Positioning and Tube Feeding

Guidelines And Considerations

Fran Dorman, PT, MHS
Consultant
Clinical Services Bureau
Reflux with Tube Feeding

- Combination of gravitational back flow and impaired gastro-esophageal sphincter function
- Greatest with NG tube
- 30% of tracheostomies
- 12.5% of neurological patients
Aspiration

- Aspiration of secretions
- Secretions colonized with bacteria
Studies form ICU

- Patient vent dependent and fed via tube
- Decreased risk of aspiration when head of the bed was elevated at least 30°

Bowman et al. (2005)
Recommendation for Practice

- Head of bed elevated 30° to 45°
- During and for 30 to 60 minutes after feeding

Kenny and Goodman Care of the Patient with Enteral Tube Feeding: An Evidence-Based Practice Protocol
Physical Therapy

- Research regarding positioning
- But not related to enteral feeding
Positioning

- Shared domain
- PT can learn from nurses
- Nurses can learn from PT
Other Considerations

- Fixed deformities
- Skin problems
- Abnormal muscle tone/control
- Oxygen transport issues
Fixed Deformities

- Scoliosis
- Kyphosis
- Hip deformities
- Combination of all of the above
Scoliosis

- Different curves
  - S
  - C
- Rotational component
- Positioning issues
  - Collapsed side
  - Oblique pelvis
    remember the hips
Kyphosis

- Head placement and managing oral secretions
- 30° of elevation and rib cage
Hip Deformities and Positioning

- Fixed adduction
- Fixed abduction
- Lack of hip flexion
- Fixed hip flexion
Combination

- Often deformities are combined
Abnormal Muscle Tone

- Extensor tone
- Flexor tone
Skin Integrity

- Shear and skin breakdown
Oxygen Transport

- Best O² transport
- Value in change
Behavioral Considerations

- Ability to move out of prescribed position
- Habitual poor posture
Some Oral Intake

- Impact of pelvis on head
- How do we look at head position
- 90-90-90
- Equipment
Where to Begin?

- The pelvis
Most Common Problem

- Posterior pelvic tilt

Causes
- Lack of hip flexion
- Tight hamstring
- Chair of wheelchair seat depth
Normal Spinal Curves
Head Position

- Recommendation from SLP literature
  - Sit upright
  - Tuck chin
  - Avoid chin elevation
What we mean

- In study 3 of 5 different positions were identified as chin tuck posture

Okada 2007
Looking at Head Posture
When Sitting Upright May Not Be Best

- Fixed kyphosis
- Tilt-in-space
Check the Chair/Wheelchair

- Seat to floor
Seat Depth

Seat too long
Hangers on Wheelchairs

- Tight hamstrings and 70° hangers
Trunk Rotation

- Back to seat angle
- Midline positioning and fixed hip abduction or adduction