container of a suitable size and add water to dissolve. Stir and add additional water to form a suspension.3. Apply medication with feeding tube 4. Flush tube with 10-30mL water 5. For continuous feeds, the drug Pharmacist Assessment: After the application of bismuth subsalicylat (Pepto Bismol®), the feed restart, bismut oxychloride and salicylic acid hydrolysis must be in the stomach acidic environment to pass through hydrolysis, and bioavailability may have decreased when this site was omed by J-tube application. Loperamide (Imodium®) is a more practical option. Therapeutic response is not affected by jejunal application and can be used as an oral solution and suspension to loperamide. Even in the form of suspension, the loperamide is not viscous and pulls into a syringe and cleans down small perforated tubes without resistance and mixes well with water. Recommendations Pepto Bismol® J-tube stomach, jumps into the ovary, and an oral solution is available in over-the-counter and is effectively applied with a J-tubeLoperamide 1mg/5mL oral solution, because it will not be effective for RD like other diarrhea drugs recommend caregivers; 10mL (2mg) VJT now, then 10mL VJT after each shapeless stool, do not exceed 8 doses (16mg) per day. DOWNLOAD A COPY OF THIS CASE STUDY Click here to download a copy of this case study, Drug Administration with Feeding Tube. For additional information on this topic, please refer to these references: references:

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