Advance to the next level of enteral feeding.
Suggested Insertion Instructions

1. Apply lubrication to the distal tip of the Tiger 2.

2. Advance the feeding tube nasally or orally, initially 50-70 cm into the stomach (dependent upon patient’s anatomical measurements).

Note: The optional torque cable may be used to advance the tube 50-70 cm. Cable must be inserted in the Tiger 2 prior to placement in the patient. Remove the cable after advancement into the stomach is achieved.

Note: Do not reinsert torque cable while the Tiger 2 is in the patient. Insufflation and auscultation may be used to confirm that the distal tip of the feeding tube is in the stomach.

3. The Tiger 2 should be left in place for 30 minutes to 1 hour. Thereafter, advance the tube 10 cm every 30 minutes until the 100 cm mark is reached.

Note: If peristalsis activity is weak, the Tiger 2 can be advanced 10 cm every 2 hours. If the patient's stomach is anatomically abnormal, advance the tube in 5 cm increments.

4. Pharmacological agents may be used to increase peristalsis in accordance with standard institutional protocol.

5. At the 100 cm mark, take an abdominal x-ray to confirm placement in the small intestine.

Ordering Information

The Tiger 2 is intended to provide short-term enteral access for delivery of nutrition and/or medication to the small bowel. Supplied sterile in peel-open packages. Intended for one-time use.

References


 Evidence-Based Medicine

Numerous randomized studies have indicated that early enteral nutritional support is vital to improving clinical outcomes for patients in the ICU. Small bowel feeding allows physicians to meet the patient’s caloric requirement more quickly. Also, by delivering the nutrients more distally, small bowel feeding may lower rate of regurgitation and aspiration of gastrointestinal contents and the resulting risk of pneumonia. The Tiger-2 nasal jejunal feeding tube has been found to have a postpyloric placement success rate of up to 80%.4

Importance of Early Enteral Feeding

- May offer advantages over blind nasogastric bedside placement.1
- More effective and earlier nutrient metabolism.6
- Potential decreased risk of ventilator-associated pneumonia.8
- Less need for fluoroscopy, endoscopy or surgery to obtain distal enteral feeding access.5
- May decrease ICU and hospital costs by reducing the use of total parenteral nutrition and improving the delivery of nutrition.7

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References


Product Features

The unique alternating cilia-like flaps along the Tiger-2 help to quickly advance it into the distal portion of the small bowel via peristalsis. This self-advancing placement reduces the risk of perforation or misplacement that is seen with weighted-tipped feeding tubes and avoids costly fluoroscopy procedures. In addition, the early postpyloric placement allows nutritional goals to be met sooner, which could lead to a shorter length of stay in the ICU.

155 cm Length

Helps to prevent migration.

1.40 French Diameter

Optimizes feeding, capillary fill of medications and dilutes fiber containing formulas.

5 Sideports

Help to prevent tube from clogging.

Centimeter Markings

every 10 cm from 40-100 cm provide visual confirmation of tube position.

Optional Torque Cable

Can be used to add body/stiffness.

155 cm Length helps to prevent migration.

1.40 French Diameter optimizes feeding capability of medications and dilutes fiber containing formulas.

5 Sideports help to prevent tube from clogging.

Centimeter Markings every 10 cm from 40-100 cm provide visual confirmation of tube position.

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3. The Tiger 2 should be left in place at 50-70 cm for 30 minutes to 1 hour. 4. Thereafter, advance the tube 10 cm every 30 minutes to 1 hour until the 100 cm mark is reached. Note: If peristalsis activity is weak, the Tiger 2 can be advanced 10 cm every 2 hours.

5. If the patient’s stomach is anatomically abnormal, advance the tube in 5 cm increments.
6. Pharmacological agents may be used to increase peristalsis in accordance with standard institutional protocol.

8. Secure appropriately to endotracheal tube or nose once the tube is fully advanced.

9. At the 100 cm mark, take an abdominal x-ray to confirm placement in the small intestine.
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