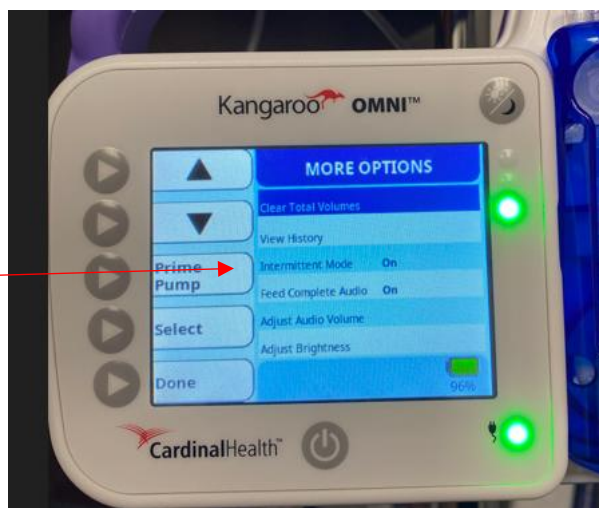


## Omni Kangaroo Talking Points for Nurses

### 1. When using the Omni Kangaroo Pump always ensure the correct setting is applied.

- a. Settings must match orders.
- b. Under More Options
  - i. Intermittent Mode **On**: Bolus Feedings with Volumes
    1. Ensure “number of feeds is set to 1”
  - ii. Intermittent Mode **Off**: Continuous Tube Feeds



### 2. When Conducting Bedside Safety Checks

- a. Verify that programming matches EMR orders.
  - i. Check Feed by pressing Show Flush, and Show Feed to verify patient feeding.



### 3. Continuous feeds

- a. Make sure "Total Volume Given" is cleared at least once per 24 hours.
  - i. Find the "clear total volumes" under More Options.
  - ii. This will ensure this number is reflective of that current day's intake.

### 4. Intermittent feeds

- a. Exercise caution when hanging a new bottle/bag during an intermittent/bolus feeding to ensure correct total volume is being delivered.
  - i. For example: A tube feed is ordered 100ml/hr for 12 hours for a total volume of 1200ml. The RTH bottle is 1000mls, and will run out after 10 hr. When the nurse hangs a new set and bottle, the programming must be reviewed or changed if needed, to ensure that only the remaining 200mls is delivered.

### 5. Feed and Flush- Last flush after an Intermittent Feed

- a. Same as the old pump, the omni will not deliver the last flush automatically after the TF is completed.
- b. Reviewed with Cardinal Rep on this-
  - i. Workaround is to input the total volume to be delivered increased by 1 mL
    1. Example: Ordered amount is 400mL to run at a rate of 400mL/hr. Enter the Total Volume as 401mL at 400mL/hr. Rationale: The pump will deliver 400mL, then flush, then 1mL as the pump thinks 1mL of formula still remains to be given in the next hour. The pump will keep feeding completed after this 1mL is given.

### 6. Feeding supplies and Hang times of Feedings- Please refer to Policy: Tube Feeding Methods

- a. Change all ancillary feeding supplies (syringes, adapter covers, etc.) at least every 24 hours.
- b. Tubing sets must be changed at least every 24 hours per manufacture.
  - i. Both "Ready- To- Hang (RTH)" spikes and feed/flush sets.
- c. Use only one feeding set per RTH container to help control the introduction of microbes from touch contamination.
- d. Tubing and formula must be labeled using designated stickers.
  - i. Must include patient identifiers, date/time, formula type, rate and volumes to be infused.
- e. Formula bottle/bag must be hung at least 10 inches above pump per manufacture.
- f. Ensure entire tubing set is primed with formula or flush.
  - i. Take care to prime into a cup to prevent spills.

### 7. Tube feedings are checked similar to a medication before administering.

- a. Should be hung/initiated within the 1 hour before/ after window.
- b. The EMR needs check for the feeding order and instructions prior to administration.
  - i. Check the "rights"-right patient, right formula (note any allergies at this time), right amount, right route (e.g. GT vs JT), and right time, right documentation.
  - ii. A task box in the E.H.R. must be signed when hanging a new bag/bottle of tube feeding. If the feeding is continuous, the tube feeding shows as blue and this task can be documented at any point in time when the feeding is hung.

**8. Ensure good practice when handling enteral tubes.**

- a. Inspect insertion site before administering feedings or medications.
- b. When initiating or feeding is completed, flush with 20-30ml of water for adults; pediatric patients 5-10ml or as prescribed. May use plunger on the syringe during flush.
- c. Clamp/Close the tube before the water has cleared from it to prevent back flow.
- d. Make sure tubing is capped, secured and inside clothing or disconnect extension from button tubes.
- e. Document administration of feeding on flowsheets and any deviations from baseline in progress notes.
  - i. Accurate I/Os are essential to patient care.