Giving enteral medications

Giving medication to a patient through an enteral tube is something many nurses do as part of their usual practice. Nurses understand that in the current healthcare climate practice should be based on the best available evidence, not on ritual or convenience. However, the reality of actually doing this seems futile when in many practice-related areas the best available evidence may well be unknown. Until very recently, this was true for administering enteral medication. A systematic review has been conducted to find out the best available evidence and the full review is available in the September issue of *International Journal of Evidence-Based Healthcare* (Phillips and Nay 2007).

The systematic review considered issues such as the use of liquid and solid forms of medication, preparing these, checking tube position before giving medication and the associated flushing of tubes. Different types of enteral tubes were included; nasogastric, nasointestinal, orogastric, percutaneous endoscopic gastrostomy, and jejunostomy tubes. The evidence was quite limited. One example relating to small-diameter nasoenteral tubes is that flushing with 30mL of water when giving medications or irrigating a tube may reduce the number of tube occlusions. The systematic review was also valuable in clearly identifying specific areas that need to be researched.

Establishing the best available evidence is the first step in bringing about effective change in practice. The systematic review will be a key resource in the future development of practice-related guidelines that consider giving enteral medication.

REFERENCES


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