



CHU Sainte-Justine

*Le centre hospitalier  
universitaire mère-enfant*

*Pour l'amour des enfants*

Université   
de Montréal

# **PRACTICAL GUIDE -(SHORT TERM) CLIENTS- (FOR A PERIOD OF LESS THAN 2 YEARS)**

## **QUEBEC ENTERAL FEEDING PROGRAM**

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VINCENT DESJARDINS  
ADMINISTRATIVE OFFICERS**

**JULY 2018**

3175 Côte Sainte-Catherine Road  
Montréal, QC  
H3T 1C5

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This is to confirm your registration in the Quebec Enteral Feeding Program managed by CHU Sainte-Justine. This request for financial and/or technical assistance to meet your nutritional needs was completed by your healthcare worker and signed by you, or your respondent, as the case may be. Your healthcare worker should have explained to you what the program involves, the basis for this assistance and how the program works.

This quick and easy guide contains all the information to help answer any questions you might still have since registering in this program. We hope you find it useful. Please read the information carefully and refer to it as often as necessary. This guide is an indispensable tool, so we suggest that you keep it in an easily accessible place.

## **PATIENT WITHOUT PRIVATE INSURANCE**



You are receiving financial assistance in the form of supplies required to meet your nutritional needs.

The first order, based to the needs assessment done by the healthcare worker who registered you in the program, will be sent directly to your home. In the future, you will have to order new supplies yourself as needed either by e-mail, by fax or mail. You will find the maximum allotted quotas to which you are entitled for one year, from the date of your enrolment in the program or your first receipt of supplies, on page 3. You must order supplies for your tube feeding only. You may be asked to justify certain orders.

**In planning your inventory, allow enough time for shipping and handling of your order and receipt of your supplies by mail.**

To request an adjustment in supplies or for any other request, contact your main healthcare worker (p. 19). Any additional supplies you wish to use will be at your own expense. Supplies are available in pharmacies. We will not reimburse any purchases you make on your own.

Should you become insured during the course of treatment, please follow the procedure on page 7.

## **ALLOTTED QUOTAS\* \*\***

**You will be reimbursed the same amount if you become insured privately.**

<b>Connect Pump Supplies</b>	<b>Max. Annual Quantity</b>
Open System: #77100FD (1000ml soft bag)	120
Closed System: #77000FD	365 (or as per treatment)
<b>Gravity feeding supplies</b>	
Open System: #8884702500 (1000ml soft bag)	120
Open System: #702505 (1000ml heavy flow soft bag)	120
<b>Skin Level Balloon Gastrostomy (button) and Foley probes</b>	
Nutriport, Entristar, Bard, Mickey	on request
<b>Extensions for feeding system (button extensions)</b>	
Nutriport, Entristar, Bard, Mickey	6 (8 if going to school)
<b>Syringes</b>	
10cc	100
60cc or 60cc catheter plugs	120 (240 if bolus syringes)
Syringe adapters	12
<b>Nasogastric tubes</b>	
8FR x 42 in. (radiopaque)	52
Corpak/Corflo	6
Pedi-Tube	12
<b>Other supplies</b>	
Hypafix (5cm x 10m, 10cm x 10m, 15cm x 10m)	as per assessment
Transpore (transparent tape)	as per assessment
Micropore (paper tape)	as per assessment
Elastoplast (pink tape)	as per assessment
Tegaderm	as per assessment
Duoderm	as per assessment
Compresses (2x2 and/or 4x4 non-sterile)	as per assessment
Drain attachment (Hollister drain #9781 or #9782)	52 units
Y connector (adapter) for PEG	6

\*All additional supplies will be at your own expense.

\*\*For all unlisted supplies, contact your healthcare worker to place an order. Your request will be assessed and added to your file, if accepted.

### **Supplies not covered without exception**

- Tracheostomy compresses (pre-cut compresses)
- Sterile compresses and woven compresses
- Mounted swabs (cotton swabs)
- NACL.9 , sterile water
- Sterile and non-sterile gloves
- Needles for syringes
- Suction catheter
- Masks
- Quilted pads (mattress protectors)

### **Important notes**

\*Supplies may come in different shipments and by different carriers. Only one shipping address is permitted. Please allow 3 to 5 business days for delivery.

\*Any change in the initial request must be made by your healthcare worker.

\*Only one system (open or closed) is allocated. Alternating between the two systems will be at your own expense.

### **Renewal of supplies**

Procedures for the renewal of supplies:

1- by e-mail: include the name, contact information (address and phone number) and a detailed description of the supplies you would like and send your request to: [programme.ministeriel.hsj@ssss.gouv.qc.ca](mailto:programme.ministeriel.hsj@ssss.gouv.qc.ca) which can be found on our website : <https://www.chusj.org/soins-services/A/Alimentation-enterale>

Or

2- by mail: fill out the order form (see page 5). Mail your order form to:

**CHU Sainte-Justine**  
**Quebec Enteral Feeding Program-Order**  
**3175 Côte Sainte-Catherine**  
**Étage 7, Bloc 6**  
**Montréal, QC H3T 1C5**

Or

3- by fax: fill out the order form (see page 5). Send it to 514-345-4983

\* If you order by mail, please notify us if order forms are needed.

\*\* Available quantities of each item differ per order and will be added, based on the information in your file, within the annual quotas. Each item will be added separately. The date of the annual quotas will be different from the application date. Please manage your supplies accordingly.

Order form for : Patient's name : \_\_\_\_\_

Phone Number : \_\_\_\_\_ Date : \_\_\_\_\_

Supplies	Desired quantity	Maximum annual quantity				
<b>Connect Pump supplies (1 month)</b> Open System: #77100FD (1000ml soft bag) - 1 box of 10 units Closed System: #77000FD - 1 boxes of 30 units	_____ _____	120 units 365 units				
<b>Gravity feeding supplies (3 months)</b> Open System: #8884702500 (1000ml soft bag) - 1 box of 30 units Open System: #702505 (1000ml heavy flow soft bag) - 1 box of 30 units	_____ _____	120 units 120 units				
<b>Skin Level Balloon Gastrostomy (button) and Foley probes</b> <table border="1" style="width: 100%;"> <tr> <td> <input type="radio"/> Nutriport            _____FR x _____CM         </td> <td> <input type="radio"/> Mickey            _____FR x _____CM         </td> </tr> <tr> <td> <input type="radio"/> Entristar            _____FR x _____CM         </td> <td> <input type="radio"/> Bard            _____FR x _____CM         </td> </tr> </table>	<input type="radio"/> Nutriport _____FR x _____CM	<input type="radio"/> Mickey _____FR x _____CM	<input type="radio"/> Entristar _____FR x _____CM	<input type="radio"/> Bard _____FR x _____CM	_____	On request
<input type="radio"/> Nutriport _____FR x _____CM	<input type="radio"/> Mickey _____FR x _____CM					
<input type="radio"/> Entristar _____FR x _____CM	<input type="radio"/> Bard _____FR x _____CM					
<b>Feeding system extensions (button extensions)</b> <table border="1" style="width: 100%;"> <tr> <td> <input type="radio"/> Nutriport            continue _____ bolus _____         </td> <td> <input type="radio"/> Mickey □12" □24"            continue _____ bolus _____         </td> </tr> <tr> <td> <input type="radio"/> Entristar            continue _____ bolus _____         </td> <td> <input type="radio"/> Bard _____FR            continue _____ bolus _____         </td> </tr> </table>	<input type="radio"/> Nutriport continue _____ bolus _____	<input type="radio"/> Mickey □12" □24" continue _____ bolus _____	<input type="radio"/> Entristar continue _____ bolus _____	<input type="radio"/> Bard _____FR continue _____ bolus _____	_____	6 (8 if going to school)
<input type="radio"/> Nutriport continue _____ bolus _____	<input type="radio"/> Mickey □12" □24" continue _____ bolus _____					
<input type="radio"/> Entristar continue _____ bolus _____	<input type="radio"/> Bard _____FR continue _____ bolus _____					
<b>Syringes</b> 10cc (1 month = 10) 60cc luer-lok tip (1 month = 10 (20 if bolus)) 60cc catheter plugs (1 month = 10 (20 if bolus)) Syringe adapters	_____ _____ _____ _____	100 units 120 (240) unités 120 (240) unités 12				
<b>Nasogastric tubes</b> 8FR x 42 in. (radiopaque) Corpak/Corflo _____FR x _____CM Peditube _____FR x _____CM	_____ _____ _____	52 6 12				
<b>Other supplies (check format if necessary)</b> Hypafix : 5cm x 10m : _____ 10cm x 10m : _____ 15cm x 10m : _____ Transpore (transparent tape) Micropore (paper tap) Elastoplast (pink tape) Tegaderm Duo-derm Compresses non stériles : 2x2 : _____ et/ou 4x4 : _____ Drain attachment Hollister : Drain #9781 : _____ Drain #9782 : _____ "Y" connector (adapter) for PEG: 16FR : _____ 20FR : _____ 24FR : _____ Lubricating jelly	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	As per assessment As per assessment As per assessment As per assessment As per assessment As per assessment As per assessment 52 6 As per assessment				

## **PATIENT WITH PRIVATE INSURANCE**



The financial assistance you are receiving is to cover the non-refundable portion of those supplies purchased for your tube feeding, which are not covered under your private insurance plan.

You must arrange to purchase the feeding supplies you require (an extensive list of suppliers appears on p. 13). To receive a refund, you will need to follow the procedure on page 8. This procedure applies only if your insurance plan covers this type of supplies.

Any supplies that are non-refundable or not covered under your insurance plan will be provided to you free of charge through our Program. Order the supplies you require but keep in mind that they must not be covered by your insurance plan. You will be asked to provide proof that your claim has been rejected.

You can also request reimbursement for the non-refundable difference in the cost of purchasing your tube feeding solution, not covered by your insurance plan. The procedure is the same as for supplies. You are entitled to a refund even if your insurer does cover the cost of supplies.

For more information, contact your main healthcare worker listed on page 19.

This financial assistance is valid for as long as you are being treated. Please notify us via your social worker when your treatment ends. If no refund is claimed for four consecutive periods, the file will be closed after a final check with the healthcare worker listed.



## **IMPORTANT POINTS FOR PATIENTS WITH PRIVATE INSURANCE**

- If you are currently insured or become insured during your treatment, your healthcare worker must submit a claim first to your insurance company for payment of the supplies.
- You will need to have a needs assessment done, obtain a quote from a private supplier and submit it to your insurance company. Be sure to get a letter as soon as possible confirming or reversing the insurer's decision. In the event of a negative response (verbal or written), do not make any purchases as they will not be reimbursed by the Program.
- Under Bill 33 of the Quebec government's drug insurance plan, insurers are required to provide the minimum RAMQ coverage (tube feeding solutions). Employees insured with the Government of Canada may encounter problems with payment. For all other problems or outstanding issues with your insurer or to learn what recourse you may have, go to [www.accap.ca](http://www.accap.ca)
- Regarding supplies, insurance company contracts take precedence and are not regulated by any law nor carry any obligation on the part of the insurer.
- If the insurer refuses to pay for supplies, the Program will provide them to you.
- If the insurer accepts to pay for supplies, the non-refundable difference can be covered by the Program.
- To obtain a refund, submit a claims form with the following information::
  1. original invoices or duplicates of purchases made (no photocopy or fax);
  2. a copy of the insurance statement (photocopy accepted) detailing the expenses incurred. Not required if the amount to be refunded or paid is clearly indicated on the purchase invoice.
- If your insurance coverage ends during treatment, the Program will provide the supplies to you.
- If your insurance coverage changes during treatment, you will need to begin the above procedure over again, without the presumption that coverage will remain the same.
- In the case of a patient who reaches the age of 18 and is covered by parents' or another person's insurance policy, verify that the insurance coverage is still valid. In many cases, insurance ends at age 18, and the patient now becomes eligible to receive tube feeding supplies through the MSSS Enteral Feeding Program. This is not a firm rule, however, so it is important to verify the circumstances. Remember to advise the Program of any change to your insurance coverage.

## **REQUIRED DOCUMENTS TO FILE A CLAIM**

Failure to comply with the requirements and/or any variance between the claims form and the documents received will result in your claim being refused and all documents will be returned to you.

Please allow 30 business days for your claim to be processed.

- Your original purchase invoices or duplicates.
  - Photocopies are inadmissible and will be returned to you. Your pharmacy or supplier can provide you with these documents. Simply ask at the time of purchase.
- A copy of the statement from your insurer (photocopy acceptable) listing your expenses and explaining clearly the amounts reimbursed by them
  - This is not required if your pharmacy or supplier indicates on the invoices the amounts to be reimbursed or paid.
- Claims forms duly filled in (see page 9)
  - This guide contains four detachable claims forms with pre-set dates. Once you have used up these forms, please notify us in the comments section of your final claim and we will send you a new set. In order to receive a refund, you must comply with the dates written on the forms. No refund will be made for expenses submitted after the claim period is past.
- If the dates suggested on the forms do not suit you, please advise us in writing, explaining the reasons why. New dates will be proposed.
- Forward the above documents to the following address:

**Insurance - Refunds  
MSSS Enteral Feeding Program  
3175 Côte Sainte-Catherine  
Étage 7, Bloc 6  
Montréal, QC.  
H3T 1C5**

**CLAIMS FORM 1**  
**(Detachable)**  
**PERIOD FROM APRIL 1 TO JUNE 30**

**Patient's Name:** \_\_\_\_\_

**Name and phone number of the person to whom the cheque should be made out:**

\_\_\_\_\_

**Mailing address for the cheque:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of invoices included with this mailing:** \_\_\_\_\_

**Total amount claimed (if possible):** \$ \_\_\_\_\_

**Comments or explanations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REMINDER:** Failure to comply with the requirements and/or any variance between the claims form and the documents received will result in your claim being refused and all documents will be returned to you.

**INCLUDE:** Your original invoices, insurance statement and this form, and mail to:

Insurance – Refunds  
Quebec Enteral Feeding Program  
3175 Côte Sainte-Catherine  
Étage 7, Bloc 6  
Montréal, QC  
H3T 1C5

**CLAIMS FORM 2**  
**(Detachable)**  
**PERIOD FROM JULY 1 TO SEPTEMBER 30**

**Patient's Name:** \_\_\_\_\_

**Name and phone number of the person to whom the cheque should be made out:**

\_\_\_\_\_

**Mailing address for the cheque:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of invoices included with this mailing:** \_\_\_\_\_

**Total amount claimed (if possible):** \$ \_\_\_\_\_

**Comments or explanations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REMINDER:** Failure to comply with the requirements and/or any variance between the claims form and the documents received will result in your claim being refused and all documents will be returned to you.

**INCLUDE:** Your original invoices, insurance statement and this form, and mail to:

**Insurance – Refunds**  
**Quebec Enteral Feeding Program**  
**3175 Côte Sainte-Catherine**  
**Étage 7, Bloc 6**  
**Montréal, QC**  
**H3T 1C5**

**CLAIMS FORM 3**  
**(Detachable)**  
**PERIOD FROM OCTOBER 1 TO DECEMBER 31**

**Patient's Name:** \_\_\_\_\_

**Name and phone number of the person to whom the cheque should be made out:**

\_\_\_\_\_

**Mailing address for the cheque:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of invoices included with this mailing:** \_\_\_\_\_

**Total amount claimed (if possible):** \$ \_\_\_\_\_

**Comments or explanations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REMINDER:** Failure to comply with the requirements and/or any variance between the claims form and the documents received will result in your claim being refused and all documents will be returned to you.

**INCLUDE:** Your original invoices, insurance statement and this form, and mail to:

Insurance – Refunds  
Quebec Enteral Feeding Program  
3175 Côte Sainte-Catherine  
Étage 7, Bloc 6  
Montréal, QC  
H3T 1C5

**CLAIMS FORM 4**  
**(Detachable)**  
**PERIOD FROM JANUARY 1 TO MARCH 31**

**Patient's Name:** \_\_\_\_\_

**Name and phone number of the person to whom the cheque should be made out:**

\_\_\_\_\_

**Mailing address for the cheque:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of invoices included with this mailing:** \_\_\_\_\_

**Total amount claimed (if possible):** \$ \_\_\_\_\_

**Comments or explanations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REMINDER:** Failure to comply with the requirements and/or any variance between the claims form and the documents received will result in your claim being refused and all documents will be returned to you.

**INCLUDE:** Your original invoices, insurance statement and this form, and mail to:

Insurance – Refunds  
Quebec Enteral Feeding Program  
3175 Côte Sainte-Catherine  
Étage 7, Bloc 6  
Montréal, QC  
H3T 1C5

## Medical Suppliers

Below are some suggested names of medical suppliers for patients who have private insurance or who wish to purchase additional supplies. Most of the pharmacies, ostomy centre and specialized medical supplies centre can also provide these kinds of supplies. This list is a comprehensive list and is not sponsored in any way.

RÉGION DU BAS ST-LAURENT		
Maison André Viger	619 boul. Wilfrid-Hamel, Québec, Qc. G1M 2T4	418-914-1213
RÉGION DU SAGUENAY LAC-ST-JEAN		
Maison André Viger	619 boul. Wilfrid-Hamel, Québec, Qc. G1M 2T4	418-914-1213
Distribution Médical Saguenay	1657 boul. St-Paul, Chicoutimi, Qc. G7J 3Y3	418-602-0662
RÉGION DE LA CAPITALE-NATIONALE		
ProAssist (Centre de Stomie du Qc)	355, rue du Marais Local 130, Québec, Qc. G1M 3N8	418-522-1268
Maison André Viger	619 boul. Wilfrid-Hamel, Québec, Qc. G1M 2T4	418-914-1213
Médico Concept	390 boul. Père-Lelièvre, Québec, Qc. G1M 1M8	418-686-6688
Médi-Sélect Ltée	670 rue Bouvier, Québec, Qc. G2J 1A7	418-623-3353
RÉGION DE LA MAURICIE ET DU CENTRE-DU-QUÉBEC		
Centre de Stomie de la Mauricie Inc	226 boul. Thibeau, Trois-Rivières, Qc. G8T 6Y1	819-378-4204
Le Groupe Medicus	3000 boul. Saint-Jean, Trois-Rivières, Qc. G9B 2M9	888-833-6381
RÉGION DE L'ESTRIE		
Centre Orthopédique CDD	126 rue Hériot, Drummondville, Qc. J2C 1J8	819-472-5417
Oxybec Médical Inc	981 rue King O, Sherbrooke, Qc. J1H 1S3	819-346-0555
Pharmacie Grondin Duval	10 rue Bruno-Dandeneault, Sherbrooke, Qc. J1G 2J1	819-563-4401

## Medical Suppliers (continued)

RÉGION DE MONTRÉAL		
Caléa	4847 rue Levy, Saint-Laurent, Qc. H4R 2P9	514-335-3500
Maison André Viger Inc	6700 rue St-Denis, Montréal, Qc. H2S 2S2	514-274-7560
Mediquip	163- 175 av. Stillview, Pointe-Claire, Qc. H9R 4S3	514-697-8868
Premier Ostomy Center	6607 ch. Côte-des-Neiges, Montréal, Qc. H3S 2B3	514-940-9666
Dufort & Lavigne	8581 Place Marien, Montréal-Est, Qc. H1B 5W	514-528-2339 1-800-361-0655
RÉGION DE L'OUTAOUAIS		
Les Entreprises Médicales de L'Outaouais	131 boul. Gréber, Gatineau, Qc. J8T 6G6	819-205-9111
RÉGION DE L'ABITIBI-TÉMISCAMINGUE		
Maison André Viger Inc	6700 rue St-Denis, Montréal, Qc. H2S 2S2	514-274-7560
RÉGION DE LA CÔTE-NORD		
Maison André Viger	619 boul. Wilfrid-Hamel, Québec, Qc. G1M 2T4	418-914-1213
RÉGION DE LA GASPÉSIE-ÎLES-DE-LA MADELEINE		
Jean-Coutu- Daniel Larendeau #138	79 rue Jacques Cartier, Gaspé, Qc. G4X 1M5	418-368-5501
RÉGION DE CHAUDIÈRE-APPALACHES		
Ultra Médic	1000 127 <sup>e</sup> Rue, local 103, St-Georges, QC. G5Y 2W7	418-227-6900
RÉGION DE LAVAL		
Michel Cullen Médical Inc	1040 boul. Michèle Bohec, Blainville, Qc. J7C 5E2	450-434-1920
Stomo Médical Laval	3241 Av. Jean-Béraud, Laval, Qc. H7T 2L2	450-786-0786
RÉGION DE LANAUDIÈRE		
Maison André Viger Inc	3340 boul. Taschereau, Greenfield Park, QC. J4V 2H6	450-465-7560
Michel Cullen Médical Inc	1040 boul. Michèle Bohec, Blainville, Qc. J7C 5E2	450-434-1920



### Medical Suppliers (continued)

RÉGION DES LAURENTIDES		
Michel Cullen Médical Inc	1040 boul. Michèle Bohec, Blainville, Qc. J7C 5E2	450-434-1920
RÉGION DE LA MONTÉRÉGIE		
Centre d'Équipement orthopédiques et de Stomisés de Sorel	265 boul. Fiset, Sorel, Qc. J3P 3P9	450-780-2825
Centre de Stomothérapie du Québec Inc	3180 ch. de Chambly, Longueuil, Qc. J4L 1N6	450-670-0600
Stomo Médical Longueuil	157 rue Saint-Charles O, Longueuil, Qc. J4H 1C7	450-928-4848
Pharmacie Bergeron, Jutras, Ménard	145 rue St-Charles O. Longueuil, Qc. J1G 2J1	819-563-4401

## **USEFUL LIFE OF SUPPLIES\***

<b>Bags with integrated tube</b>	3 days
<b>Tube with piercing pin or <i>Spikeright</i></b>	1 day or 1 per bottle/bag
<b>Syringes</b>	1 week for hydration 3 days if bolus /gavage by syringe
<b>Syringe adapters</b>	1 month
<b>Extensions for gastrostomy button</b>	2 months
<b>Nutriport or Mickey type gastrostomy button</b>	1 year and on request in case of breakage
<b>Bard or Entristar-type gastrostomy button</b>	On request/as needed
<b>Y connectors</b>	2 months
<b>N/G 8fr 42 in. radiopaque tubes</b>	1 week
<b>Nasogastric tubes</b>	Peditube: 1 month Corpak: 3 months
<b>Compresses, tape, drain attachments (Hollister drain)</b>	Based on clinical assessment
<b>Urinary probes (Foley)</b>	1 per month if no button 1 per year in case of a broken button

\*Note that these useful lives are based on study standards and may vary depending on the patient's treatment regimen. They may need to be justified, where necessary.

## MAINTAINING SUPPLIES

- General Information

- After each tube feeding, rinse the bag and tube, extensions and syringes with warm water until the water runs clear.
- **Soapy water:** 1 tbsp of dishwashing powder diluted in 125 ml of boiling water. Be sure to let the mixture cool before using.

- Open System

- **Major cleaning once every 24 hours:**
  - ❖ Rinse the bag and tube thoroughly in warm water until the water runs clear.
  - ❖ Place 250 ml of warm water and 1 tbsp of soapy water in the bag and force down the tubing.
  - ❖ Rinse thoroughly again with warm water until the water runs clear (no soapy residue). Repeat as necessary.

- Closed System

- Do not rinse the piercing pin or *Spikeright*.
- Do not touch the piercing pin or *Spikeright* with your fingers to avoid contamination.
- Use only one tube per bottle. Discard the bottle and do not reuse in the place of another bottle. Follow the written instructions on the bottle for suspension times.

- Syringes and Extensions

- To clean the syringes and gastrostomy extensions thoroughly, follow the same procedure as the tube feeding bags (See Open System). To clean the gastrostomy extensions, place soapy water in a 60 ml syringe diluted with warm water and roll the tube between your fingers to dislodge any residue that remains stuck. Rinse with warm water for as long as necessary to ensure that no soapy residue remains.
- Always use warm water to clean and rinse, since hot water will make the plastic rigid, melt away the numbers on the syringes and make the plunger sticky.

- Gavage Pumps

- Be sure to clean your gavage pump to minimize the risk of breakage, poor operation, contamination and incorrect dosage. Refer to the user's guide for proper maintenance.

## VERIFICATION PROCEDURE FOR THE CONNECT ENTERAL FEEDING PUMP

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**Caution:** The pump is not designed to be immersed underwater. Do not immerse the pump or power adapter in water or other cleaning solutions. Failure to follow the cleaning procedures described herein could result in hazards to users, patients, and clinicians. As with any A/C powered electrical device, care must be taken to prevent liquid from entering the pump to avoid electrical shock hazard, fire hazard, or damage to electrical components.

**Caution:** Disconnect pump from A/C power source before cleaning. After cleaning, do not connect to an A/C power source until pump and power adapter are thoroughly dry.

If any of the following events occur, **do not use** the pump until it has been properly cleaned and dried. For assistance, please contact Customer Service:

- Wetting of the pump's power adapter
- Leakage into the pump interior

### **General cleaning directions**

#### **Cleaning Chemicals:**

A mild, common dish washing liquid detergent should be used for general cleaning. This detergent should be used with a 20:1 ratio water to detergent mixture.

Wipe down the pump with a paper towel moistened with the cleaning solution, removing all visible soil. Use a brush to remove soil from hard to reach crevices.

**Caution: The use of cleaners and disinfectants other than the ones described in the instructions for use may cause significant damage to the pump and may void warranty.**

#### **Cleaning Frequency:**

It is recommended that the pump be cleaned after each feeding set use for a minimum duration of 30 seconds, to prevent bacterial contamination of the pump. Further, failure to clean the pump can interfere with the function of the pump rotor, which can increase the occurrence of errors and warning alarms. See below for methods for cleaning each component.

#### **Directions for Cleaning pump Housing**

- Refer to General Cleaning Directions before starting.
- Clean outside surface with a damp cloth or sponge using a mild detergent.
- For difficult to clean areas, it is permissible to wash the pump under running water. Avoid submerging the pump or washing with high pressure nozzles, which exceeds the water proof rating of the pump. The pump casing has a water proof rating of "water jet resistant". This allows for washing under running water or wiping with a damp cloth.

#### **Directions for Cleaning Power Adapter**

- Refer to General Cleaning Directions before starting.
- Unless soiling is observed, the power adapter should not be cleaned.
- If cleaning of the power adapter is necessary, unplug from outlet and wipe the exterior surfaces of the wall plug with a cloth dampened with isopropyl alcohol.

- Allow excess moisture to evaporate from the cord prior to use of power adapter.
- **Caution: Washing the power adapter with a wet cloth, under running water, or through submersion will result in damage to the unit!** The power adapter is rated IPX0, which means it is not water resistant.

**Caution: Avoid exposing the power adapter to excess moisture, as this can lead to an electrical shock or fire hazard.**

## **Preventative maintenance**

This pump may be periodically tested to assure proper functioning and safety. Testing may be done at the user's Biomedical Engineering Department, an outside service, or by Cardinal Health Factory Service.

To arrange for Cardinal Health Factory Service, call 1-800-268-7916.

If a pump malfunctions, please contact your Cardinal Health Representative or call Customer Service for instruction.

## **General disinfection directions**

### **Disinfection chemicals:**

The pump can be disinfected by wetting their surfaces with a 10:1 water and chlorine bleach mixture for a minimum duration of 10 minutes. To wet the devices, use at least two bleach wetted lint-free wipes and wipe as necessary to maintain visual wetness for 10 minutes. Repeated disinfection with this solution can damage the plastic housings.

### **Disinfection frequency:**

It is necessary to clean and disinfect the pump after each use when these devices are used for multiple patients. This is to prevent spreading bacteria, viruses, and other germs between patients that interact with the same pump.

## **Telephone contacts**

You should contact your primary caregiver if you have any questions regarding the Quebec Enteral Feeding Program or an update of your file. It can be any health professional who knows your current health status. Make sure you have a contact person on your file.

## **Broken Pump\***

In the event of a defect or other problem with your pump, please call the following number and mention that you are enrolled in the Quebec Enteral Feeding Program:

**Cardinal Health : 1-800-268-7916 (Parts and Service)**

**\*Make sure that you put an emergency procedure in place with your therapist in the event that your pump breaks.**

## **Inactive File**

Please read the following information carefully to ensure that your file remains active and in good standing. If you fail to comply with any of these conditions, your file will be closed. A final check with your last known healthcare worker will be done before any definitive action is taken.

- If you do not order supplies for a long period of time (1 year), your file will be closed. We will, however, take into account the specific requirements of each case. We will check with you or your healthcare worker before closing a file permanently.
- If you have private insurance, be sure to make a claim at least once a year. If there are no claims in a full year, your file will be closed. Also make sure that you comply with the dates of the fiscal year (April 1 to March 31 of the following year.) No refunds can be made once a fiscal year has ended.
- You must advise us of any change of address. You can e-mail us at [programme.ministeriel.hsj@ssss.gouv.qc.ca](mailto:programme.ministeriel.hsj@ssss.gouv.qc.ca) or mail us the form for this purpose on page 20 or notify us through your healthcare worker. If mail or supplies are returned because you failed to let us know that you had moved, your file will be closed after a final check with your last known healthcare worker.
- If you return material to us without a stated reason, we will assume that your treatments have ended and your file will be closed.

## **Returning Supplies**

### **Points to remember**

- You must notify your patient navigator so that he / she can inform us of the end of the treatment.
- Do not return the feeding solutions because they are not reusable on our part.
- **Provide the name of the patient with the shipment and the reason for the return on a sheet that you will integrate with your shipment.**
- Keep the confirmation # of your return. You may be asked if there is a problem or no reception of the return.

### **RETURNING PUMP**

You must request an Authorized Return Number (RGA) from Customer Service at Cardinal Health: 1-800-268-7916,

E-mail: NTSC-SC@cardinalhealth.ca

Address: NTSC

6201 Vipond Drive Door 5. Mississauga, Ontario. L5T 2B2

### **RETURNING NON-OPEN TUBING BOXES**

- If you are able to come in person, please return the material to:

**Service liaison/ Consultation réseau  
CHU Sainte-Justine  
3175 Ch. De La Côte-Ste-Catherine  
Étage 7 Bloc 6  
Montréal, QC  
H3T 1C5**

- If you are unable to come in person, use the **free return** service and give the address above.

**Purolator: 1-888-744-7123**

**Account number: 4805832**

- The supplies must be returned in good working order since they will be used by other patients who need the same service you benefited from. Do not return opened or used material.



## **Moving**

In the event of a change of address please send us an e-mail with the necessary information to the following address:

[programme.ministeriel.hsj@ssss.gouv.qc.ca](mailto:programme.ministeriel.hsj@ssss.gouv.qc.ca)

Use these forms to notify us of your new address.

Return to: **Moving/Change of Address  
Quebec Enteral Feeding Program  
3175 Côte Sainte-Catherine  
Étage 7, Bloc 6  
Montréal, QC  
H3T 1C5**

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First and last names of patient: \_\_\_\_\_

New address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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First and last names of patient: \_\_\_\_\_

New address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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First and last names of patient: \_\_\_\_\_

New address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## PERSONAL NOTES AND UPDATES

Use this page to jot down any information that seems important to you.  
You will be advised of any updates to procedures as soon as they come into effect.  
Use this page to note any discrepancies with the procedures described in this guide.

[illegible]

## **Conclusion**

We hope that you find this practical guide helpful.

Refer to it as often as necessary.

If you have questions and can't find the answers in this guide, contact your healthcare worker first, who will be able to answer them for you.

If you still need answers, you can send us your questions by e-mail at the following address: [programme.ministeriel.hsj@ssss.gouv.qc.ca](mailto:programme.ministeriel.hsj@ssss.gouv.qc.ca)

Or via the mail at:

**Correspondence- Questions- Comments  
Quebec Enteral Feeding Program  
3175 Côte Sainte-Catherine  
Étage 7, Bloc 6  
Montréal, QC  
H3T 1C5**

Or via the fax number 514-345-4983