## Why You Switched to the Tiger 2™ Self-Advancing Nasal Jejunal Feeding Tube

### Ease of Use
- Self-advancing technology minimises hands-on time for clinicians.
- Requires no additional devices or costly capital equipment to facilitate placement.
- Unique design helps prevent kinking and migration into the stomach.

### Cost-Effective
- Eliminates need for expensive placement procedures (i.e., surgery, fluoroscopy, endoscopy).
- Requires only one x-ray to confirm final placement in the jejunum.

### Improved Nutrition Administration
- Bedside placement allows enteral feeding to be started sooner than other methods.
- Small-bowel feeding results in higher intake of calories and protein for quicker achievement of patients’ nutritional goals.\(^1\)

### Patient Safety
- Eliminates risks to patients during transport to operating room or radiology for tube placement.
Distance markings every 10 cm from 40-100 cm provide visual confirmation of tube position. (Tube is radiopaque to enhance x-ray visualisation.)

14 Fr diameter optimizes delivery of medications and thicker, fiber-containing formulas.

Polyurethane material is soft, pliant and “memory free,” which prevents kinking and allows tube to travel smoothly through the gastrointestinal tract without damaging internal structures.

Cilia-like flaps help feeding tube self-advance, aid in reducing the risk of dislodgement and eliminate the need to reposition the patient.

Five large sideports help prevent the tube from clogging.

Universal adapter allows connection to a variety of enteral feeding systems.

Blunt, closed tip is atraumatic to internal structures and tissue.
Indications/Contraindications

**Indications:**
Tiger 2 is intended to provide short-term enteral access for delivery of nutrition and/or medications to the small bowel.

**Contraindications:**
- Oesophageal or gastric varices
- International normalised ratio > 1.3 (at time of insertion and/or expected at time of removal)
- Anticoagulated patients (anticoagulated at time of insertion and/or expected to be anticoagulated at time of removal)
- Pathologic coagulopathies
- History of bleeding disorders
- Small- or large-bowel obstruction
- Ischemic bowel
- Peritonitis
- Oesophageal stricture or obstruction
- Gastric obstruction
- Recent nasal, oral, oesophageal or gastric surgery or trauma
- Deviated septum
- Inability to pass the feeding tube through the nares
- Uncooperative patient
Insertion Checklist

The following items may be helpful during the Tiger 2 insertion process. Refer to hospital protocol for the specific mix of items recommended by your institution.

- Torque cable
- Stethoscope
- Water-soluble lubricant
- Lidocaine gel
- Non-Luer lock irrigation syringe, 60 mL or larger
- Towel
- Gloves
- Sterile water
- 4 x 4 inch gauze
- Skin prep
- Prokinetic agent (as recommended by your hospital)
- pH paper in half strips or CO₂ detector
- Emesis basin
- Hypoallergenic tape or NG strip to secure tube
Precautions

- Tiger 2 should only be used by or under the supervision of personnel trained in standard gastric tube placement procedure.

- Proceed very slowly when removing the tube through the nose or mouth.

- The feeding adapter is manufactured from PVC (polyvinylchloride), which contains DEHP. The catheter itself does not contain DEHP.

- The tube is not intended for use beyond 30 days.

- The torque cable (supplied separately) should be used only to facilitate placement of the Tiger 2 through the nose or mouth and into the stomach. The tube should be advanced only 50-70 cm into the stomach.

- Do not insert the torque cable into a Tiger 2 that is already in situ. Doing so may cause damage to internal tissues/structures.
Instructions for Use (Abbreviated)*

1. Visually inspect the tube to check for kinks, bends or breaks that would inhibit proper working condition.

2. Apply lubricant to the distal tip.

3. Advance 50-70 cm of the feeding tube nasally or orally into the stomach (depending on patient’s anatomical measurements). Use insufflation and auscultation to confirm placement in the stomach.

4. Leave tube in place at 50-70 cm for 30 minutes to 1 hour.

5. Thereafter, manually advance the tube 10 cm every 30 minutes to 1 hour until the 100 cm mark is reached.

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

7. Secure the feeding tube using hypoallergenic tape.

* Refer to the Tiger 2 IFU for complete instructions for use.
**Torque Cable**
A torque cable (supplied separately) will provide additional support inside Tiger 2 for advancement in difficult cases. It should be used only to facilitate placement 50-70 cm into the stomach. Do not insert the torque cable into a tube that is already in situ, as doing so may cause damage to internal tissues/structures.

**Prokinetic Agents**
Prokinetic agents may be used to increase peristalsis in accordance with institutional protocol.

**Placement Time**
Final placement in the small intestine usually occurs within 3-4 hours; however, it may take 12-24 hours in the case of decreased peristalsis. If final placement is not achieved within 24 hours, alternative methods of providing nutritional support may need to be considered.

**Flushing**
A.S.P.E.N recommends flushing feeding tubes with 30 mL of water every 4 hours during continuous feeding or before and after intermittent feedings in adult patients. Sterile water should be used for immunocompromised or critically ill patients. Refer to your hospital protocol for more information on flushing. The inner diameter of the Tiger 2 is 3.3 mm. Remember to compare Tiger 2 measurements with your existing feeding tube in case an adjusted flush volume is warranted.

**Removal**
When removing Tiger 2, proceed cautiously in a slow, controlled manner. The tube is made from a soft and pliant polyurethane material to reduce the likelihood of tissue or structural damage during placement and removal.
Tiger 2 Guarantee Program

If your Tiger 2 feeding tube kinks, clogs, does not advance, migrates back into the stomach or is pulled out by the patient within 30 days of placement, Cook Medical will provide a new tube free of charge.

Contact your local Cook representative for more information.
Appendix 1: A.S.P.E.N. Guidelines for Selection of Feeding Route

**Standard 9: Selection of Route**

The route selected to provide specialized nutrition support (SNS) shall be appropriate to the patient’s medical condition.

9.1 Enteral nutrition (EN) should be used in preference to parenteral nutrition (PN) to the greatest extent possible.

9.2 PN should be used when the gastrointestinal tract is not functional or cannot be accessed, or the patient’s nutrient needs are greater than those that can be met through the gastrointestinal tract.

9.3 The route of SNS administration should be periodically reassessed for adequacy and appropriateness.
Appendix 2: Feeding Anatomy

**Mouth**
Breaks down food particles through chewing and release of saliva.

**Pharynx**
Swallows food.

**Esophagus**
Transports food to the stomach.

**Liver**
Produces bile, which aids in digestion; processes and regulates substances entering the bloodstream from digested food.

**Pancreas**
Releases pancreatic juices, or enzymes, that help digest food in the small intestine; hormones regulate blood glucose.

**Gall Bladder**
Stores and concentrates bile.

**Stomach**
Stores and churns food; secretes enzymes and acids to aid in digestion; kills most of the germs found in food.

**Small Intestine**
Completes most of the chemical digestion process and is also the location where the majority of nutrient absorption occurs.

**Large Intestine**
Absorbs some water, ions and vitamins; processes waste material into feces.

**Rectum**
Stores and ejects feces.
Appendix 3: A.S.P.E.N. Nutrition Support Algorithm

Routes to Deliver Nutrition Support to Adults: Clinical Decision Algorithm

A clinical decision algorithm that outlines the selection process for choosing the route of nutrition support in adult patients is presented below. Major considerations for selecting the feeding route and nutrition support formula include gastrointestinal function, expected duration of nutrition therapy, aspiration risk, and the potential for or the actual development of organ dysfunction.

Nutrition Assessment
Decision to Initiate Specialized Nutrition Support

Functional GI Tract

- Yes
  - Enteral Nutrition
    - Long-term Home Parenteral Nutrition
    - Short-term Home Total Parenteral Nutrition

- No
  - Parenteral Nutrition
    - Short-term
    - Long-term or Total Parenteral Nutrition

GI Function Returns

Nutrient Tolerance

- Adequate Progress or Early Feeding
- Adequate Progress on Low Fat or Special Formulas

- Adequate Nutrition on Low Fat or Special Formulas

Modified Feeding Rates and/or Formulas

GI Function Returns

- Yes
- No

Gl, gastrointestinal; PN, parenteral nutrition.


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