



neonatal  
solutions

## Directions for Use

### PVC Enteral Feeding Tube

#### TwistLok®

#### R<sub>x</sub> Only

Not made with natural rubber latex.

Not made with Diethylhexylphthalate (DEHP).

#### WARNINGS:

- The TwistLok Enteral Feeding Tube is not intended for intravascular or intravenous use.
- This device has the potential to misconnect with small bore connectors of other healthcare applications.
- The PVC feeding tube is not intended for individual use longer than 3 days, or in patients with congenital anomalies of the GI track above the stomach requiring surgical intervention. Follow the hospital feeding tube replacement and maintenance procedures as applicable.

#### CAUTIONS:

- Contents are sterile in an unopened, undamaged package. Do not use this device if opened or damaged.
- Do not re-sterilize.
- Do not remove the hub from the feeding tube.
- The patient's age, condition, and ability to feed orally will determine the method of feeding.

#### INDICATIONS FOR USE:

- The TwistLok Enteral Feeding Tube is intended to be placed into the stomach or duodenum, nasogastrically or orogastrically, for the introduction of enteral fluids and/or oral medication. The TwistLok Enteral Feeding Tube is disposable and single use only.

## **RECOMMENDED PROCEDURE:**

- Use clean technique.
- Ensure this device is only connected to an enteral port and not to an I.V. set.
- Measure with the tube from the tip of the patient's nose, to their earlobe, and down to the xyphoid process, and note the centimeter mark on the feeding tube or physically mark the tube at this level for reference insertion depth.
- Insert the tube, nasogastrically or orogastrically, into the patient's stomach until the reference centimeter mark or physical mark is reached. Lubricant is optional during the insertion process.
- Ensure that the tube is not inadvertently inserted into the trachea and down into the lungs.
- Temporarily secure the feeding tube by holding in place or taping to the patient prior to checking for placement.
- To verify the feeding tube placement, inject 1 cc to 2 cc of air into the hub of the feeding tube while listening for air in the stomach using a stethoscope. Aspirate back the 1 cc to 2 cc of air and check for residual gastric content.
- Once the placement is verified, secure the feeding tube.
- When attaching a TwistLok syringe or extension set to the feeding tube, twist the male and female connections together to ensure a secure connection.

## **MAINTENANCE:**

- Verify the correct position of the feeding tube prior to each use by verifying the centimeter or physical mark location has not changed into the patient.
- Inject 1 cc to 2 cc of air into the hub of the feeding tube while listening for air in the stomach using a stethoscope before each use.
- Check the patient's nostril or mouth to ensure the feeding tube is being tolerated by the patient.
- Flush the feeding tube with sterile water before and after use.
- Secure the hub with the tethered plug when the feeding tube is not in use.

## **FEEDING TUBE REMOVAL:**

- Flush the feeding tube with sterile water.
- Secure the hub with the tethered plug during the feeding tube removal to minimize the risk of aspirating fluids into the trachea during withdrawal.
- Remove the feeding tube and discard per hospital protocol.



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