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Journal of Obstetric, Gynecologic, and Neonatal Nursing, Vol 24, Issue 4 321-326, Copyright © 1995 by Association of Women's Health, Obstetric and Neonatal Nurses

ARTICLES

Indwelling versus intermittent feeding tubes in premature neonates

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OBJECTIVE: To determine the effect of indwelling versus intermittent feeding tube placement on weight gain, apnea, and bradycardia in premature neonates. **DESIGN:** Eligible subjects were assigned randomly to either feeding tube method. Each subject was followed for 6 days. **SETTING:** The study was conducted in a secondary level neonatal intensive-care unit (NICU), a tertiary level NICU in a perinatal center, and a tertiary level NICU in a referral center. **PATIENTS/PARTICIPANTS:** Neonates who were 24-34 weeks gestational age, developmentally appropriate for gestational age, medically stable, on full enteral feedings through an orogastric or a nasogastric tube, and not fluid restricted. Ninety-three neonates were enrolled--49 indwelling group and 44 in the intermittent group. Nine neonates did not complete the study. **INTERVENTIONS:** Nasogastric indwelling feeding tubes were placed and left in site for up to 3 days. Orogastric intermittent feeding tubes were placed for each feeding and removed at completion of the feeding. **MAIN OUTCOME MEASURES:** Weight gain, apnea, and bradycardia. **RESULTS:** Members of both groups had similar demographic characteristics, clinical problems, and nutritional intake. No statistical differences were found between the two groups in weight gain or episodes of apnea and bradycardia. **CONCLUSIONS:** There were no statistically or clinically significant differences between the two groups. The intermittent method of feeding is more expensive. Because no clinical differences were found, the type of tube placement chosen for feeding the premature infant may be based on economics.

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 S. M. Akintorin, M. Kamat, R. S. Pildes, P. Kling, S. Andes, J. Hill, and S. Pyati
A Prospective Randomized Trial of Feeding Methods in Very Low

<http://jognn.awhonn.org/cgi/content/abstract/24/4/321>

12/13/2005



Birth Weight Infants

Pediatrics, October 1, 1997; 100(4): 4e - 4.

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