



DYE IN ENTERAL FEEDING

Expected Practice:

- Dye should not be added to enteral feeding as a method for identifying aspiration of gastric contents.

Supporting Practice:

- Research and case reports of aspiration have shown that dye in enteral feedings is not visually detectable in situations similar to aspiration pneumonia.¹⁻⁴ A recent consensus statement on methods for identifying aspiration in critically ill patients recommended that dye be eliminated from enteral feeding since it lacks sensitivity for identifying aspiration of gastric contents.⁵
- The addition of dye to enteral feeding has been associated with several adverse events, including gastric bacterial colonization and diarrhea, systemic dye absorption, and death.⁶⁻⁹ The FDA recently issued a Public Health Advisory based on reports of toxicity and death associated with dye in enteral feeding, although a direct causal relationship has not yet been definitively confirmed.⁹ The majority of reported cases of toxicity and /or death occurred in patients with sepsis.
- Use of glucose testing of tracheal aspirates,^{1,10} once proposed as a method for identification of gastric aspiration, is no longer recommended as a viable strategy.⁴

What You Should Do:

- Do not use dye in enteral feedings as a method for identifying pulmonary aspiration.
- If your current practice includes use of dye in enteral feedings, consider forming a multidisciplinary task force (nurses, physicians, dietitians, respiratory therapists, clinical pharmacists) or a unit core group of staff to address the need for removing dye from enteral feedings at your institution.
- Assure that written practice documents (e.g., policies, procedures or standards of care) about enteral feeding do not include the addition of dye.
- Educate staff about the reasons for removal of dye from enteral feedings.

Need More Information or Help?

- Talk with a clinical practice specialist for additional information / assistance at www.aacn.org then select PRN.

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10. Metheny N, St.John R, Clouse R. Measurement of glucose in tracheobronchial secretions to detect aspiration of enteral feedings. *Heart and Lung*. 1998;27:285-292.

Other Articles of Interest:

1. Maloney J, Metheny N. Controversy in using blue dye in enteral feedings as a method for detecting pulmonary aspiration. *Crit Care Nurse*. 2002;22:84-86.
2. Aschenbrenner D. Drug Watch: Blue dye No. 1 advisory. *AJN* 2004;104:71.
3. Maloney J, Ryan T, Brasel K, et al. Food dye use in enteral feedings: A review and a call for a moratorium. *Nutr Clin Pract*. 2002;17:169-181.