Closed Enteral Feeding Systems
Frequently Asked Questions

What is the hang time for closed enteral feeding systems?
- Closed enteral feeding formulas and bags can be safely hung for 48 hours.

Can closed enteral feeding systems affect formula wastage?
- 48 hour hang time increases potential for minimal or no wastage.
- Formulas are available in either 1000 mL or 1500 mL. This will vary depending on the product. Please read the labels to confirm package size.
- The formula rate ordered can be used to calculate the number and the volume of bags needed.
- For further questions, discuss with your unit dietitian.

How are bags stored? Do they require refrigeration and need to be kept out of the light?
- The bags are all stored at room temperature. No refrigeration is required.
- Keep bags out of direct sunlight.

Do you use new tubing and SpikeRight® Plus sets with each new bag that is hung?
- Yes. A new set is used for every new bag, up to a maximum hang time of 48 hours. The old tubing is discarded with the bag after 48 hours.

Can you re-spike a bag with new tubing after a bag has already been spiked?
- No. The manufacturer (Nestle) does not recommend re-spiking tube feed bags.
- The manufacturer (Nestle) cannot guarantee a 48 hour hang time if the container is re-spiked with a new feeding set.

When a patient has intermittent feeds, is there a cap available to cover the tube feed tip while feeds are being held?
- Yes. A cap comes with each spike set and can be taped to the pump when tip is in use. Cap can be used to cover tip when the patient is disconnected from the tube feed.

How do you set up a closed enteral feeding system for gravity feeds?
- Gravity feeding will not be possible with a closed feeding system.
To provide a “bolus type” of infusion for closed systems, a pump will need to be used.

Set the enteral feeding rate required to infuse the desired volume as per orders.

Follow unit’s protocols on enteral feeds (e.g. assessing tolerance).

**Does the tubing need to be flushed?**

- Tubing that comes with the closed feeding system does not need to be flushed, but you will still need to flush any tubing entering the patient (i.e. Nasogastric/Gastrostomy/Jejunostomy Tubes).

- Your existing site or zone policies and procedures regarding feeding tube management/flushing are not impacted by the implementation of the closed enteral feeding system and should be referred to regarding the flushing of the actual feeding tube (NG, J-tube, G-tube, etc)

**Are all formulas available in closed systems?**

- No. There are specialized enteral formulas that are not available in closed systems (e.g. Oxepa, Suplena and elemental formulas in packet form (e.g. Vivonex)).

- Pediatric enteral formulas are only available as open systems.

- Home enteral feeding programs will continue to use open systems.

**What literature is available to support the use of closed enteral feeding systems?**

- A table of the most recent closed enteral feeding system literature has been prepared. Contact your unit dietitian.

**Where can I find more information?**

- Contact your unit dietitian.