

ENTERAL FEEDING POLICY



Version 1.1

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ORCHYD is an inclusive community that aims to support and welcome children with complex medical conditions.

It is important for ORCHYD to have an enteral feeding policy so that all children requiring enteral feeding can be given the same opportunities to achieve their full potential and enjoy the same level of participation as their peers.

ORCHYD understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

ORCHYD will ensure relevant staff will be trained to respond in the event an emergency, e.g. the replacement of a low profile gastrostomy tube to prevent the stoma closing.

ORCHYD has clear guidance about record keeping including the recording of all the medical details of children requiring enteral feeding and keeping parents updated with any issues it feels may affect their child.

Prior to the holiday, the Lead HCP will meet with the catering team to identify any children requiring enteral feeding, to identify which children are nil by mouth, which children can have “tastes” or any other oral feeding requirements (e.g. require thickener, certain textures). A food placement mat will be devised by the catering team highlighting any specific needs. All relevant staff will be advised of the children’s individual feeding needs. A copy of a Speech and Language feeding report maybe required.

ORCHYD will work together with children, parents, volunteers and health professionals to ensure this policy is successfully implemented and maintained.

The enteral feeding policy will be regularly reviewed, evaluated and updated.

Please also refer to the Medication Management Policy.

A safe and hygienic environment is maintained at all times, ensuring the safety and welfare of both children and staff. ORCHYD’s procedures must be followed at all times when dealing with a gastrostomy in order to minimise the risk of infection.

ORCHYD supports the welfare of children who require the use of an enteral feeding device.

A gastrostomy is a direct opening through the abdominal wall into the stomach, which allows a tube to deliver liquid feeds and medications directly into the stomach. A trans-gastric jejunostomy is a direct opening through the abdominal wall into the stomach BUT it also has a longer tube inside the child which is sited down in the small intestine. It has 2 ports which allows medications/feeds to be given either in stomach or straight into the small intestine if the child has problems with severe reflux.

A Jejunostomy may open directly into the jejunum or may go through the stomach and into the small intestine.

There are generally three types of gastrostomies:

- Catheter device with a balloon.
- PEG
- Low profile gastrostomies – mini or mic-key.

Trans-gastric jejunostomy

- Have two ports; one which is marked jejuno and the other gastro. It is important to check which port medications or feeds are due to be given via either the Jejuno or gastro.

Jejunostomy Low profile device (PEG-J)

The low profile buttons require an extension set that can be re-used for up to 2 weeks.

PROCEDURE FOR ADMINISTERING AN ENTERAL FEED, MEDICATION OR WATER VIA A GASTROSTOMY OR TRANSGASTRIC JEJUNOSTOMY.

NB Only single checking is required for enteral feeding. A list of trained staff able to administer feeds is kept by the Lead HCP.

Bolus Feeding

1. Prepare the equipment required - gravity sets (if applicable), 60ml syringes and extension sets (applicable for the buttons). These are stored in their individually labelled container.
2. All feeds **MUST** be checked against the administration of feed record for the correct feed, amount and time. The expiry date needs to be checked. For trans-gastric jejunostomy, check which port is to be used.
3. Wash hands before and after any contact with the equipment and the child. Put on gloves if required.
4. Prime the extension set with water and attach to the button.
5. Flush the gastrostomy/trans-gastric jejunostomy tube with 20mls water unless otherwise stated in the individual protocol.
6. If using gravity set, prime the feed through the feeding set.
7. Connect the primed feeding set or 60ml syringe to the gastrostomy/trans-gastric jejunostomy tube and undo the clamp.

8. Keep the syringe filled to prevent air entering the stomach.
9. Adjust the flow rate by lowering or raising the syringe.
10. The feed should take between 10-15 minutes to administer.
11. Flush the tube with 20mls of water via a syringe – unless otherwise stated in the individual protocol.
12. Detach the extension set if applicable.
13. Close cap of gastrostomy/ trans-gastric jejunostomy tube.
14. Wash the extension set and 60ml syringe after each use with warm soapy water until tubing is clear. Rinse thoroughly and air dry. Store in named child's pot.
15. Gravity sets are single use only so should be disposed of after each feed.
16. Sign the feeding administration record.

Pump feeding

1. Prepare the equipment required - The individual child's feeding pump, syringes and extension sets, if required.
2. All feeding lines must be prepared immediately before use. All feeds **MUST** be checked against the administration of feed record form for the correct feed, amount, rate and expiry date.
3. Wash hands before and after any contact with equipment and the child. Put on gloves if required.
4. Prime the extension set (if applicable) with water and attach to the button.
5. Prime the giving set with feed before attaching to the pump or prime giving set using pump depending on pump type.
6. Flush the gastrostomy/ trans-gastric jejunostomy tube with 20mls water unless otherwise stated in the individual protocol.
7. You must ensure the pump is set at the correct rate and includes a set dose limit if required.
8. Any problems with feeding via the pump: stop feed, check the alarm displayed on the pump and if unable to clear problem contact the HCP or the manufactures helplines for advice.

9. When the feed is finished, make a visual check to see that the feed has been given, check that dose has been delivered, disconnect the pump and flush with 20mls water unless otherwise stated in the individual protocol.
10. Some children are provided with one giving set for 24 hours or single use, check the Enteral feed consent for details. Wash the extension set with warm soapy water until tubing is clear. Rinse thoroughly and air dry. Store in named child's container.
11. Sign the feeding administration record.

Medication

1. Prepare equipment required. Extension set (for low profile gastrostomy) and syringes
2. Medication should be checked as per medication policy.
3. Wash hands before and after contact with equipment and child. Put on gloves if required.
4. Prime extension set (if applicable) with water and attach to button. Flush with at least 20ml water
5. Give medications one at a time with flush in-between medications
6. Flush with at least 20ml water after last medication and disconnect extension set if applicable
7. Wash extension set and syringe with warm soapy water until bung is clear. Rinse thoroughly and air dry. Store in named child's container.

Routine care

Prior to the holiday or on check-in, details of the care requirements of the Gastrostomy will be discussed with the parents e.g. for low profile gastrostomies the water in the balloon should be checked and changed weekly, PEG tubes need to be cleaned and rotated. The care needs will be documented in the child's individual care record.

Dealing with Problems

Problem	Action
Gastrostomy/ Jejunostomy site red / infection	Keep stoma clean and dry. Redness, swelling, pus and or tenderness are all signs of infection. Inform HCP.
Blocked tube	If blocked do not attempt to feed.

	To prevent blockage ensure tube is flushed before and after feed.
Tube falls out - this requires immediate action	Cover with dressing/gauze. Contact HCP or someone trained in re-insertion.
Leakage from tube or around stoma	Stop feed, inform HCP for advice.
Vomiting / retching	Stop feed, inform HCP.

Additional Information

- All children with low profile gastrostomy buttons are to supply a spare for the holiday unless agreed with the Lead HCP.
- An En-plug is also available in the emergency gastrostomy pack, which should be used in event that child does not have own tube available.
- Consent for enteral feeding is obtained from parents and recorded on the record of administration of feed or medication form.
- Additional water should be given to children in hot weather. Please discuss with HCP.
- If a child has very loose stools post feed inform HCP for advice.
- Enteral feeding may be carried out by HCPs who are trained and competent/confident to do so. Alternatively volunteers who carry out this as part of their normal employment or have been assessed as competent by a trained HCP, may also administer enteral feeds.
- The Lead HCP or other trained HCP will provide training guidance for other HCPs and appropriate volunteers. Where necessary a competency assessment will be carried out by the Lead HCP.

If a tube becomes blocked or dislodged this should be discussed with Lead HCP or HCP on duty. Staff who are competent to change or replace gastrostomy tubes will be identified by ORCHYD and a list is kept by the Lead HCP. The tube position must be checked using Ph paper before it is used for feeding/medications. If no suitably trained member of staff is available, or unable to be replaced the tube - if possible an EN-fit plug should be inserted, the child and replacement tube will be taken to the closest A&E to have their tube replaced.

ENTERAL FEEDING COMPETENCY

Details of competency: Enteral Feeding – PEG gastrostomy, low profile Gastrostomy (button) tubes and Jejunostomy feeding (trans-gastric, PEG-J or PEJ). Circle tube/s type as appropriate.

Learning outcomes:

On completion the ORCHYD team member will:

- Have knowledge of the ORCHYD Enteral feeding policy and further sources of information.
- Have a basic understanding of the digestive system.
- Have an understanding of why some children need to be fed via a tube.
- An awareness of the factors involved when administering an enteral feed.
- A practical ability to successfully carry out enteral feeding.

	Competency/knowledge demonstrated	Fully met/Competent	Sign/Initial	
1	Demonstrates an awareness of: <ul style="list-style-type: none"> - The anatomy and physiology of the gastro intestinal tract. - Position of a percutaneous endoscopic gastrostomy/button feeding tube and the various Jejunostomy tubes. - Indications for enteral feeding. - Additional problems the child may have that complicate feeding e.g. reflux. 			
2	Demonstrates psychological aspects of enteral feeding: <ul style="list-style-type: none"> - Age/child appropriate preparation and techniques for consent - Aware of the importance of oral stimulation. - Importance of oral hygiene. - Encouragement of normal social interaction at mealtimes. 			
3	Understands the safety aspects of feeding: <ul style="list-style-type: none"> - Safe hand washing technique. - Storage of feed between 5 – 24 degrees Celsius. - Where stored and how long feed can be stored once opened - Need to check correct feed at room temperature, expiry date, required rate, look and smell of feed. - Correct positioning of child during and after feed. - Clean environment for feeds. 			
4	Demonstrates competent practice in using the equipment required: <ul style="list-style-type: none"> - All appropriate equipment checked for integrity, expiry date, etc - Priming the sets to dispel air. - How to gravity feed if appropriate - How to use feeding pump if appropriate. 			

	<ul style="list-style-type: none"> - Flushing tube before and after feed to care plan/feeding regime. - Policy for use of disposables. 			
5	Awareness and competent in daily care: <ul style="list-style-type: none"> - Cleaning of tube - Signs of infection 			
6	Aware of potential problems and appropriate solutions <ul style="list-style-type: none"> - What to do if tube is blocked. - What to do if a child develops vomiting, diarrhoea, or abdominal discomfort. - Whom to contact for advice - What to do if tube becomes dislodged/removed – emergency action (full details on emergency replacement procedure sheet). Indicate if competent to replace tube.			
7	Knowledge regarding ORCHYD record keeping <ul style="list-style-type: none"> - Accurate, appropriate documentation - Who and when to report concerns 			
9	demonstrate awareness of issues surrounding privacy and dignity <ul style="list-style-type: none"> - Aware of intimate nature of the procedure/other people’s curiosity 			

Sign off:

When the ORCHYD staff member and the assessor (Nurse on NMC register competent in training and assessing Enteral feeding) are happy that the technique has been performed competently allowing independent practice, sign & date below

Assessor’s Name:

Signature: Date:.....

Staff member - I agree with the above assessment and understand that I am able to deliver feeds without further supervision and that it is my responsibility to inform the Lead HCP if I need any further training/support or I have concerns with my competency to perform Enteral feeding.

Staff member’s name:

Signature: Date: