

ENTERAL FEEDING AND MANAGEMENT POLICY AND PROCEDURE



High-Intensity Module – Enteral (Naso-Gastric Tube – Jejunum or Duodenum)
Feeding and Management

1.0 PURPOSE

All About Care of Australia Pty Ltd. is committed to providing the highest standard of care and support for a participant requiring enteral feeding and management. All About Care of Australia Pty Ltd. has developed the Enteral Feeding and Management Policy consistent with legislative requirements for a high intensity support activity, ensuring a safe, efficient and effective management service to our participant.

2.0 SCOPE

This policy is applicable to all Staff who work directly with participants who require Enteral Feeding and Management.

3.0 DEFINITIONS

Term	Definition
Enteral feeding	is a method of supplying nutrients directly into the gastrointestinal tract Enteral feeding describes Orogastric, Nasogastric and Gastrostomy tube feeding. The reasons for this to occur can be due to a participant: <ul style="list-style-type: none">• Who is unable to consume adequate nutrients;• Has impaired swallowing;• Facial or oesophageal structural abnormalities;• Eating disorders;• Congenital anomalies.
Enteral feeding tubes can be used to	<ul style="list-style-type: none">• Administer bolus, intermittent feeds and continuous feeds;• Medication administration;• Drainage and aspiration of the stomach contents;• Feeds can be administered with a syringe, via gravity or a pump.

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Orogastric Tube	a thin soft tube passed through the participant's mouth to the oesophagus and into the stomach.
Nasogastric Tube	is thin soft tube passed through the participant's nose, down the back of the throat, through the oesophagus and into the stomach.
Gastrostomy Tube	a feeding tube which is inserted through the abdominal wall and directly into the stomach
Percutaneous Endoscopic Gastrostomy tube	a gastrostomy tube which is held in place with an internal fixator.
Gastrostomy-Button	a skin level button gastrostomy tube inserted into a pre-formed stoma.

4.0 PRINCIPLES OF ENTERAL FEEDING AND MANAGEMENT

- To follow personal hygiene and infection control procedures;
- To confirm the need and consent for enteral feeding,
- To introduce food via a tube according to the care plan;
- To monitor the rate and flow of feeding and take appropriate action to adjust if required;
- To keep the stoma area clean and monitor and report signs of infection;
- To check that the tube is correctly positioned, and monitoring equipment is in operation;
- To follow procedures to respond to malfunction
- To document a request to review mealtime plan where required;
- To liaise with health practitioners to explain/demonstrate requirements
- To recognise and respond to symptoms that could require health intervention

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5.0 ROLES AND RESPONSIBILITIES

All About Care of Australia Pty Ltd.'s Director is responsible for the overall clinical management and medication management of a high intensity supported participant's care. This policy is to be used in conjunction with All About Care of Australia Pty Ltd.'s Medication Policy (where required). The participant's care plan and mealtime preparation and delivery plan is also included and overseen by a relevant health practitioner (e.g. Dietician, Speech Therapist, Occupational Therapist). This care plan will be regularly reviewed where procedures and information will be given to the participant/carer/advocate. All About Care of Australia Pty Ltd.'s participants are ensured their desired level of involvement is respected and maintained. All About Care of Australia Pty Ltd. will ensure that each participant requiring enteral feeding and management will receive nutrition, fluids and medications, relevant and proportionate to the individual needs.

Please Note: The replacement of Nasogastric tubes is high risk and will be only done by a qualified health practitioner {Registered Nurse}. In some cases, support workers may respond when PEG tubes become dislodged. This is only appropriate when the balloon device tube is in position and stable (after the initial tube has been replaced by balloon device), and there is active oversight by a health practitioner {Registered Nurse}

6.0 CARE PLAN

All About Care of Australia Pty Ltd.'s participant care plan is developed with the involvement of the participant/carer/advocate, Program Coordinator and health practitioners (e.g. dietician, speech therapist, occupational therapist). Included in the plan is the mealtime preparation and delivery of the Percutaneous Endoscopic Gastrostomy (PEG) feeding or Nasogastric (NG) feeding regime.

Frontline workers will confirm consent for the need for enteral feeding from the participant/carer/advocate. The participant's health status will have regular reviews by the Program Coordinator or a qualified health practitioner (e.g. Dietician, Speech Therapist, Occupational Therapist). The care plan will identify how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant safety and wellbeing.

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A participant's mealtime preparation and delivery plan are to be reviewed weekly to ensure there are strategies in place for acting upon information from the participant/carer/advocate, support worker and health professional (e.g. Dietician, Speech Therapist, Occupational Therapist).

Frontline staff are to follow documentation procedures this includes:

- Recording the length of time allocated for mealtime assistance, this will provide an indication of the intensity of support required for All About Care of Australia Pty Ltd.
- Document and monitor the rate and flow of feeding.
- Record the daily input and output, monitoring for dehydration.
- Document and communicate to the Program Coordinator a participant/carer/advocate request for a change of mealtime.
- Record any changes requested by a health practitioner (e.g. Dietician, Speech Therapist, Occupational Therapist).

Record and communicate to the Program Coordinator any signs or symptoms of unexpected weight gain or weight loss.

7.0 STAFF TRAINING

All About Care of Australia Pty Ltd.'s frontline staff providing support for enteral feeding and management have relevant additional qualifications and experience. Frontline staff are trained to be aware of the impact of associated health conditions and complications that interact with enteral feeding such as; severe epilepsy, severe dysphagia, complex physical disability. All About Care of Australia Pty Ltd. frontline staff will have received training (according to their training plan), relating specifically to each participant's needs and their care plan / mealtime preparation and delivery plan. Frontline staff will be trained in behaviours of concern where a participant may frequently dislodge their feeding tubes becoming high risk participants and the associated risks. This training will also include the following:

- people who are unable to feed themselves;
- people with complex communication.

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- basic anatomy of the digestive system;
- equipment components, function, cleaning and maintenance procedures;
- stoma care requirements and procedures;
- awareness of risks associated with departing from the plan
- communication techniques to explain risks to participant/carer/advocate and other support workers
- the impact of associated health conditions and complications that interact with enteral feeding e.g. related cardiac or respiratory disorders;
- very complex physical disability; severe epilepsy;
- symptoms that indicate the need for intervention e.g. poor chest health, dehydration, reflux;
- factors that may require immediate adjustment e.g. rate, flow and quantity of food.
- positioning and turning to maintain airway safety and avoid choking risk and in pressure care.

All About Care of Australia Pty Ltd. training system complies with the high intensity support skills descriptor for providing enteral feeding and management including a situation where the behaviour of a participant may dislodge the feeding tube e.g. severe epilepsy, severe dysphagia and/or complex physical disability. All About Care of Australia Pty Ltd.'s training program instructs frontline staff in the management of different enteral feeding equipment, components and their function.

All About Care of Australia Pty Ltd. training system complies with the high intensity support activities skills descriptor for providing enteral feeding and management including how to follow procedures and exercise judgement on when to respond/report problems such as blockages, signs of deteriorating health or infection. All About Care of Australia Pty Ltd. has policies and procedures in place which identify, plan, facilitate, record and evaluate the effectiveness of training for their staff. This system facilitates training which is mandatory in relation to staff obligations under the NDIS Practice Standards and NDIS rules.

8.0 SAFETY CONSIDERATIONS

All About Care of Australia Pty Ltd. will ensure that their frontline staff have knowledge of and

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are trained in infection control procedures as per their Management of Waste Policy. How to correctly use equipment components, function, cleaning and maintenance procedures for enteral feeding and relative stoma care requirements and procedures; including the safe disposal of bags/ equipment as required. To monitor, chart and record participants enteral feeding management and mealtime preparation and delivery plan as per All About Care of Australia Pty Ltd. Information and Record Keeping Policy and Procedure.

The frontline staff will consult with the participant/carer/advocate to identify, recognise and respond/ report problems such as blockages, signs of deteriorating health or infection. Frontline staff will also respond/report to behaviours that may mean a participant frequently dislodges their feeding tube making them high risk of choking and aspiration. All About Care of Australia Pty Ltd. frontline staff will involve a qualified health practitioner (e.g. Registered Nurse, Enrolled Nurse, Dietician, Speech Therapist, Occupational Therapist) if any of the above risk factors are present with their participant. All About Care of Australia Pty Ltd. has Reportable Incident, Emergency and Risk Management policies, procedures, registers and reports in place ensure that service provision is provided for the maximum of participant safety and wellbeing.

8.1 Equipment in the Home

Equipment used in the home environment may include:

- Disposable gloves (powder free)
- Feeding pump
- Feeding pump frame
- Tube feed
- Giving sets and accessories
- Spare feeding tubes
- Syringes

- Carriers packs
- Connectors
- Liquid formula
- Measuring cup

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- Distilled water

9.0 ENTERAL FEEDING PROCEDURE

9.1 PURPOSE

This procedure has been written as a generic guide to Enteral feeding and tube care. A support worker must consult their individual participant mealtime preparation and delivery plan for specific instructions.

9.2 Weight Chart

- Weekly weighs or as identified by a health practitioner (Registered Nurse, Enrolled Nurse, Dietician, Speech Therapist, Occupational Therapist)
- Ideal weight _____ kg

Date	Weight	Date	Weight	Date	Weight

9.3 Enteral Feeding Tube Types

Enteral tube feeding is a way food can get into the body through tubes and not through the mouth. This procedure has been developed for participants who are unable to eat through their mouth. The food is in liquid form and is given through a tube into the stomach or small intestine.

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Enteral tubes can be placed in different places along the gastrointestinal tract. A nasogastric tube is a tube that is put up the nose and down into the stomach. A gastrostomy, sometimes called a PEG, (percutaneous endoscopic gastrostomy) is placed in the stomach during surgery. Some PEG's have a tube always hanging out, and some replacement PEGs are flat ('profile', or 'buttons'). A jejunotomy is placed in the middle part of the small intestine called the jejunum during surgery.

Enteral feeding can be given in 3 different ways:

1. via a pump - *used for continuous or intermittent feeds where the formula is given without stopping over 8-24 hours.*
2. via gravity drip - *used to give larger amounts of formula over a shorter period of time usually 4 to 6 times each day.*
3. via a syringe – *this is the fastest method where larger amounts of formula are given at a time. Feeding using a syringe or gravity drip can also be called bolus feeding.*

9.4 Enteral Feeding Tube Care and Equipment

There are different types of feeding tubes, pumps and equipment. The frontline worker must consult the Enteral Feeding Care Plan to see what specific requirements their participant has.

The frontline worker must check:

- the correct position of the tube
- the surrounding skin at the insertion site
- dates for when the feeding tubes and equipment must be changed

NOTE: The frontline worker must contact their Program Coordinator if they observe redness, pain or swelling, or excess discharge around the tube site, or if the feeding tube moves out of position.

9.5 Preparing the Formula

9.5.1 Pump feed

A Dietitian will have specified in the participant's mealtime preparation and delivery plan how much formula is required and the specific nutritional needs. Standard procedure when using a **pump** is:

1. Wash hands

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2. Use clean equipment, make sure it's all connected correctly
3. Check expiry on the tin/bottle/carton
4. Use the Dietitian's directions on how much powder and water to create the formula. (if you are using a liquid formula shake well to maintain the correct consistency of the feed).
5. Make sure there are no lumps in the feed
6. Fill the feed chamber and prime the line
7. Turn on the pump to the correct speed specified in the participants mealtime preparation and delivery plan.
8. Monitor until the feed is complete
9. Check that the participant is comfortable and free from risks
Document in required chart.

9.5.2 Gravity Feed

Standard procedure when using a **gravity** feed is:

1. Wash hands and gather poles and other equipment, formula, container, feed and giving set
2. Fill syringe with the set amount of warm water and gently push it through the feeding tube (this is a flush).
3. Pour the set amount of formula into the feed container
4. Attach giving set to container and hang on the pole (or a hook 50cm above your head)
5. Squeeze the drip chamber of the giving set until it is 1/3 full
6. Open the flow regulator clamp on the giving set and let the formula run to the end of the giving set tube to clear the air out then close the flow regulator
7. Attach the tip of the giving set tube, to your feeding tube and open the flow regulator clamp to allow the feed to run in by gravity. Use the clamp to adjust formula flow rate
8. When the feed has finished close the clamp and fill the syringe with the prescribed amount of warm water and gently push it through the feeding tube
9. Take giving set off container, wash, dry and store the giving set and syringe as directed
10. Check that the participant is comfortable and free from risks and document

9.5.3 Syringe Feed

Standard procedure when using a **syringe** feed is:

1. Wash hand and assessable all equipment (Formula, Feed container and giving set, water, Syringe, Measuring cup)

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2. Fill syringe with the set amount of warm water and gently push it through the feeding tube (this is a flush)
3. Measure the set amount of formula into a measuring cup
4. Remove plunger from syringe then rinse syringe with water and attach to feeding tube
5. Pour formula into syringe and hold the syringe higher than where the feeding tube goes in
6. Let the formula run in slowly by gravity. If you have a thin tube you may need to use the syringe plunger to gently push the formula through the tube.
7. Do not let the syringe get empty before refilling it, as air will enter the stomach
8. It should take at least 15 minutes to give a feed
9. Flush the tube with the prescribed amount of water then disconnect syringe and recap feeding tube
10. Document

9.5.4 Formula Storage

Formula should be stored following the steps below:

- Store unopened tin/bottle/cartons of formula in a dry, cool place
- Keep unused, opened formula in the fridge
- Throw away any formula not used in 24 hours
- Do not heat the formula

9.6 Feeding Position

Participant positioning during a feed is vital to the assistance of digestion through out the procedure and reduces risks associated with enteral feeding. Always, where possible, assist the participant into a sitting position. They should never be lying flat whilst having a feed. If the participant is unable to sit in a chair with their head must be raised to at least a 30-degree angle or on three pillows to maintain elevation whilst they are having their feed. This position should be maintained for 30-60 minutes after their meal to further assist in the digestive process and reduce feeding risks.

9.7 Medication Administration

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Following the participant's care plan and All About Care of Australia Pty Ltd. Management of Medication Policy take the following steps to administer medication via an Enteral tube. Medications should be in a liquid form if possible, if not, tablets should be crushed and mixed with water to make a soup-like mixture. Do not mix medicine with the feeding formula and do not mix medicines together. Each one should be given separately. Flush the feeding tube before and after each medication. Some medications should not be given while the feeds are running as they can react with the feed, this will be specified in the participant care plan.

9.8 Oral Care

Oral care is very important to participants who have enteral tubes for feeding. Although they are not eating through their mouth it is still important to maintain a healthy oral environment. The following points are suggestions for maintaining good oral hygiene.

- Brush their teeth at least twice daily with toothpaste and a soft brush.
- Use a mouthwash or a saline solution as needed to freshen their mouth and breath (this will also assist with a dry mouth).
- If tolerated, ice chips or sugarless gum can be used to prevent a dry mouth.
- Use a lip cream to prevent dry lips. And encourage participant to breathe through their nose.
- Report any bleeding or mouth problems to the Program Coordinator.

9.9 Problems and Complications

There are many problems and complications from Enteral tube feeding. The following three are the most common ones for Staff to be aware of. You must check the participant care plan to see what individual support they may require.

Diarrhoea is the frequent loose bowel movements that are not normal. Participants may experience this due to:

- medications (antibiotics or laxatives),
- formula is given too fast or
- when it is too cold and

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- the contamination of the formula due to handwashing,
- hanging feeds too long,
- flushes not totally cleaning tubing.

Nausea, vomiting, bloating, heartburn or stomach pain. This can be resulting from feeding a cold solution. The participant may also experience these symptoms if they are lying flat during or just after feeding. Constricting clothing is the possible final cause that can be rectified easily.

An Enteral tube may become blocked for the following reasons:

- medications have not been crushed sufficiently before giving through the feeding tube.
- An insufficient flush that is <40mL of water before, between and after giving medications.

Constipation means bowel movements that are hard, or difficult to pass. Possible causes of constipation are, not enough fluid, not enough fibre in the formula, not enough exercise and some medications.

The Enteral tube is coming out. If this happens the Staff must not reuse this tube. They must follow the procedures in the participant care plan and contact the Director or Operations Manager and appropriate health practitioner Registered Nurse. The Staff may need to organise the participant to go to the emergency department of the nearest hospital.

10.0 LEGISLATION

- NDIS Quality and Safeguards Commission (2018)
- NDIS High Intensity Support Skills Descriptor
- NDIS High Intensity Daily Personal Activities
- NDIS Provider Registration and Practice Standards

11.0 RELATED DOCUMENTS

- Working with Children Policy and Procedure
- Code of Conduct Policy
- Complaints Compliments and Feedback Policy

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- Consent Policy
- Person Centred Supports Linkages Policy and Procedure
- Doctors Medication Order Form
- Human Resource Management Policy
- Reportable Incident, Accidents and Emergencies Policy
- Information and Record Keeping Policy and Procedure
- Management of Waste Policy
- Management of Medication Policy
- Privacy and Confidentiality Policy
- Risk Management Policy
- Service Agreement Policy
- Work Health and Safety and Environment Management

12.0 RELATED FORMS

- Authority to act as an Advocate
- Code of Ethics and Conduct Agreement
- Complaints and Feedback Form