



Home Enteral Nutrition Support Program

# Welcome Guide

**Refresh**<sup>™</sup>  
HOME ENTERAL NUTRITION SUPPORT

*Expert. Compassionate. Effective.*



A program of APRIA HEALTHCARE®

(844) 260-1788 • [apria.com/Refresh](http://apria.com/Refresh)



## Welcome to the Refresh™ Home Enteral Nutrition Support Program

We want to give you a warm welcome to the Refresh Home Enteral Nutrition Support Program.

In this program you will be provided with the tube feeding formulas, equipment, and supplies prescribed by your physician. You will also be provided the top level of service and compassionate care. Apria will contact you monthly to monitor your progress with your home tube feeding therapy and answer any questions you might have.

You should always make sure that you have a minimum of 5 days of supplies and formula on hand. If you become low on supplies at any time, please call us to reorder.

As our customer, you will have access to:

- Registered Dietitians: Our Nutrition Support Dietitians screen all patients, develop nutrition plans, manage home tube feeding, provide education, and answer questions.
- All patients are re-screened routinely to monitor response to therapy and identify any signs of problems, such as dehydration or weight loss.

- Knowledgeable, experienced, and dedicated customer service professionals: They are available 24 hours a day, 7 days a week. Just call us toll-free at **(844) 260-1788** with any questions regarding supplies, service, or nutrition therapy.

Your first 3 days of supplies will be provided at the time of your equipment set up. The remainder of your first month's supplies will be shipped to your home shortly thereafter. Additional supplies will be shipped to your home on a monthly basis. Please be sure to inspect all supplies upon receipt and contact us if you have any questions.

Please accept our personal welcome to Apria Healthcare and our Refresh Home Enteral Nutrition Support Program. We look forward to serving you.

Kindest regards,

*Your Refresh Home Enteral Nutrition Support Team*

**(844) 260-1788**

**Refresh™**  
HOME ENTERAL NUTRITION SUPPORT



## Patient/Caregiver Acknowledgement

Your Apria representative will review the items on this checklist with you. After you have reviewed each item, please check the appropriate box. Then sign and date at the bottom, remove the checklist from your manual, and return it to Apria.

- |  |  |
|--|--|
| <input type="checkbox"/> Welcome to the Refresh Home Enteral Nutrition Support Program<br><input type="checkbox"/> Apria's Staff and Services<br><input type="checkbox"/> Managing Your Supplies<br><input type="checkbox"/> Pumps<br><input type="checkbox"/> EZ Mode Instructions with Trouble Shooting Guide Quick Reference Card<br><input type="checkbox"/> Pump Feeding<br><input type="checkbox"/> Safe Practices for Home Tube Feeding<br><input type="checkbox"/> Fire Safety<br><input type="checkbox"/> Tips to Avoid Falling | <input type="checkbox"/> Notice of Privacy Practices<br><input type="checkbox"/> Patient's Rights and Responsibilities |
|--|--|

### Additional Resources

- Joey Pump User Manual DVD
- Loading and Rinsing Feeding Pump Flyer
- EZ Mode Instructions with Trouble Shooting Guide Quick Reference Card
- Opt-In Enteral Refill Program Enrollment Form (enrollment is optional)
- Refresh Welcome Guide

The patient or caregiver acknowledges that he/she has received, been instructed in, and understands the items on the checklist above. In addition, the listed *Additional Resources* have been provided.

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 Patient/Caregiver Signature

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 Date

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 Apria Representative

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 Date

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 Please PRINT Name

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 Please PRINT Name



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## *Apria's Staff and Services*

Apria's Refresh Home Enteral Nutrition Support Program will provide the supplies, equipment, and formula necessary for your home tube feeding therapy.

### **Apria's dedicated team of professionals**

Our highly-skilled team of Nutrition Support Specialists is here to help you and your family adjust to home tube feeding, providing resources and personalized care that includes:

- Educational tools, materials, and resources that can help you with your home tube feeding
- 24/7 customer service support dedicated to enteral nutrition patients

Nutrition Support Dietitians will help manage your home tube feeding and will work with your physician and healthcare team to develop a plan to follow so that you take in enough calories and other nutrients. Our dietitians are available to answer any questions you have or help with problems that may arise.

Our enteral nutrition support team simplifies the nutrition management process and is dedicated exclusively to the support of tube feeding patients.

### **Feedback on our services**

Apria is among America's most experienced and respected homecare providers, and our patient satisfaction scores are consistently high. It is possible, however, that you may have a concern and we always welcome feedback. To voice a concern, you should take these steps:

- Call our Enteral Nutrition Support Customer Service at **(844) 260-1788**  
OR
- Contact us by email at:  
Patient\_Satisfaction@apria.com  
OR
- Visit our website at **apria.com** and select from the menu under tab for **Contact Us**.

## *Managing Your Supplies*

### **Initial delivery**

A member of the Apria team will most likely provide your initial delivery of supplies to your home or to your hospital room before discharge. The delivery will vary depending on your specific needs, but may include a feeding pump and pole, formula, and other supplies. This delivery will include enough supplies to last 3 days. The rest of your first month's supplies will be shipped to your home.

### **Recurring orders and clinical follow-up**

Your nutrition support team will contact you monthly, by live agent or auto dialer, to assist you in managing your equipment and supplies. During this time, they will also ask you questions about your current health status and how things are going with your home tube feedings. These questions may take a few minutes to answer, but please remember, they are very important for the proper management of your care.

### **Delivery of supplies**

Before each delivery, an Apria team member will call you to discuss what supplies you need and arrange for the next monthly delivery to your home. Deliveries will arrive by UPS or a similar carrier. If you have any concerns about a delivery you have received, please call us immediately. Please call us toll-free at **(844) 260-1788** with any questions regarding supplies, service, or nutrition therapy.

### **Don't run out of supplies**

Although we make every effort to reach out to our customers, we encourage you to call us when you are down to 5 to 7 days' worth of formula and supplies in order to prevent you from running out.

## *Pumps*

Your therapy may require the use of an electronic enteral feeding pump.

**IMPORTANT: Please return your pump at the completion of therapy.** Contact your local branch to make arrangements.

## Some things to keep in mind

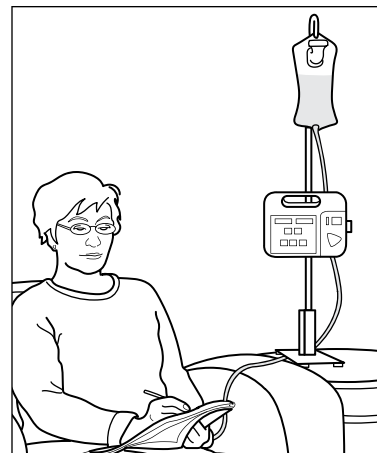
- This pump is a delicate medical device, so it's important that you take good care of it, clean it, and store it, according to the manufacturer's instructions.
- If your equipment is damaged or malfunctions at any time, please contact Apria to arrange for a replacement.
- If at any time you have a question or concern related to your feeding pump, please contact Apria's enteral call center at **(844) 260-1788**.

## Returning your pump to Apria

**This is medical equipment you are renting from Apria, which you'll need to return to Apria at the end of your therapy.** Upon completion of your therapy, please call the Enteral Nutrition Support Team at **(844) 260-1788** to arrange a pickup of the pump by our local Apria branch representative.

## Pump Feeding

For formula to be infused over a longer period of time, an electronic feeding pump can be used, which is programmed to deliver a prescribed volume of formula per hour. Feeding pumps will come with detailed instructions on how to operate them, and you will also be shown how to operate it by Apria. **Please read the card "EZ Mode Instructions with Trouble Shooting Guide."**



1. Wash your hands thoroughly with soap and water. Clean the top of the formula can with a damp paper towel. Shake the can and then open it.
2. To reduce the risk of food-borne illness, fill your feeding bag with just enough canned formula for up to 12 hours of infusion. If you are using

powdered formula or breast milk, fill your feeding bag with enough canned formula for up to 4 hours of infusion.

3. Turn on the pump.
4. Insert the tubing that is attached to the feeding bag into the feeding pump.
5. Remove the cover from the end of the tubing attached to the feeding bag.
6. Follow the directions to “prime the pump,” or in other words, get the formula to flow to the tip of the tubing.
7. If needed, program your pump with the prescribed dose or VTBD (volume to be delivered).
8. Set the prescribed infusion rate on the pump.
9. Snugly insert the tip of the tubing into the feeding tube port.
10. Begin infusing the formula.
11. When feeding is complete, turn the pump off.
12. Flush the feeding tube with the desired amount of water.

13. If needed, rinse out the feeding bag with lukewarm water between feedings. Throw away the feeding bag after 24 hours of use.

## *Safe Practices for Home Tube Feeding*

Just like food, tube feeding formula needs to be handled carefully to prevent spoilage and food-borne illness. Follow the tips below to help make your tube feeding safe.

- Your formula should be stored in a cool, dry place.
- Wash your hands thoroughly before preparing or giving any tube feeding formula or touching any tube feeding equipment. Simple hand washing is the easiest way to prevent the spread of bacteria.
- If you do not thoroughly wash your hands before touching your tube feeding equipment or formula, the bacteria on your hands can cause food-borne illness. People with food-borne illness experience often experience stomach upset, nausea, vomiting,

diarrhea, and/or infection. If you experience any of these symptoms, it is important to contact your healthcare professional.

- Take a damp paper towel and wipe off the top of the can of formula before opening. This will prevent any dust or debris from getting into the formula.
- Once a can of formula has been opened, it needs to be refrigerated. Discard any refrigerated formula that has not been used within 24 hours.
- Be aware that like any food, tube feeding formula may become contaminated with bacteria if left at room temperature for too long. To reduce the risk of food-borne illness, fill the feeding bag with only enough canned formula for 12 hours. If using breast milk or powdered formula that is mixed with water, fill the feeding bag with just enough formula for 4 hours.
- When the max hang time has expired (4 or 12 hours, depending on your formula), rinse the feeding bag with water before adding more formula.

**Never add fresh or new formula to a bag of existing formula.**

## Help stop the spread of germs

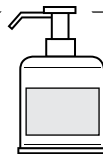
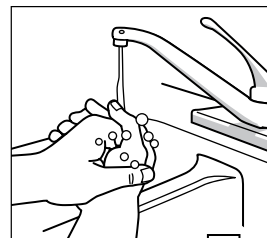
### Cover your cough

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Put your used tissue in a waste basket.
- You may be asked to put on a mask to protect yourself and others.



### Wash your hands after coughing or sneezing

- Wash your hands for 20 seconds with soap and warm water.
- If soap and water are unavailable, clean your hands with antimicrobial hand sanitizer.



# Fire Safety

Take the time now to prepare — it can save lives!

## An ounce of prevention...

### Smoke alarms

- Install a smoke alarm outside of each sleeping area and on each additional level of your home.
- Install smoke alarms INSIDE sleeping areas if people sleep with their doors closed.
- Test smoke alarms once a month by pressing test buttons.
- If an alarm fails the test or starts making beeping noises, replace batteries immediately.
- Replace ALL smoke alarm batteries at least once a year.

### Fire extinguishers

- Consider purchasing one or more fire extinguishers to keep in your home.
- Read the instructions to understand how your fire extinguisher works, and make sure all family members understand how to use it.

- Read the instructions to find out how to check if your extinguisher is in working order, and how frequently it needs to be checked.

### Escape ladders

- Consider installing escape ladders for upstairs rooms.
- Learn how to use your escape ladder.
- Store ladders close to windows.

### Flashlights

- Keep flashlights throughout your house and make sure everyone knows where they are located.
- Check batteries regularly.

## Planning can prevent panic

### Escape routes

- Figure out at least two ways for escaping for every room in your home.
- Everyone living in your home should be familiar with these escape routes.

## Practice

- At least twice a year, practice using your escape plans.
- Practice crawling because you may need to escape by crawling under smoke, where the freshest air will be.

## Meeting place

- Decide on a location where everyone will meet outside your home after escaping from a fire.
- A meeting place is important so that you can quickly see if everyone has escaped.

## If a fire occurs...

### Making your escape

- If there is smoke or fire in one escape route, use another route.
- If there is no way to avoid smoke, remember to stay low and crawl under the smoke, where the freshest air will be.
- If you want to escape by opening a closed door, FIRST check to see if the door feels warm before opening it. If it is warm, do NOT open the door. Instead, use another route.

## Blocked escape routes

If all of your escape routes are blocked by smoke, heat or flames:

- Stay in the room and keep any doors closed.
- Keep out smoke by piling rugs, blankets or pillows along the bottom of any doors.
- If there is a phone in the room, call 911 and tell them where you are.
- Signal out a window for help using a brightly colored cloth, sheet, towel, or flashlight.
- Stay as close to the floor as possible, near a window or door.

## After escaping

- Go to a neighbor's house and call 911 as soon as possible.
- NEVER go back inside a burning house. Once you're outside, stay outside!
- When firefighters arrive, tell them if you think anyone is still inside.

## *Tips to Avoid Falling*

Taking a tumble is the most frequently reported accident in the home. Reduce your chances of falling by making home improvements and changing some habits.

### **Look around your home**

#### **Floors**

- Keep the areas where you walk free from clutter, electrical and telephone cords, and other small objects that might be easily overlooked.
- Secure loose rugs and mats with carpet tape or attach non-slip backing.
- For tile or wooden floors, avoid wax or use non-skid wax.
- Stairs should have flat surfaces. Repair holes or tears in carpeting and make sure it is well attached.
- Eliminate raised thresholds if possible or make them highly visible.

#### **Lighting**

- Make sure it's easy to turn on a light BEFORE entering every room in your home.
- Keep night lights turned on in hallways, bedrooms, and bathrooms.
- Make sure you can easily turn on a light while in bed, before getting up.
- Place flashlights in convenient locations throughout your home, and check their batteries regularly.
- Light switches should be available at both the top and bottom of all stairs.
- Stairway lighting should be bright enough to clearly see all steps.

#### **Bathrooms**

- Tub and shower floors should have non-skid surfaces (strips or mats).
- Consider installing grab bars inside the bath or shower areas and next to the toilet.
- Consider installing a raised toilet seat.



## **Kitchen**

- Frequently used items should be kept on lower shelves or other places that are easy to reach.
- You should have a sturdy step stool that is easy to use, preferably with a handrail. Do NOT stand on a chair to reach anything.

## **Stairs**

- Sturdy handrails should be installed in all stairways and kept in good repair.

## **Outside your home**

- Steps should have flat surfaces and be kept in good repair.
- All steps should have handrails, preferably on both sides of the steps.
- For better traction, steps can be painted with a mixture of sand and paint.
- During the winter, keep all entrances and sidewalks clear of snow and ice.

- All entrances should be well lit.
- Consider installing ramps (with handrails).

## **Reconsider personal habits**

- When walking, stay alert to unexpected obstacles — cords, furniture, pets, toys, etc.
- Avoid rushing to answer phones or the door.
- Take time to make sure your balance is steady before sitting up or standing.
- Wear shoes that are supportive and snug fitting, with low heels and non-slippery soles.
- Don't walk around with only socks on your feet.
- If carrying packages, make sure your view isn't blocked and that you have a hand free for opening doors, holding onto railings, or steadying your balance.
- Keep alert for uneven, broken, or slippery pavement, sidewalks, and ramps.
- Don't rush to cross streets, especially if wet or icy.
- Consider using a cane or walker.

- Find out if your medications might make you feel dizzy, drowsy, or unsteady.
- If you live alone, keep in regular contact with friends, family, or neighbors.

### **For emergencies**

- Keep emergency phone numbers posted where they can be easily seen. Consider whether they will be visible if you fall.
- Make sure you can easily reach a phone when in bed.

### **If you fall**

1. **Call 911** and other emergency contacts.
2. Stay warm by covering up with a blanket, coat, towel, rug, or whatever you can reach.
3. Consult a physician, even if you don't think you've been seriously hurt. Falling may indicate problems with medications or be a symptom of illness or a condition that needs treatment.

## *Notice of Privacy Practices*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **I. Who We Are**

This Notice describes the privacy practices of your home healthcare company.

### **II. Our Privacy Obligations**

We are required by law to maintain the privacy of your protected health information ("**PHI**"), to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to notify affected individuals following a breach of unsecured PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

### **III. Permissible Uses and Disclosures Without Your Written Authorization**

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

**A. Uses and Disclosures for Treatment, Payment, and Healthcare Operations.** We may use and disclose PHI, but

not your **“Highly Confidential Information”** (defined in Section IV. D below), in order to treat you, obtain payment for equipment and services provided to you, and conduct our “healthcare operations” as detailed below:

- **Treatment.** We use and disclose your PHI to provide treatment and other services to you—for example, to treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.
- **Payment.** We may use and disclose your PHI to obtain payment for equipment and services that we provide to you—for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your healthcare (**“Your Payor”**). We may also use and disclose your PHI to verify that Your Payor will pay for healthcare, including disclosures to Your Payor’s eligibility database.
- **Healthcare Operations.** We may use and disclose your PHI for our healthcare operations, which include internal administration and planning and various activities that improve the quality and cost-effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our clinicians and

other healthcare workers. We may also disclose PHI to your other healthcare providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain healthcare operations, such as quality assessment and improvement activities, reviewing the quality and competence of healthcare professionals, or for healthcare fraud and abuse detection or compliance.

**B. Disclosure to Relatives, Close Friends, and Other Caregivers.** We may use or disclose your PHI to a family member, other relative, a close personal friend, or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we: (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative, or a close personal friend, we would disclose only information that we believe is directly relevant to the person’s involvement with your healthcare or payment related to your healthcare. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death.

**C. Public Health Activities.** We may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U. S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

**D. Victims of Abuse, Neglect, or Domestic Violence.**

If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

**E. Health Oversight Activities.** We may disclose your PHI to a health oversight agency that oversees the healthcare system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

**F. Judicial and Administrative Proceedings.** We may

disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

**G. Law Enforcement Officials.** We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

**H. Decedents.** We may disclose your PHI to a coroner or medical examiner as authorized by law.

**I. Organ and Tissue Procurement.** We may disclose your PHI to organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

**J. Research.** We may use or disclose your PHI without your consent or authorization if an Institutional Review Board or Privacy Board approves a waiver of authorization for disclosure.

**K. Health or Safety.** We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

**L. Specialized Government Functions.** We may use and disclose your PHI to units of the government with special functions, such as the U. S. military or the U. S. Department of State under certain circumstances.

**M. Workers' Compensation.** We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

**N. As Required by Law.** We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

#### **IV. Uses and Disclosures Requiring Your Written Authorization**

**A. Use or Disclosure with Your Authorization.** For any purpose other than the ones described above in Section III, we only may use or disclose your PHI when you grant us your written authorization (“**Your Authorization**”). For instance, you will need to execute an authorization before we can send your PHI to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

**B. Marketing.** We must also obtain your written authorization prior to using your PHI to send you any marketing materials (“**Your Marketing Authorization**”). However, we may communicate with you about products or services relating to your treatment, case management, or care coordination, or alternative treatments, therapies, providers, or care settings without Your Marketing Authorization unless we receive financial remuneration from a third party whose product or service is being described in exchange for making the communication. Further, we can provide you with marketing materials in a face-to-face encounter without obtaining Your Marketing Authorization. We are also permitted to give you a promotional gift of

nominal value, if we so choose, without obtaining Your Marketing Authorization.

**C. Sale of PHI.** With certain exceptions, we must also obtain Your Authorization for any disclosure of PHI if we receive remuneration from or on behalf of the recipient of the PHI in exchange for the PHI.

**D. Uses and Disclosures of Your Highly Confidential Information.** In addition, federal and state laws require special privacy protections for certain highly confidential information about you (“**Highly Confidential Information**”). We will comply with such special privacy protections which may cover the subset of your PHI that is about: (1) mental health and developmental disabilities services; (2) alcohol and drug abuse prevention, treatment, and referral; (3) HIV/AIDS testing, diagnosis, or treatment; (4) venereal disease(s); (5) genetic testing; (6) child abuse and neglect; (7) domestic abuse of an adult with a disability; (8) sexual assault; or (9) abortion.

#### **V. Your Rights Regarding Your PHI**

**A. For Further Information; Complaints.** If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Physician and Patient Relations Department. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human

Services. Upon request, the Physician and Patient Relations Department will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

**B. Right to Request Restrictions.** You may request restrictions on our use and disclosure of your PHI: (1) for treatment, payment, and healthcare operations; (2) to individuals (such as a family member, other relative, close personal friend, or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction, except that we must agree to a request to restrict disclosure of PHI to a health plan if:

- (1) the disclosure is for the purposes of carrying out payment or healthcare operations and is not otherwise required by law; and
- (2) the PHI pertains solely to a healthcare item or service for which the healthcare provider involved has already been paid out of pocket in full. If you wish to request restrictions, please submit a written request to our Physician and Patient Relations Department. A form to request restrictions is available upon request from the Physician and Patient Relations Department.

**C. Right to Receive Confidential Communications.** You may request, and we will accommodate, any reasonable request for you to receive your PHI by alternative means of communication or at alternative locations.

**D. Right to Revoke Your Authorization.** You may revoke Your Authorization, Your Marketing Authorization, or any written authorization given to us by you in connection with your Highly Confidential Information, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Physician and Patient Relations Department identified below. A form of written revocation is available upon request from the Physician and Patient Relations Department.

**E. Right to Inspect and Copy Your Health Information.** You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please submit a written request to the Physician and Patient Relations Department. You may obtain a record request form from the Physician and Patient Relations Department. Requests for a copy of a limited amount of your medical or billing records (e.g., a prescription) maintained by us may be made orally. We may, however, require that you submit a written request to the Physician and Patient Relations Department.

**F. Right to Amend Your Records.** You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please send a written request for the amendment, including the reason for the amendment, to the Physician and Patient Relations Department. You may obtain a form to request an amendment from the Physician and Patient Relations Department. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

**G. Right to Receive an Accounting of Disclosures.** Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during the six-year period prior to the date of your request.

**H. Right to Receive Paper Copy of This Notice.** Upon request, you may obtain a paper copy of this Notice even if you have agreed to receive it electronically.

## **VI. Effective Date and Duration of This Notice**

**A. Effective Date.** This Notice is effective as of September 16, 2013.

**B. Right to Change Terms of This Notice.** We reserve the right to, meaning we may, change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new

notice. If we change this Notice, we will post the new notice in waiting areas at our facility and on our Internet site. You also may obtain any new notice by contacting the Physician and Patient Relations Department.

## **VII. Physician and Patient Relations Department**

You may contact the Physician and Patient Relations Department at:

Physician and Patient Relations Department  
26220 Enterprise Court  
Lake Forest, California 92630  
Telephone Number: (800) 260-8808  
Facsimile Number: (949) 587-0089

## *Patient's Rights and Responsibilities*

### **PATIENT/CLIENT BILL OF RIGHTS**

**As a patient/client of Apria Healthcare, you have the rights which include, but are not limited to the following:**

1. Be given information about your rights for receiving homecare services.
2. Receive a timely response from Apria Healthcare regarding your request for homecare services.

3. Be given information about Apria Healthcare policies, procedures and charges for services.
4. Choose your homecare providers.
5. Be given appropriate and professional quality homecare services without discrimination against your race, color, creed, religion, sex, national origin, sexual preference, handicap, or age.
6. Be treated with courtesy and respect by all who provide homecare services to you.
7. Be free from physical and mental abuse and/or neglect.
8. Be given proper identification by name and title of everyone who provides homecare services to you.
9. Be given the necessary information regarding treatment and choices concerning rental or purchase options for durable medical equipment so you will be able to give informed consent for your service prior to the start of any service.
10. Be given complete and current information concerning your diagnosis, treatment, alternatives, risks and prognosis as required by your physician's legal duty to disclose in terms and language you can reasonably be expected to understand.
11. A plan of service that will be developed to meet your unique service needs.
12. Participate in the development of your plan of care/service.
13. Be given an assessment and update of your developed plan of care/service.
14. Be given data privacy and confidentiality.
15. Review your clinical record at your request.
16. Be given information regarding anticipated transfer of your homecare to another healthcare facility and/or termination of homecare service to you.
17. Voice grievance with and/or suggest change in homecare services and/or staff without being threatened, restrained, and discriminated against.
18. Refuse treatment within the confines of the law.
19. Be given information concerning the consequences of refusing treatment.
20. Have an advance directive for medical care, such as a living will or the designation of a surrogate decision maker, respected to the extent provided by the law.
21. Participate in the consideration of ethical issues that arise in your care.

## **THE PATIENT'S RESPONSIBILITIES**

**Apria Healthcare and its personnel have the right to expect from you, our patient, your relatives and friends, reasonable behavior which takes into consideration the nature of your illness or predicament.**



**These responsibilities include, but are not limited to the following:**

1. Give accurate and complete health information concerning your past illnesses, hospitalization, medications, allergies, and other pertinent items.
2. Assist in developing and maintaining a safe environment.
3. Inform Apria Healthcare when you will not be able to keep a homecare visit.
4. Participate in the development and update of your homecare plan of service/treatment.
5. Adhere to your developed/updated homecare plan of service/treatment.
6. Request further information concerning anything you do not understand.
7. Contact your physician whenever you notice any unusual feelings or sensations during your plan of service/treatment.
8. Contact your physician whenever you notice any change in your condition.
9. Contact Apria Healthcare whenever your insurance company or plan changes.
10. Contact Apria Healthcare whenever you have an equipment problem.
11. Contact Apria Healthcare whenever you have received a change in your homecare prescriptions.

12. Contact Apria Healthcare whenever you are to be hospitalized.
13. Give information regarding concerns and problems you have to an Apria Healthcare staff member.
14. Contact Apria Healthcare prior to any change of address.
15. Contact Apria Healthcare if you acquire an infectious disease during the time you are receiving services and/or care from Apria Healthcare, except where exempted by law.

**Medicare DMEPOS Beneficiary Statement**

DMEPOS suppliers have the option to disclose the following statement in order to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by Apria Healthcare are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.

## Interpretation Service Available

**English translation:** Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

<b>Arabic</b>	عربي 
أشتر إلى لغتك. وسوف يتم جلب مترجم فوري لك. سيتم تأمين المترجم الفوري مجاناً.	
<b>Armenian</b>	Հայերէն 
Յոյց տուլք ո՞ր մէկ լեզուն կը խօսիք՝ Թարգմանիչ մը կանչել կը տանք. Թարգմանիչը կը տրամադրուի անվճար.	
<b>Cantonese</b>	廣東話 
請指認您的語言， 以便為您提供免費的傳譯服務。	
<b>French</b>	Français 
Pointez vers votre langue et on appellera un interprète qui vous sera fourni gratuitement.	
<b>German</b>	Deutsch 
Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird gerufen. Der Dolmetscher ist für Sie kostenlos.	

<b>Hindi</b>	हिंदी 
अपनी भाषा पर इंगित करें और एक दुभाषिया बुलाया जाएगा। दुभाषिये का प्रबंध आप पर बिना किसी खर्च के किया जाता है।	
<b>Hmong</b>	Hmoob 
Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus. Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.	
<b>Italian</b>	Italiano 
Puntare sulla propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.	
<b>Japanese</b>	日本語 
あなたの話す言語を指して下さい。 無料で通訳を提供します。	
<b>Khmer (Cambodian)</b>	ខ្មែរ (កម្ពុជា) 
សូមចង្អុលភាសាអ្នក ។ យើងនឹងហៅអ្នកបកប្រែភាសាមកជូន ។ អ្នកបកប្រែភាសានឹងជួយអ្នកដោយមិនគិតថ្លៃ ។	

<b>Korean</b>	한국어 
귀하께서 사용하는 언어를 지적하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.	
<b>Laotian</b>	ພາສາລາວ 
ຂໍ້ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້. ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້. ທ່ານບໍ່ຕ້ອງເສຍເງິນຄ່າແປໃຫ້ແກ່ນາຍແປພາສາ.	
<b>Mandarin</b>	國語 
請指認您的語言， 以便為您提供免費的口譯服務。	
<b>Polish</b>	Polski 
Proszę wskazać swój język i wezwiami tłumacza. Tłumacza zapewniemy bezpłatnie.	
<b>Portuguese</b>	Português 
Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.	

<b>Russian</b>	Русский 
Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.	
<b>Spanish</b>	Español 
Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.	
<b>Tagalog</b>	Tagalog 
Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.	
<b>Thai</b>	ไทย 
ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาล่ามให้ท่าน การใช้ล่ามไม่ต้องเสียค่าใช้จ่าย	
<b>Vietnamese</b>	Tiếng Việt 
Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.	

# *Enteral Therapy Additional Resources*

The materials provided in this section include resources for use by you or your caregiver. If you experience any physical symptoms or changes in your medical condition, or have concerns about your specific therapy, contact your physician.

If you have questions about your equipment or wish to speak with our dietitians, please contact Apria's Enteral Nutrition Support at **(844) 260-1788**.

## Patient Information

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**To the patient and caregiver:** *The following pages can be used to record information that may be helpful for future reference by you and your healthcare team.*

### Important Contacts and Phone Numbers

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Home Health Agency \_\_\_\_\_ Phone \_\_\_\_\_

Supplies/Equipment Company Apria Healthcare Phone (844) 260-1788

Apria Dietitian phone number \_\_\_\_\_

### Home Tube Feeding Orders

*The prescription provided by your physician may be recorded in the section below.*

Formula name \_\_\_\_\_

Calories \_\_\_\_\_ Protein \_\_\_\_\_ Fiber \_\_\_\_\_ Fluid \_\_\_\_\_

Method:     Bolus (Syringe) Feeding     Pump Feeding     Gravity Feeding

Total volume per day (number of cans or mL volume per day): \_\_\_\_\_

If pump feeding: Pump rate \_\_\_\_\_ mL/hour    Water Flushes: \_\_\_\_\_

Advancement Schedule: \_\_\_\_\_

If bolus/gravity/intermittent feeding: \_\_\_\_\_ mL/hour (number of cans or mL volume per feeding) at the following times:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Feeding tube flushed every \_\_\_\_ hours with water at the following times:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Supply Information

Formula name \_\_\_\_\_

FEEDING TUBE:

Type \_\_\_\_\_ Manufacturer \_\_\_\_\_ Size (French) \_\_\_\_\_

FEEDING CONTAINER:

Type \_\_\_\_\_ Manufacturer \_\_\_\_\_ Changed every \_\_\_\_\_ (hours/day)

TUBING NEEDED TO ATTACH TO FEEDING CONTAINER:

Type \_\_\_\_\_ Manufacturer \_\_\_\_\_ Changed every \_\_\_\_\_ (hours/day)

PUMP:

Name \_\_\_\_\_ Manufacturer \_\_\_\_\_

## Daily Diary

*The following pages include a Daily Diary for monitoring your weight, formula and water intake, tube site condition and other information regarding your tolerance to home tube feeding therapy.*

# Daily Diary

Month \_\_\_\_\_

Formula Name \_\_\_\_\_

## Metric Conversion Table (Liquids)

STANDARD: 1 tablespoon 1 fluid ounce 1 cup 1 quart  
METRIC: 15 mL 30 mL 240 mL 960 mL  
(1 cc = 1 mL)

Date	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Weight							
Amount of Formula Taken							
Water Taken							
Other Food or Fluid							
Stool Frequency							
Stool Consistency							
Condition of Tube Site (Clean, Leaking, Red, Sore)							
Temperature							
Residual Check							
Physical Activity							



# Daily Diary

Month \_\_\_\_\_

Formula Name \_\_\_\_\_

## Metric Conversion Table (Liquids)

STANDARD: 1 tablespoon 1 fluid ounce 1 cup 1 quart  
METRIC: 15 mL 30 mL 240 mL 960 mL  
(1 cc = 1 mL)

Date	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Weight							
Amount of Formula Taken							
Water Taken							
Other Food or Fluid							
Stool Frequency							
Stool Consistency							
Condition of Tube Site (Clean, Leaking, Red, Sore)							
Temperature							
Residual Check							
Physical Activity							

# Daily Diary

Month \_\_\_\_\_

Formula Name \_\_\_\_\_

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STANDARD: 1 tablespoon   1 fluid ounce   1 cup   1 quart  
METRIC:      15 mL              30 mL              240 mL      960 mL  
(1 cc = 1 mL)

Date	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Weight							
Amount of Formula Taken							
Water Taken							
Other Food or Fluid							
Stool Frequency							
Stool Consistency							
Condition of Tube Site (Clean, Leaking, Red, Sore)							
Temperature							
Residual Check							
Physical Activity							

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Month \_\_\_\_\_

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Weight							
Amount of Formula Taken							
Water Taken							
Other Food or Fluid							
Stool Frequency							
Stool Consistency							
Condition of Tube Site (Clean, Leaking, Red, Sore)							
Temperature							
Residual Check							
Physical Activity							

# Daily Diary

Month \_\_\_\_\_

Formula Name \_\_\_\_\_

## Metric Conversion Table (Liquids)

STANDARD: 1 tablespoon 1 fluid ounce 1 cup 1 quart  
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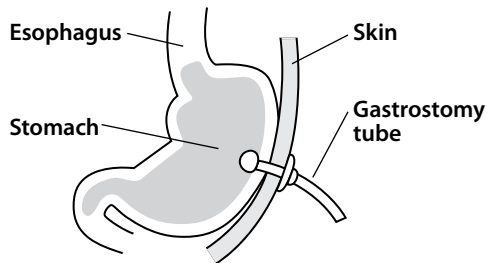
Date	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Weight							
Amount of Formula Taken							
Water Taken							
Other Food or Fluid							
Stool Frequency							
Stool Consistency							
Condition of Tube Site (Clean, Leaking, Red, Sore)							
Temperature							
Residual Check							
Physical Activity							

## Getting Started with Home Tube Feeding

Feeding tubes are soft and flexible and can be placed directly through your abdominal wall into your stomach or intestinal tract through a surgical incision.

- **G-tube:** A tube placed in the stomach is called a *gastrostomy* tube, or G-tube for short.
- **J-tube:** A tube placed in the intestinal tract, below the stomach, is called a *jejunostomy* tube, or J-tube.

When you are unable to eat by mouth, these tubes provide a way for you to receive the nutrition and water you require.



Placement of a gastrostomy tube

## Feeding methods

1. **Syringe/Bolus Feeding:** A syringe is used to push formula directly into the stomach.
2. **Gravity Feeding:** Formula is poured into a feeding bag, which is hung from a pole. The force of gravity pulls the formula from the bag, through the tube.
3. **Pump Feeding:** A pump allows a controlled flow of formula, based on a preset rate.

## Resources and Adjusting to Home Tube Feeding

The transition to home tube feeding does require some adjustment. But you can do this and it gets easier as you get familiar with the process.

Whether the feeding tube is needed only for a short time during medical treatment, or for a longer period based on a specific medical condition, Apria is dedicated to providing you and your family the highest quality clinical care and compassionate support. We are a good

place to start to help answer questions. And you can find more resources listed below.

## Some additional resources

### Refresh Home Enteral Nutrition Support Program

Apria's enteral nutrition support website provides a growing collections of patient and caregiver tube feeding resources. Go to [Apria.com/Refresh](http://Apria.com/Refresh) to access these resources.

### The Oley Foundation

[www.oley.org](http://www.oley.org) • 800-776-6539

A national non-profit support group that has a variety of resources to help patients and families adjust to home tube feeding.

### Enteral Feeding for Children

[www.feedingtubeawareness.com](http://www.feedingtubeawareness.com)

For parents and caregivers of children who are tube fed.

### American Cancer Society

[www.cancer.org](http://www.cancer.org)

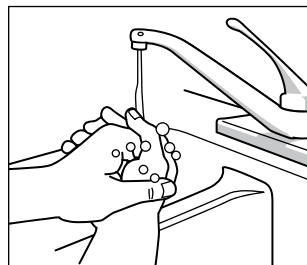
### The Oral Cancer Foundation

[www.oralcancerfoundation.org](http://www.oralcancerfoundation.org)

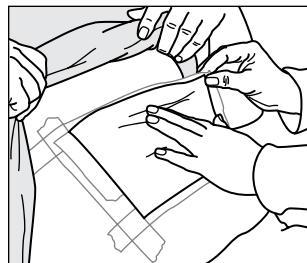
## How to Care for Your Feeding Tube Site

Proper care of your feeding tube site is very important — especially during the first 72 hours after the tube was placed, because it is at higher risk of infection. It is normal to see some minor drainage around the tube site for the first day or two.

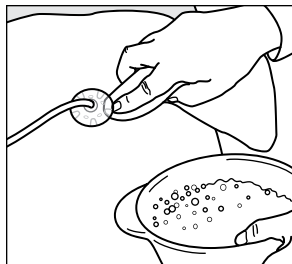
- 1. Prep:** Wash your hands thoroughly with soap and warm water. Dry your hands well with a paper towel. Turn off the faucet using the same paper towel, so you don't pick up germs from the faucet knob.



- 2. Remove dressings:** Carefully remove the old gauze and tape from around the tube.



**3. Tube and bolster:** Daily, gently clean around any sutures, the skin around your tube, and under the bolster with warm, soapy water. Dip a cotton swab in the soapy water, and gently clean under the bolster by gently lifting the bolster up just enough to place a cotton swab underneath it. Be careful not to pull on the feeding tube. Gently push the bolster back into place against the skin, making sure there is enough space between the skin and bolster for air flow. Having the bolster too tight against the skin may cause skin irritation.



**4. Crusting:** If the tube or tube site develops any crusting around it, gently clean the area with a cotton swab and half-strength hydrogen peroxide diluted with water.



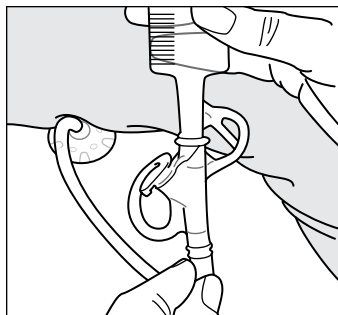
**5. Watch for symptoms:** Check your tube site daily and contact your physician if you see any of these symptoms: swelling, redness, soreness, or unusual drainage.

## *Keeping Your Feeding Tube Clean*

You will need to flush the tube with water a few times a day. You can do this using a syringe and tap water. It is important to flush your tube with water before and after each feeding, and also after you place medication down the tube. This will help ensure that your tube does not become clogged. It also decreases the chance of bacterial growth.

1. Fill a clean cup with lukewarm water. Do **not** use cold water, because this can cause cramping.
2. Put the tip of the syringe in the water and slowly pull the plunger to draw 30 mL (1 ounce) of water in the syringe.
3. Fold the feeding tube to prevent any stomach liquid from running into the tube. Then open the cap of the feeding port.

4. Put the tip of the syringe in the port. Unfold the tube. Then slowly push the plunger to push the water through your tube.



5. Remove the syringe and close the cap on the feeding port.

## How to Administer Your Feeding

For **pump feeding**, see page 3.

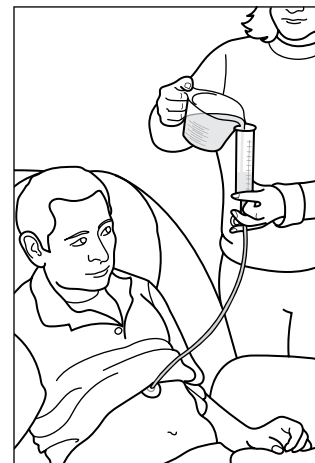
### Syringe or bolus feeding

When you are new to bolus feeding, it is good to start with a half can of formula to let your body adjust. If you don't experience any problems, increase to three-fourths of a can, and then increase to a full can.

Most people find that it is easier to digest the formula when sitting upright during feeding sessions, and then

remain sitting upright for at least 30 minutes after.

1. Wash your hands thoroughly with soap and water.
2. Clean the top of the formula can with a damp paper towel.
3. Shake the can and then open it. Open the feeding port cap.
4. Administer your feeding:



5. Position the syringe upright so formula will not spill out and then pull the plunger out of the syringe. Put the syringe tip in the port or the end of your feeding tube. The syringe acts as funnel. Slowly pour a small amount of formula into the syringe. The formula will then go through the tube into the stomach. Let the formula run through the tube by gravity.
6. You can also put the plunger back into the syringe,



and then slowly push down to force formula into your feeding tube.

7. Repeat until the prescribed amount of formula has been given.
8. Flush the feeding tube with at least 30 mL (1 ounce) of water, or the amount prescribed.
9. Close the cap on your feeding tube port.

## Gravity feeding

With gravity feeding, the formula is placed in a feeding bag hung from an IV pole. A clamp can be adjusted to allow formula to flow faster or slower. Gravity feedings generally take 20 to 30 minutes per 8 ounce can.

1. Wash your hands thoroughly with soap and water. Clean the top of the formula can with a damp paper towel. Shake the can and then open it.
2. Close the roller clamp on the feeding bag (roll down).
3. Fill the gravity feeding bag with your prescribed amount of formula. Next, close top of feeding bag.
4. Hang the feeding bag on your IV pole at least

18 inches above the level of your stomach.

5. Remove the cover from the end of the tubing attached to the feeding bag.
6. Hold the tubing tip over a container or a clean sink.
7. Open the clamp (roll up) to let formula flow to the end of the tubing. Then close the clamp.
8. Snugly insert the tip of the tubing into your feeding tube port.
9. Open the clamp and adjust the flow of formula up or down.
10. After your feeding is complete, you should rinse out the feeding bag and tubing with warm water between feedings. It is also recommended that you use a new gravity feeding bag each day to avoid bacteria contamination.

## Giving Medication Through Your Feeding Tube

Medication can be taken through your feeding tube. If possible, it is best to get your medications in liquid

form. But if your medication is only available as tablets or capsules, they will need to be crushed and mixed with water before you can give them through the feeding tube. **Always check with your pharmacist, as there are certain medications that should not be crushed.**

## General information

1. Always use a clean syringe.
2. Do not mix medications together before putting them through your tube. Give each medication separately.
3. Do not add medication directly to your tube feeding formula.
4. Before giving a medication, stop the tube feeding and flush the tube with at least 15 mL of water.
5. After the medication has been given, flush your tube with at least 15 mL of water.
6. Repeat the above steps with each medication.
7. Restart your tube feeding after all of your medications have been administered.
8. Check with your physician or pharmacist to find out

if your tube feeding needs to be held for a longer period of time after taking your medication.

## Tablet medication

To help make crushing medications easier, look for med-crushing syringes at your pharmacy. If one is not available, you will need to crush your medications by using a mortar and pestle or a pill crusher from your pharmacy.

1. After you have crushed your pills finely, let the pieces dissolve in warm water (never hot water).
2. Draw the medication into the syringe, attach the syringe to the end of the feeding tube, and administer the medication.
3. **Flush the tube with water after giving the medication.** This is very important — medication can easily clog a feeding tube if care is not taken to flush properly and consistently.

## Capsule medication

For medication that comes in capsules, consult with your physician or pharmacist before administering it.

**Be sure to flush the tube with water after giving the medication.** This is very important — medication can easily clog a feeding tube if care is not taken to flush properly and consistently.

## *Nutritional Needs*

Our Nutrition Support Dietitians screen all patients, develop nutrition plans, manage home tube feeding, provide education, and answer questions. Working with your physician and healthcare team, our dietitians will be able to provide recommendations to your physician on what is the best formula for you to use and how much you will need to take on a daily basis.

All patients are re-screened as needed by Apria's Nutrition Support Dietitians to monitor response to therapy and identify any signs of problems, such as dehydration or weight loss.

### **Tips to remember**

#### **Weigh yourself**

This should be done at least weekly until your weight is stable. Report your progress to your dietitian or physician.

### **Maintain adequate hydration**

Tube feeding formula contains water but may not meet all of your fluid needs. You will be getting additional fluid with your tube flushes, and additional fluid may also be prescribed.

## *Home Tube Feeding Problem-Solving*

Below are some tips for avoiding some of the more common tube feeding problems.

### **Constipation**

This is one of the most common tube feeding complications. Make sure to tell your Apria Nutrition Support Dietitian about your constipation. Don't be shy — he or she needs to know to help resolve the issue.

#### **Causes**

- Lack of physical activity.
- Too little water is being given with the feedings.
- Medication, especially for pain.
- Lack of fiber in the tube feeding formula.

## Prevention

- If permitted, increase your activity.
- Each person has a need for water each day in addition to the formula. Make sure to take your prescribed amount daily. If you are not sure how much water you need, contact your Apria Nutrition Support Dietitian or physician for help.
- Talk to your physician or your Apria Nutrition Support Dietitian about the fiber content of your tube feeding formula.

## Clogged feeding tubes

Feeding tubes can become clogged, which causes a delay in feeding and may result in a visit to your physician.

- If your tube becomes clogged, attempt to loosen the clog by gently flushing 10 to 20 mL of warm water into the tube with your syringe. Pull back and forth on the syringe plunger to help dislodge the clog.
- If the clog remains, call your physician or visiting nurse. If these resources are not available, go to the nearest emergency room for assistance.

## Causes

- The most common cause is inconsistent flushing of the feeding tube.

## Prevention

- Prevent clogged tubes by flushing your tube before and after each feeding, and before and after administering medication.

## Diarrhea

Diarrhea refers to frequent loose stools. After starting your tube feedings, your stools may become softer or looser as you are taking liquid formula. This may not necessarily be diarrhea.

## Causes

- Medications.
- The feeding rate is too fast.
- The tube feeding formula is too cold, which can cause cramping.
- The formula is contaminated by bacteria.
- Lack of fiber in the formula.

## Prevention

- Infuse formula that is at room temperature.
- Do not exceed the recommended hang time.
- If using a feeding pump, reduce the rate of formula infusion.

- If using a gravity bag, slow down the infusion rate by adjusting the roller clamp.
- If using a syringe feeding, reduce the amount of formula given at one time, or give the amount of formula more slowly.

## Dehydration

### Causes

- Too little water.
- Frequent diarrhea.
- Prolonged fever.
- A wound that is draining a large amount of fluid.

### Prevention

- Take your prescribed amount of water each day. If you are not sure how much water you need, contact Apria Nutrition Support Dietitian or physician for help.
- Take additional water if you have prolonged diarrhea, fever or a draining wound and consult with your physician and/or Apria Nutrition Support Dietitian.

## Stomach upset

It is possible to experience symptoms of nausea, vomiting, bloating, belching, and/or general stomach

upset when tube feeding.

### Causes

- The feeding rate is too high.
- The formula is too concentrated.
- The tube feeding formula is too cold, which can cause cramping.

### Prevention

- If your feeding rate is too high, try reducing the rate to the last comfortably tolerated rate.
- For syringe feeding, if you feel bloated at the time of feeding, wait an hour before giving your next feeding.
- If gravity feeding, use the roller clamp on the feeding bag to slow down the feeding rate.
- If pump feeding, you may need to decrease the feeding rate. Contact your physician or Apria Nutrition Support Dietitian for assistance.
- Try to rest an hour or so after the feedings, and avoid exercise after the feeding session.
- Sit upright in a chair or on the couch when feeding; do not lie flat. Always make sure your head is raised 30 degrees, even if you are in bed.

## Infection

### Causes

- Not using a new feeding bag each day.
- The feeding tube site has not been cleaned.
- Failure to wash hands before mixing the formula or touching the tubing.
- Formula was opened and sitting at room temperature or in feeding bag for greater than 12 hours for canned formula, or greater than four hours for powdered formula.
- Formula was opened and in the refrigerator for more than 24 hours.

### Prevention

- Use a new feeding bag each day.
- Wash your hands with soap and water before preparing formula or coming in to contact with the tubing.
- Clean your tube site daily as directed by your physician.
- Make sure any unused open formula is discarded after 24 hours in the refrigerator.
- Do not allow the tube feeding formula to hang for more than the recommended time.

- Infuse all of the formula in the feeding bag before adding more formula; rinse the bag with lukewarm water once all formula is infused; then add the fresh formula.

## *When to Call Your Physician*

Call your healthcare team when you have:

- Nausea, vomiting, or heartburn.
- Diarrhea.
- Constipation.
- Weight loss.
- Decreased urine, mouth dryness, fever, which could be signs of dehydration.
- Swelling, drainage, soreness, or redness from the feeding tube site.
- Frequent tube blockage.

### **In a medical emergency, call 911.**

The information provided in this booklet should not replace any medical advice from your healthcare professional or the manufacturer's product information, directions for use, and instructions.



# Home Enteral Nutrition Support Program



*Expert. Compassionate. Effective.*

See program details at [apria.com/Refresh](https://apria.com/Refresh)

Or call **(844) 260-1788**  
to reach our Nutrition Support Specialists

