The FARRELL® Valve System

with EQUILIBRIUM TECHNOLOGY™

1. Hang FARRELL bag at the same height as the feeding bag/container.
2. Close WHITE clamp above FARRELL “Y” port.
3. a. Attach enteral administration set connector to “Y” port on FARRELL tubing.
   b. Prime FARRELL tubing below the “Y” (3 ml).
   c. Close BLUE clamp.
4. Attach FARRELL set connector to feeding tube.
5. Important: Position the FARRELL “Y” port at or below the patient’s stomach.
6. Open the BLUE clamp to establish flow, then open the WHITE clamp.

NOTE: Normal height of formula in the FARRELL tubing will be slightly above patient’s stomach level. Formula may continuously move up and down in the FARRELL tubing.

WARNING: When FARRELL tubing line is open (Open WHITE clamp), the pump’s “occlude” alarm will not function, as formula will continue to flow into FARRELL bag.

MEDICATION ADMINISTRATION
1. When administering medication, use the access port on the feeding tube if possible.
2. Close the BLUE clamp before opening the feeding tube access port.
3. Administer medication.
4. Wait 5–10 minutes before re-opening the BLUE clamp.

ADDITIONAL TIPS AND INFORMATION
1. In order for the FARRELL Valve System to work properly, the FARRELL “Y” port must be AT or BELOW the patient’s stomach.
2. If a patient has a distended stomach, manually decompress the patient’s stomach with a syringe prior to the initial use of the FARRELL Valve System.
3. It may be helpful to prime the FARRELL tubing slightly above the in-line “Y” port to the expected level of the fluid in the patient’s stomach.
4. Patients on very low volume feeds (neonates) may require substantially longer time (60–90 minutes) to establish flow before opening the WHITE clamp above the “Y” port.
5. When the FARRELL Valve is working properly, formula may continuously move up and down in the FARRELL tubing.
6. The FARRELL Valve continuously decompresses the patient’s stomach, but the FARRELL bag will not usually inflate with gas because it is ventilated.
7. When administering medication, use the access port on the feeding tube if possible. Close the BLUE clamp before opening the feeding tube access port. Administer medication and wait 5–10 minutes before re-opening the BLUE clamp.
8. If formula begins to back up into the FARRELL bag and a feeding tube occlusion is suspected, close the BLUE clamp and disconnect the FARRELL Valve System. Check for occlusions in the feeding tube. Once the occlusion is resolved reconnect the FARRELL Valve System.

Important Note: If a large volume of fluid is in the FARRELL tubing and bag after resolving an occlusion, adjust the head height of the FARRELL bag to prevent a free-flow bolus of fluid into the patient.

CAUTION: While the FARRELL Valve is in operation, flow to the patient is essentially controlled by gravity. With normal (Non-FARRELL) operation, pump pressure (12–18 psi) may overcome and clear obstructions or kinks in the feeding tube. With the FARRELL Valve in operation, these obstructions may not be overcome and formula will back up into the FARRELL bag. If formula begins to back up into the FARRELL bag, close the WHITE clamp located on the line above the FARRELL “Y” port and wait several minutes to determine if the pump can then overcome the occlusion. Make sure the WHITE clamp above the FARRELL “Y” port is CLOSED and the BLUE clamp below the FARRELL “Y” port is OPEN.