

Lothian Enteral Tube Feeding Best Practice Statement

<u>GENERAL ISSUES</u>		
ISSUE	STATEMENT	EVIDENCE / REFERENCE
<p>Consideration prior to commencing enteral tube feeding</p>	<p>Nutrition and hydration provided by tube or drip are regarded in law as medical treatment, and should be treated in the same way as other medical interventions.</p> <p>Enteral feeding should never be started without consideration of all the related ethical issues and must be in the best interest of the patient. The access route should be decided on an individual basis according to the clinical indications, treatment plan and nutritional status of the patient.</p> <p>When invasive techniques are used to establish the access route consent must be obtained and the possible complications explained to individual giving the consent.</p> <p>Patients' capacity to consent should be assessed in accordance with Adults with Incapacity (Scotland) Act 2000 – Section 47.</p> <p>Discussions prior to commencing tube feeding should include advance planning, and there may be a time when enteral feeding may be no longer deemed in the patient's best interest. If this was the case this would be communicated to the patient / relatives and carers.</p>	<p>Todorovic & Micklewright (2011) <u>PENGL – A pocket guide to clinical nutrition 4th edition</u> British Dietetic Association</p> <p>GMC (2010) Treatment and care towards the end of life: Good Practice in Decision Making http://www.gmc-uk.org/Treatment_and_care_towards_the_end_of_life_English_1011.pdf 48902105.pdf</p> <p>Adults With Incapacity (Scotland) Act 2000 – Section 47 http://www.scotland.gov.uk/publications/2008/06/13114117/0</p>

Lothian Enteral Tube Feeding Best Practice Statement

<p>Withholding or withdrawing enteral tube feeding.</p>	<p>When considering withholding and withdrawing enteral tube feeding, the discussion should involve the healthcare team, patient and relatives/carer(s) (if applicable).</p> <p>If the healthcare team conclude that enteral feeding is no longer in the patient's best interest, and should be withheld/withdrawn this should be explained clearly and time given to the patient and relatives / carers to take in this information and to formulate any questions. This discussion should be handled in a timely and sensitive manner, by the appropriate member of the healthcare team.</p> <p>Discussion should include rationale for the clinical judgement and details of the discussion should be recorded in the patient's notes.</p> <p>If the Liverpool Care Pathway (LCP) documentation is to be used, goals 6 and 7 are pertinent to clinically assisted hydration and nutrition. In accordance with the goals of the LCP, all decisions regarding commencing, continuing or withdrawing enteral feeding should be made according to clinical judgement, in the best interest of the patient. This should be discussed with the patient where possible, and relatives and carer(s).</p> <p>For further advice contact the Palliative Care team. http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/PalliativeCare/Pages/PalliativeCare.aspx</p>	<p>GMC (2010) Treatment and care towards the end of life: Good Practice in Decision Making http://www.gmc-uk.org/Treatment_and_care_towards_the_end_of_life_English_1011.pdf 48902105.pdf</p> <p>Holmes, s (2010) Withholding or withdrawing nutrition at the end of life. <u>Nursing Standard</u> 25 (14)</p> <p>Liverpool Care Pathway consensus statement (2012) http://www.endoflifecareforadults.nhs.uk/assets/downloads/LCP_consensus_statement_24_09_12.pdf</p> <p>Liverpool Care Pathway Frequently Asked questions http://www.liv.ac.uk/media/livacuk/mcpcii/documents/LCP%20FAQ%20August%202012.pdf</p>
---	--	---

Lothian Enteral Tube Feeding Best Practice Statement

<p>Documentation following enteral feeding tube insertion</p>	<p>Good and accurate record keeping is an essential aspect of patient care and helps to protect the welfare of patients by promoting:</p> <ul style="list-style-type: none"> ▪ High standards and continuity of patient care ▪ Better communication and dissemination of information between members of the inter-disciplinary team ▪ An accurate account of treatment, care planning and delivery ▪ The ability to detect problems at an early stage. <p>All records should be signed (with the name and designation printed along side) with time and date.</p> <p>When an enteral feeding tube has been placed (or replaced) the following information must be documented in the patients medical / nursing / unitary notes / careplans (as appropriate depending on local arrangements):</p> <ul style="list-style-type: none"> ▪ Type of enteral feeding tube ▪ Make and batch number of tube ▪ Length and size of tube (French gauge) ▪ Method of tube position confirmation ▪ Approximate date of replacement ▪ Method of tube removal <p>Following insertion of a Gastrostomy tube there should be a high visibility warning in the patient's medical and nursing notes stating that if there is pain on feeding, prolonged or severe pain post-procedure, or fresh bleeding, or external leakage of gastric contents, stop feed/medication delivery immediately, obtain senior advice urgently and consider CT scan, contrast study or surgical review.</p> <p>This warning should also be included in discharge information to GPs, community nurses or care homes.</p> <p>Where patients are discharged within 72 hours of gastrostomy insertion patients should be provided with this information and advised to seek urgent attention if they experience any of these symptoms</p>	<p>Nursing and Midwifery Council (2009) Record keeping; Guidance for nurses and midwives. http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Record-Keeping-Guidance.pdf</p> <p>British Dietetic Association (2008) Code of Professional Conduct. http://www.bda.uk.com/publications/Code_of_Professional_Conduct.pdf</p> <p>Health Professions Council (2008) Standards of conduct, performance and ethics. http://www.hpc-uk.org/assets/documents/10003B6EStandardsOfconduct,performanceandethics.pdf</p> <p>Nursing and Midwifery Council (2011) Code of Conduct http://www.nmc-uk.org/documents/councilpapersanddocuments/council2011/council-code-of-conduct-2010-2011.pdf</p> <p>NPSA/2011/PSA002 National Patient Safety Agency. Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants. http://www.nrls.npsa.nhs.uk/easysiteweb/getresource.axd?assetid=129696&type=full&servicetype=attachment</p> <p>NPSA/2010/RRR010 National Patient Safety Agency Rapid Response Report. Early detection of complications after gastrostomy http://www.nrls.npsa.nhs.uk/resources/?entryid45=73457&q=0%C2%ACgastrostomy%C2%AC</p>
---	--	---

Lothian Enteral Tube Feeding Best Practice Statement

<p>Training and changing enteral feeding tubes</p>	<p>Staff must possess the knowledge, skills and abilities required for lawful, safe and effective care and must only practise those activities in which they have received appropriate education, training and experience, and maintained their competencies to do so.</p> <p>Any staff involved in placing orogastric, nasogastric tubes, nasojejunal tubes or replacing gastrostomy or jejunostomy tubes or replacing tube ends must be trained in the procedure according to local protocols.</p>	<p>Nursing and Midwifery Council (2011) The NMC Code of Professional Conduct: standards for conduct, performance and ethics.</p> <p>Health Professions Council (2008) Standards of conduct, performance and ethics. http://www.hpc-uk.org/assets/documents/10003B6EStandardsOfconduct.performanceandethics.pdf</p> <p>NICE (2006) Nutrition support in adults – Oral nutrition support, enteral tube feeding and parenteral nutrition</p> <p>NHS Lothian Insertion and Care of Nasogastric Feeding Tubes (Adult) – Initial Competency http://intranet.lothian.scot.nhs.uk/NHSLothian/Corporate/A-Z/Clinical%20and%20Corporate%20Learning/ClinEducationTrain/Clinical%20Skills/PreCourse%20Workbooks%20and%20Competencies/IC%20-%20Insertion%20and%20Care%20of%20Nasogastric%20Feeding%20Tubes%20-%20Adult%20v2%20May%202012.pdf</p>
--	--	--

Lothian Enteral Tube Feeding Best Practice Statement

<p>Initiating feeding regimen following enteral feeding tube insertion</p>	<p>Adults Local protocols should be agreed.</p> <ul style="list-style-type: none"> ▪ Orogastric, Nasogastric or Nasojejunal feeding can commence immediately once tube position has been confirmed. ▪ Gastrostomy - evidence shows that early feeding (4 hours) following tube insertion is both safe and effective. ▪ Surgical Jejunostomy - commence feeding 36 hour after tube placement. <p>It is NOT necessary to use only water (except for flushing) for the first 24 hours; the prescribed feed may be used as soon as tube feeding starts.</p> <p>Appendix 1 Starter Feeding Regimen for Adults</p> <p>Paediatrics Local protocols should be agreed.</p> <ul style="list-style-type: none"> ▪ Orogastric, Nasogastric or Nasojejunal feeding can commence immediately once tube position has been confirmed. ▪ Gastrostomy/Jejunostomy – essential medications can be given at 4 hours, and progress to feed within 12-16 hours post tube placement. <p>It is NOT necessary to use only water (except for flushing) for the first 24 hours; the prescribed feed may be used as soon as tube feeding starts.</p> <p>Appendix 2 Initiating Nasogastric tube feeding out of hours: 0-1 years, children and adolescents</p>	<p>Choudry, U. et al (1996) Percutaneous endoscopic gastrostomy: a randomised prospective comparison of early and delayed feeding <u>Gastrointestinal Endoscopy</u> 44(2) 164-7.</p> <p>McCarter, TL et al (1998) Randomized prospective trial of early versus delayed feeding after percutaneous endoscopic gastrostomy placement <u>American Journal of Gastroenterology</u> 93(3) 419-21.</p> <p>NICE (2006) Nutrition support in adults – Oral nutrition support, enteral tube feeding and parenteral nutrition</p>
--	---	---

Lothian Enteral Tube Feeding Best Practice Statement

ISSUE	STATEMENT	EVIDENCE / REFERENCE
<p>The use of water for flushes in enteral feeding</p>	<p>The following advice applies to ALL types of enteral tube feeding</p> <p><u>Adults and Paediatrics</u> <u>Hospital (all patients)</u></p> <ul style="list-style-type: none"> ▪ Sterile water should be used. ▪ Unused water should be discarded 24 hours after the bottle has been opened. <p><u>Community Environment</u> (including patients own home, care homes etc)</p> <ul style="list-style-type: none"> ▪ Freshly drawn tap water (not too cold) should be used. <p><u>Patient is immunocompromised in community</u></p> <ul style="list-style-type: none"> ▪ Cooled, freshly boiled water should be used. <p><u>Guidance for use of jug for water</u></p> <ul style="list-style-type: none"> ▪ The patient should have an identified jug for this purpose ▪ After use the jug should be washed in hot soapy water and dried with a paper towel or kitchen roll ▪ If the jug is not used immediately it should be covered until required ▪ If using cooled boiled water, water should be boiled and allowed to cool before being decanted into the jug 	<p>NICE (2012) Infection control – Prevention and control of healthcare-associated infections in primary and community care.</p> <p>Infection Control Nurses Association (June 2003): <u>Enteral feeding – Infection control guidelines.</u></p>

Lothian Enteral Tube Feeding Best Practice Statement

ISSUE	STATEMENT	EVIDENCE / REFERENCE
Water for reconstituting feeds CURRENTLY UNDER REVIEW	<p>Reconstituting feeds</p> <p><u>Adults and Paediatrics</u></p> <ul style="list-style-type: none"> ▪ Sterile water should be used to reconstitute feeds for immunocompromised patients, burns patients ▪ Cooled boiled water should be used in all other circumstances with feeds refrigerated for no longer than 24 hours. ▪ Paediatric Hospital patients - follow Special Feeds Unit procedure ▪ Adult Hospital patients – use sterile water 	NICE (2012) Infection control – Prevention of healthcare-associated infections in primary and community care.
Reconstituting feeds CURRENTLY UNDER REVIEW	<p><u>Liquids</u> For immunocompromised or paediatric patients, liquids should preferably be prepared in an aseptic unit or special feeds unit by appropriately trained staff.</p> <p><u>Powders</u> Powders should be prepared in a clinically clean area or milk kitchen with certain feeds sterilised following preparation.</p> <p><u>General advice</u> Hands must be thoroughly decontaminated prior to reconstituting feeds Utensils should either be sterile or heat-disinfected in a dishwasher / washer-disinfector Feeds must be mixed thoroughly using an aseptic non-touch technique Prior to decanting, modified feeds may be stored in a refrigerator below 8°C for up to 24 hours.</p>	Infection Control Nurses Association (June 2012): <u>Enteral feeding – Infection control guidelines.</u> Food Standards Agency (2007) <u>Guidelines for making up special feeds for infants and children in hospital</u> Health Protection Scotland http://www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx

Lothian Enteral Tube Feeding Best Practice Statement

ISSUE	STATEMENT	EVIDENCE / REFERENCE
Flushing enteral feeding tubes	<p>Regular flushing of ALL enteral feeding tubes will help to reduce the risk of blockage.</p> <p>If a feeding tube is not being used for feeding it should be flushed at least once a day to keep tube patent.</p> <p>Take care if the patient is on a fluid restriction – flushing volumes may need to be altered.</p> <p>A push/ pull technique should be used as this is more effective in cleaning the inner walls of the tube.</p> <p>Flushing volumes</p> <p><u>Adults</u> Flush the tube with water:</p> <ul style="list-style-type: none"> ▪ before commencing feed (at least 30mls) ▪ when feeding has finished (at least 30mls) ▪ before administering medicines (at least 30mls) ▪ between each medicine (at least 5mls) ▪ after all medicines have been given (at least 30mls) <p><u>Paediatrics</u> Flush the tube with water:</p> <ul style="list-style-type: none"> ▪ before commencing feed (5-10mls) ▪ when feeding has finished (5-10mls) ▪ before administering medicines (5-10mls) ▪ between each medicine (2mls) ▪ after all medicines have been given (5-10mls) <p><u>Neonates</u> Use smaller volumes in accordance with local guidelines</p>	<p>Gueneter, P. Mechanical complications in long term feeding tubes Nursing Spectrum Career Fitness Online www.nursingspectrum.com.</p> <p>Reising, D. L., & Neal, R. S. (2005), American Journal of Nursing, 105(3), 58-63. <u>Enteral tube flushing</u></p> <p>White, R & Bradnam, V (2011) Handbook of Drug Administration Via Enteral Feeding Tubes. 2nd Edition. Pharmaceutical Press</p> <p>NPSA/2007/19 National Patient Safety Agency. Promoting safer measurement and administration of liquid medications via oral and other enteral routes</p>

Lothian Enteral Tube Feeding Best Practice Statement

<p>Patient position during feeding</p>	<p><u>Adults</u> Optimal position is 30 degrees upright during feeding and up to one hour after feeding to reduce the risk of aspiration.</p> <p><u>Paediatrics</u> Where possible the child should be positioned with their head above the level of their stomach, preferably sitting or supported at an angle of approximately 30 degrees</p> <p><u>Babies</u> Babies may be fed in baby seats offering firm support, such as car seats, in preference to bouncy chairs which can induce vomiting. Babies with Gastro-oesophageal reflux should have their cots angled to 30 degrees.</p>	<p>Marks, L & Rainbow, D (2003) <u>Working with Dysphagia</u> Beachmark publishing.</p> <p>NHS QIS (2007) <u>Nasogastric and Gastrostomy tube feeding for children being cared for in the community – best practice statement.</u></p> <p>Metheney N, Clouse R et al (2006) Tracheobronchial aspiration of gastric contents in critically ill tube fed patients: frequency outcomes and risk factors. <u>Crit Care Med</u> 34:1007-1015</p>
--	---	---

Lothian Enteral Tube Feeding Best Practice Statement

ISSUE	STATEMENT	EVIDENCE / REFERENCE
Delivery of bolus feeds	<p>Bolus feeding refers to a volume of feed given over a short space of time either by gravity or via a feeding pump. When using a syringe, avoid using a plunger to administer bolus feed.</p> <p><u>Adults</u> A maximum volume of 400mls should be bloused at any one time.</p> <p><u>Paediatrics</u> Gravity Bolus feeds should be administered over no less than 20-30min, however pump delivered bolus feeds can be larger & over longer duration. The actual volume of feed will depend on the child's body weight and tolerance.</p>	<p>ESPGHAN Committee on Nutrition (2010). Practical approach to Paediatric Enteral Nutrition. http://espghan.med.up.pt/joomla/pdf_files/EN.practical%20approach.2010.pdf</p>
Type / size of syringe for feeding and medicine administration	<p>Enteral syringes should be used at all times, and the largest functional size, commonly 60mls, should be used.</p> <p><u>Administering medicines</u> When measuring medicines with syringes, use the size of syringe appropriate to the volume of medicine to be given e.g. use a 3ml syringe to administer a 2.5ml dose.</p> <p>Smaller syringes produce greater pressure and may split the tube, therefore administer slowly.</p>	<p>White, R & Bradnam, V (2011) Handbook of Drug Administration Via Enteral Feeding Tubes. 2nd Edition. Pharmaceutical Press</p>
Feed storage	<p>Sterile feeds should be stored in a clean, cool, dry area.</p> <p>Stock should be rotated to avoid feeds exceeding their expiry date.</p> <p>Dry powdered constituents should be dated when opened and discarded following manufacturer's guidelines.</p> <p>Feeds should be used according to manufacturer's guidance and food hygiene legislation.</p> <p>Reconstituted feeds (i.e. non-sterile feeds) should be refrigerated at a temperature of 4°C or below for no longer than 24 hours.</p> <p>Each feeding system should be labelled with patient's name and the date & time the feed was set up.</p> <p>All feed (reconstituted feed and opened sterile feed) should be discarded after 24 hours.</p>	<p><u>The British Journal of Infection Control</u> (2003) Infection Control: Prevention of healthcare associated infection in primary and community care Dec 81-97.</p> <p>Anderton, A (2000) <u>Microbial Contamination of Enteral Tube Feeds – How Can We Reduce The Risk?</u> Nutricia Clinical Care.</p> <p><u>Safety Action Notice</u> (2001) Enteral feeding systems: risk of contamination and infection 01/12.</p>

Lothian Enteral Tube Feeding Best Practice Statement

<p>Hanging times for feed</p>	<p>Sterile feeds – hanging time is a maximum of 24 hours</p> <p>Non-sterile feeds (including modular feeds, diluted and modified sterile feeds)</p> <p>Hospital – 4 hours.</p> <p>Community – 4 hours</p> <p>Feed bags and giving sets can be used for 24 hours, with feed volume being topped up every 4hrs.</p> <p>In certain situations, the Dietitian may advise an acceptable longer duration for overnight pump feeding, based on individual assessment.</p>	<p>Anderton, A (2000) <u>Microbial Contamination of Enteral Tube Feeds – How Can We Reduce The Risk?</u> Nutricia Clinical Care.</p> <p>NICE (2012) Infection control – Prevention of healthcare-associated infections in primary and community care.</p> <p>ESPGHAN Committee on Nutrition (2010). Practical approach to Paediatric Enteral Nutrition. http://espghan.med.up.pt/joomla/pdf_files/EN.practical%20approach.2010.pdf</p>
-------------------------------	--	--

Lothian Enteral Tube Feeding Best Practice Statement

ISSUE	STATEMENT	EVIDENCE / REFERENCE
Decanting feed	<p>Where possible, avoid decanting feed by using full-strength ready to use feeds.</p> <p>If feed has to be decanted:</p> <ul style="list-style-type: none"> ▪ Good hand hygiene is essential. ▪ A clean working area should be prepared and dedicated equipment used. ▪ Crown or screw-capped bottles should be used in preference to cans and tetrapaks (to reduce risk of contamination). ▪ Visibly dirty bottles or cans should be washed under clean running water and dried with a disposable paper towel. ▪ Before opening the container any parts of the outside surface which are likely to come into contact with the feed while it is being decanted should be thoroughly disinfected using either alcohol spray or a separate large alcohol impregnated wipe for each container. ▪ All scissors, bottle openers etc. which are used to open containers should be cleaned with hot, soapy water and disinfected (use an alcohol wipe and allow to dry) before use. Any items used to open containers should be identified as solely for this purpose. <p>Do not 'top up' nutrient containers with sterile feeds – it is preferable to decant the total daily volume at the start of the 24 hour feeding period.</p> <p>In a community setting advice should be sought from a Dietitian for individual patient to allow for a practical feeding regimen.</p>	<p><u>The British Journal of Infection Control</u> (2003) Infection Control: Prevention of healthcare associated infection in primary and community care Dec 81-97.</p> <p>Anderton, A (2000) <u>Microbial Contamination of Enteral Tube Feeds – How Can We Reduce The Risk?</u> Nutricia Clinical Care.</p>

Lothian Enteral Tube Feeding Best Practice Statement

<p>"Blenderised" diets</p>	<p>It is recommended that a prescribable, nutritionally complete feed is used.</p> <p>There is a recent trend toward preparing and administering blenderised/liquidised food via an enteral feeding tube.</p> <p>The following factors should be considered and fully discussed with patient/parents/carers:</p> <ul style="list-style-type: none"> ▪ Food hygiene, safe preparation and storage and transport of liquidised/blenderised food. ▪ Nutritional adequacy (including the liquidised food process). ▪ Infection control procedures ▪ Tube blockage/degradation ▪ Administration technique ▪ Administering feed out with the home environment, including planning for periods of acute illness (i.e. hospital admission). This should include risk assessment to document safety measures put in place. ▪ Documentation in child's record to ensure staff are void of responsibility if any problems arise. ▪ Signed disclaimer for care centres (i.e. school, respite, residential units) <p>An informed choice should be made based on above considerations and outcome of discussion shared with the healthcare team.</p> <p>Long term enterally tube fed patients tend to have multiple and often complex healthcare needs that make them more vulnerable in the consideration of the above factors.</p> <p>Dietetic support and monitoring should continue to be carried out as per monitoring guidelines.</p>	
<p>Oral hygiene</p>	<p>Good oral hygiene should be maintained in patients receiving enteral tube feeding.</p> <p>A patient who is receiving all nutritional requirements via an enteral feeding tube requires regular oral care (3-4 hourly) or more frequently as required.</p> <p>Use of oral swabs see advice below: http://www.mhra.gov.uk/Publications/Safetywarnings/MedicalDeviceAlerts/CON149697</p>	<p><u>SIGN (2004) Management of patients with stroke: identification and management of dysphagia SIGN 78.</u></p> <p><u>NHS QIS (2005) Best Practice Statement – Working with dependant older people to achieve good oral health.</u></p> <p>www.healthscotland.com/documents/4169.aspx</p>

Lothian Enteral Tube Feeding Best Practice Statement

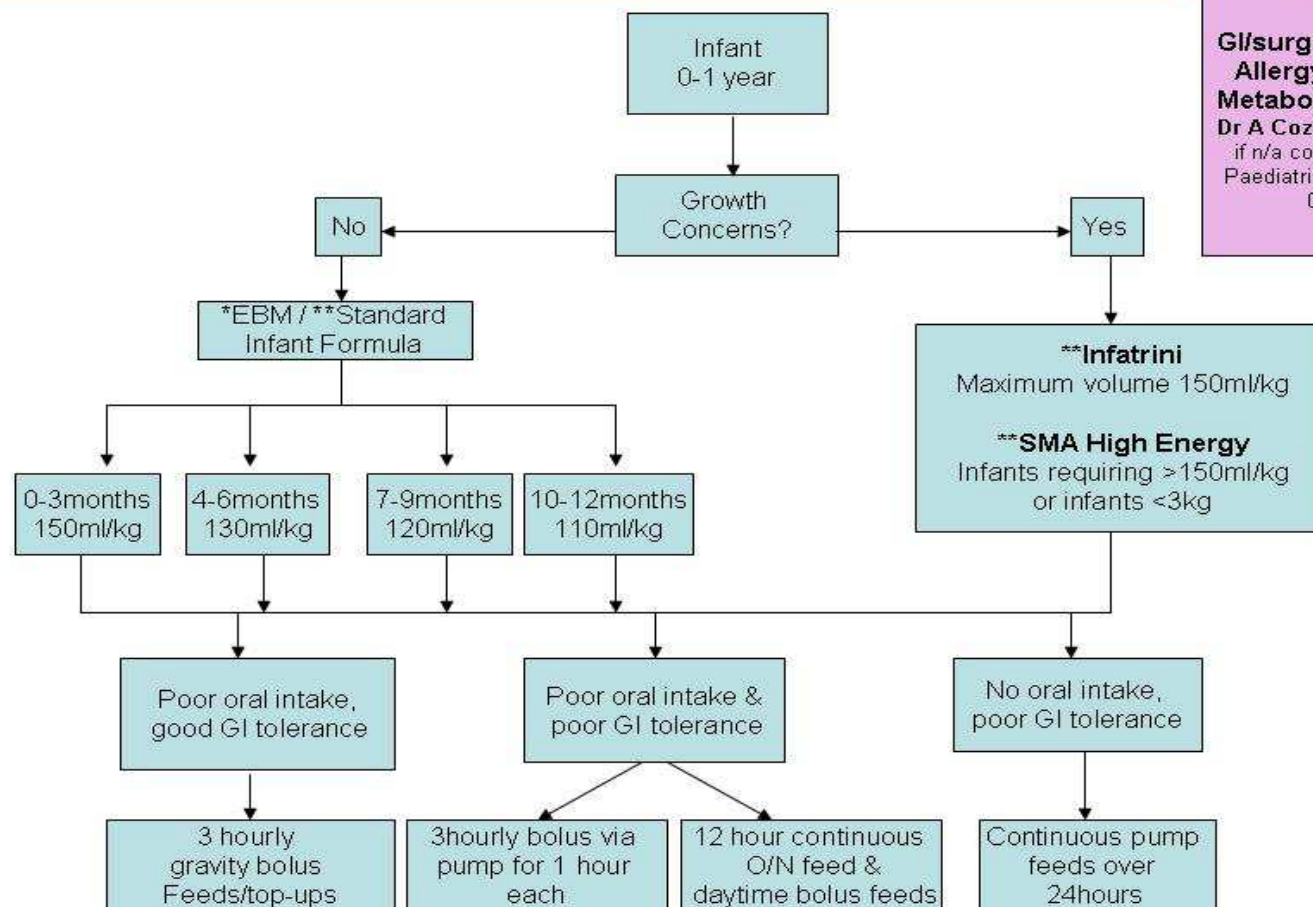
<p>Managing blocked tubes</p>	<p>If feeding tube is blocked try the following:</p> <ol style="list-style-type: none"> 1. Using a 60ml syringe administer warm water (i.e. 3 parts cold water and 1 part boiling water) using a push/pull technique. Massage the blockage if visible. 2. Using a 60ml syringe administer sodium bicarbonate solution (1 teaspoon in 100mls warm water) or soda water using a push/pull technique. 3. Use a smaller syringe (5ml) with caution if the above does not work. <p>It can take up to 30 minutes with this technique.</p> <p>Cranberry juice, carbonated cola drinks and pineapple juice are acidic and may contribute to tube blockage by protein denaturation and, therefore, should not be used.</p> <p>If the tube does not become unblocked, follow local procedure to get tube replaced.</p>	<p>White, R & Bradnam, V (2011) Handbook of Drug Administration Via Enteral Feeding Tubes. 2nd Edition. Pharmaceutical Press</p>
-------------------------------	---	---

Lothian Enteral Tube Feeding Best Practice Statement

ISSUE	STATEMENT	EVIDENCE / REFERENCE	
Causes and management of nausea, bloating & vomiting	<u>Causes</u> Too rapid feed administration Feed too cold Side effects of medicines Constipation Feed intolerance Gastro-oesophageal reflux Delayed gastric emptying	<u>Checklist</u> Reduce rate / lower gravity for bolus feeds Ensure feed is at room temperature Review prescribed medicines Prescribe anti-emetics Medical review / composition of feed / fluid status Osmolality/ osmolarity / composition Feed thickeners / maximise anti-reflux medicines Consider gastric motility agents	McAtear, CA (1999) <u>Current perspectives on enteral nutrition in adults</u> A BAPEN Working Party Report BAPEN. Stroud, M, Duncan, H & Nightingale, J (2003). Guidelines for enteral feeding in adult hospital patients <u>Gut</u> Vol 52 (Supp VII):vii1-vii12. NICE (2006) Nutrition support in adults – Oral nutrition support, enteral tube feeding and parenteral nutrition NHS QIS (2007) <u>Nasogastric and Gastrostomy tube feeding for children being cared for in the community – best practice statement.</u>
Causes and management of diarrhoea	<u>Causes</u> Infection Too rapid administration Pharmaceutical Pre-existing bowel disorder Overflow Malabsorption Other	<u>Checklist</u> Stool samples for analysis Reduce rate/review regimen Review recent and current drug therapy Consider anti-diarrhoeal medicines Management of constipation (see below) Consider pancreatic enzyme therapy or a peptide feed. Review fibre intake/osmolality of feed Medical review / check stool chart Review techniques / procedures	McAtear, CA (1999) <u>Current perspectives on enteral nutrition in adults</u> A BAPEN Working Party Report BAPEN. Todorovic, V & Micklewright, A. (2011) <u>A Pocket Guide to Clinical Nutrition</u> 4th edition, Parental and Enteral Nutrition Group of the British Dietetics Association. NHS QIS (2007) <u>Nasogastric and Gastrostomy tube feeding for children being cared for in the community – best practice statement.</u>
Causes and management of constipation	<u>Causes</u> Dehydration Side effects of medicines Lack of dietary fibre Immobility Changes in gut motility	<u>Checklist</u> Assess fluid status e.g. fluid balance chart, biochemistry Review prescribed medicines Prescribe laxatives Consider use of fibre feed Encourage physical activity if possible Consider enema/laxatives	McAtear, CA (1999) <u>Current perspectives on enteral nutrition in adults</u> A BAPEN Working Party Report BAPEN. Todorovic, V & Micklewright, A. (2011) <u>A Pocket Guide to Clinical Nutrition</u> 4th edition, Parental and Enteral Nutrition Group of the British Dietetics Association. NHS QIS (2007) <u>Nasogastric and Gastrostomy tube feeding for children being cared for in the community – best practice statement.</u>

Lothian Enteral Tube Feeding Best Practice Statement

Initiating naso-gastric tube feeding out of hours: 0 – 1 years

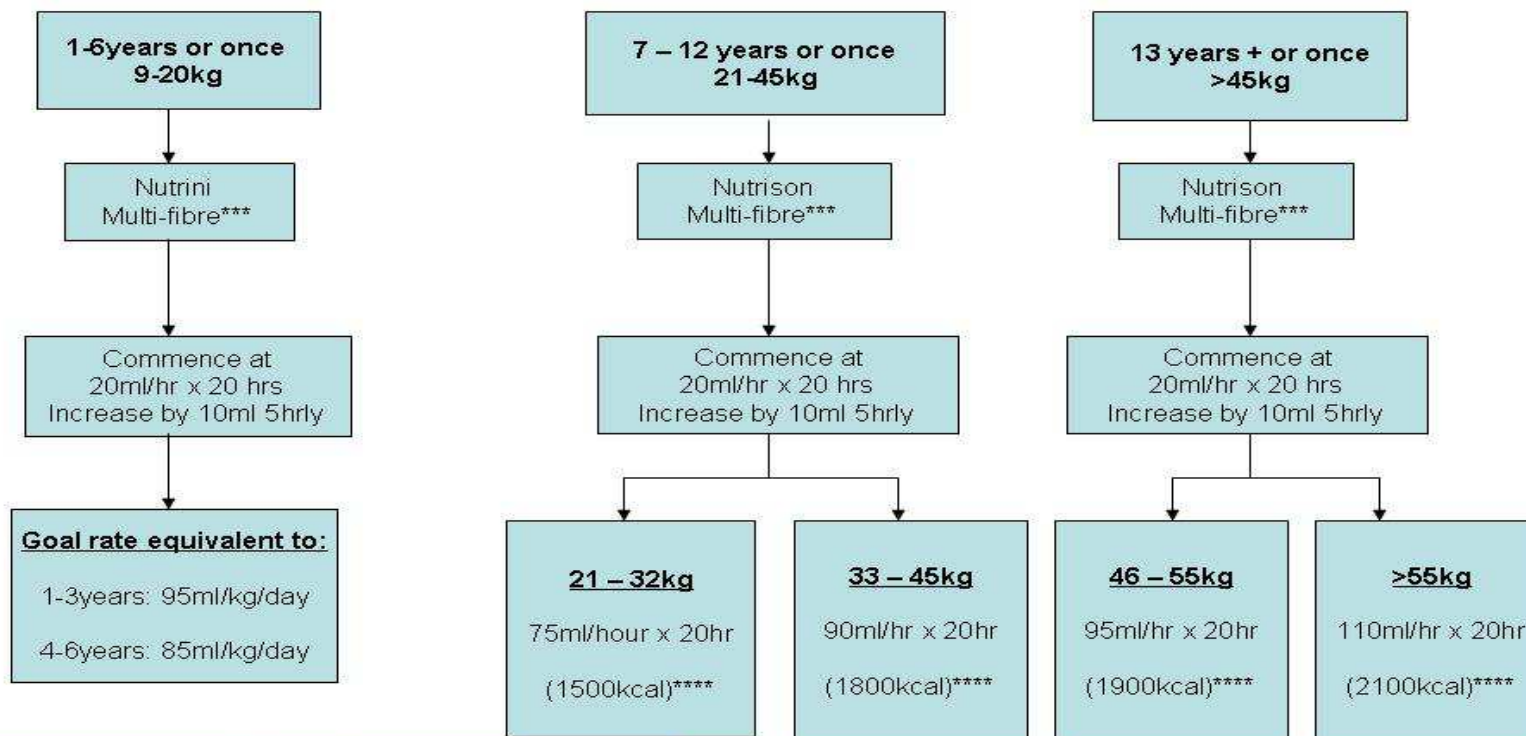


****Exceptions**
GI/surgical – Pepti-Junior
Allergy – Nutramigen 1
Metabolic – contact team,
Dr A Cozens mob.07895713600
if n/a contact on-call Metabolic
Paediatrician via Yorkhill Switch
0141 201 0000

***EBM – never give via continuous pump**

Appendix 3

Initiating naso-gastric tube feeding out of hours: children and adolescents



*****Exceptions**
 GI/Surgical – Nutrini Peptisorb or Nutrison Peptisorb
 Allergy – Neocate Advance
 Metabolic – contact team, Dr A Cozens mob.07895713600
 if n/a contact on-call Metabolic Paediatrician via Yorkhill Switch.
 0141 201 0000

**** remember additional fluids may be required to meet adequate hydration.