

Important Excerpts from the ADA Guidelines for Preparation of Human Milk and Formula in Health Care Facilities

When available, closed system administration sets should be used.
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Human milk and formulas should be prepared using aseptic technique. Disposable equipment should be used for preparing human milk feedings, or the equipment should be sterilized between each source of milk.
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To prevent contamination of milk during preparation, aseptic technique in handling milk should be used. The nurse or caregiver should wash his or her hands thoroughly with soap and water or use hand sanitizer. Gloves may be worn during milk preparation (76,77).
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If continuous feedings are used, the syringe and tubing should be changed every 4 hours to avoid unacceptable levels of bacteria in the milk.
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Limit hang time of prepared human milk and formula to a maximum of 4 hours (20,21) or less, with the expiration time clearly marked on the feeding container.
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Retrograde colonization of feeding systems is well documented (2,28-30). Policies regarding expiration time of feeding tubes and extension sets, feeding reservoirs, and the feeding itself all potentially play a role in enteral feeding safety.
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Pumps may be used to deliver an intermittent or continuous feeding. The Joint Commission has published a letter of warning suggesting that equipment used for enteral feeding should be distinct from that used for parenteral purposes (37).
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Unique tubing for enteral feedings-eg, one with a unique color and connector designed for feeding tubing-is strongly suggested (39).
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Recommended Features for Enteral Feeding Pumps for Use with Neonates and Infants:

- Flow rate in 1-mL increments
- Flow rate accuracy of $\pm 5\%$ for neonates, $\pm 10\%$ for older infants
- Alarm for no flow or occlusion at a low pressure, eg, 12 to 20 psi
- Automatic antifreeze flow or bolus protection
- Lock-out feature that prevents changing settings

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