See how automated feed/flush technology can benefit you and your practice

**HELPS DECREASE LIKELIHOOD OF REHOSPITALIZATION**

Patients at skilled nursing facilities using manual syringe flushing had a 3.9% higher 30-day risk-adjusted rehospitalization rate compared to automated flush facilities. Automated flushing may be an efficient and cost-effective means of improving 30-day rehospitalization outcomes in post-acute SNF patients receiving tube feedings.

**AIDS IN REDUCTION OF NURSING TIME**

Manual syringe flushing requires 14% higher average RN staffing at skilled nursing facilities. Over the course of one year (10 patients/nurse/day, each receiving 4 flushes/day), manual syringe flushing (2 min/flush) versus automatic pump flushing (1 min/flush) consumes more staffing hours (486.6 versus 243.3) and nursing time cost (€16,398 versus €8,199 or $24,115 CAN versus $12,057 CAN).

**FACILITATES COST REDUCTION**

Transition from manual to automated flushing saves an estimated $80 USD per patient per year in the USA. The nurse workload per patient was reduced by an average of 250 minutes over one year.

**SUPPORTS FEWER TUBE OCCLUSIONS**

Routine, proactive flushing during feeding and medication administration is the best way to prevent many clogged tubes. Clogged feeding tubes are responsible for significant lost delivery of enteral nutrition feeding; they also increase risks and costs to patients in the event they must be replaced.

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1. Nadeau B, Tordella J. The role of automated flushing in decreased 30-day rehospitalization rates. Poster presented at: ASPEN’s Clinical Nutrition Week; Feb 2017; Orlando, FL.

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