

Enteral Feeding Care and Management

POLICY AND PROCEDURE

Purpose

The Enteral Feeding and Management policy and procedure is to ensure that clients requiring enteral feeding and management receive appropriate nutrition, fluids and medication relevant to the client's specific individual needs

Enteral feeding management is carried out within the Subee Newlake Clinical Governance Policy framework that promote best practice standards, safety and competency in clinical care, limiting risks to the client and staff.

Scope

All support workers that have clients with Enteral Feeding and Management as part of their care should follow the Enteral Feeding and Management Policy and Procedure.

The Registered Nurse/s of Subee Newlake are responsible for the assessment, planning and review of the client Care Plan.

The Registered Nurse is also responsible for training and competency-based assessment of support staff involved in enteral feeding and management.

Definitions

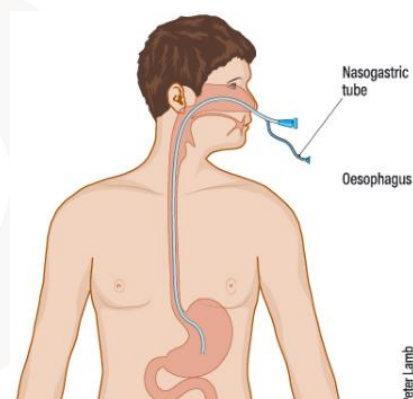
Enteral Feeding is a method of supplying nutrients directly into the gastrointestinal tract. Enteral feeding is considered for malnourished patients or in those at risk of malnutrition who have a functional gastrointestinal tract but are unable to maintain an adequate or safe oral intake.

Gastrostomy tube

A Gastrostomy Tube is a feeding tube which is inserted endoscopically or surgically through the abdominal wall and directly into the stomach.

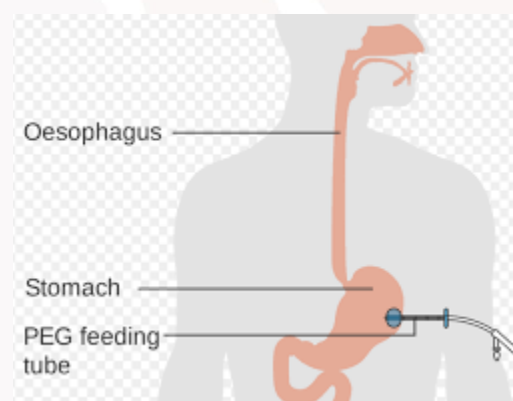
Nasogastric Tube (NGT)

NGT is a thin, soft tube passed through the nose, down the back of the throat, through the oesophagus and into the stomach.



Percutaneous endoscopic gastrostomy tube (PEG)

A PEG tube is a gastrostomy tube which is held in place with an internal fixator



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02 6651 3153 | www.subeenewlake.com.au
subee@subeenewlake.com.au



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Gastrostomy-Button (Mickey-Button™)

A Gastrostomy Button is a skin level button gastrostomy tube inserted into a pre-formed stoma.



Jejunal Feeding

Jejunal feeding is the method of feeding directly into the small bowel. The feeding tube is passed into the stomach, through the pylorus and into the jejunum. This type of feeding is also known as post-pyloric or trans-pyloric feeding.

Jejunal feeding is indicated in patients who have a functioning gastro-intestinal tract, but who have an absent gag reflex, gastric dysmotility or persistent vomiting resulting in faltering growth.

Modes of Delivery

1. Bolus

Bolus feeding is a type of feeding method that uses a syringe to deliver formula through your feeding tube. It is generally the fastest method where large amounts of formula are given at a time.

Gravity

A gravity drip is used to give a larger amount of formula over a shorter period usually 3-6 hour intervals of 100-500mls.



Pump

The pump is used for continuous or intermittent feeds where the formula is given without stopping over 16-18 hours.

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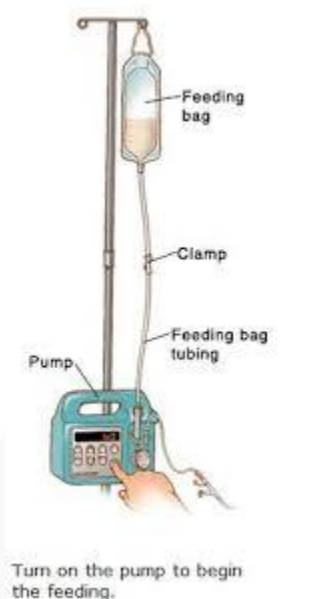


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Procedure

Subee Newlake's Clinical Governance Framework ensures all staff employed have the appropriate professional qualifications to carry out clinical support to clients with high intensity daily support activities.

The Registered Nurse completes an assessment of the clients support needs and with the client and or their advocate develops a Nursing Care Plan that reflects their individual needs and choice.

Nursing Care Plan reflects:

- Doctors' orders and recommendations
- Client input and choice into PEG feeding and management plan
- Current best practice standards for enteral management

An Action Plan that addresses any incidents or escalation of incidents to emergencies in relation to PEG blockage,

dislodgement, leak, infection or dysreflexia. Refer to Specialised Care Plan: Peg Tube and Enteral Feeding Care Plan

The client and or their advocate has signed the Nursing Care Plan.

A copy of the Care Plan stays with the client and a copy is placed in the client's file.

The care plan has a review date of 6 months but will be reviewed earlier if the client, support worker, or registered nurse identifies earlier review is needed.

Earlier review may occur due to change in client's needs, incident report that suggests a review of needs or emergency.

Support workers complete progress notes per visit.

Support staff will contact the service co-ordinator if they identify problems whilst on shift with enteral feeding management. This information is reported back to the Registered Nurse for review.

An incident report is completed by the support staff if required. Service co-ordinator to follow up that the incident report is documented and followed up on by the registered nurse or Operations Manager.

Training and Competency

The Registered Nurse/s of Subee Newlake are responsible for the training and competency checking of all support workers.

Training is provided on a needs basis to support workers that are providing support to clients with enteral feeding.

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Face to face training is complemented by Support Workers completing the AusMed LMS Module Clinical skills: Managing Enteral Feeding.

All training is recorded on TRACK competency training register with a set review date.

Training includes:

- The type of PEG
- PEG regime
- Managing a PEG related incident
- Anatomy related to enteral feeding
- Cleaning and maintain PEG equipment

Refer to training and competency check list forms:

- Competency Assessment Bolus Peg Feeding F-090
- Competency Assessment Gravity/Line Peg Feeding F-025

Related Forms

- Enteral Feeding Care Plan F -106
- Specialised Care Plan: Peg Tube F-049

Related Policies & Procedures

- Waste Management Policy & Procedure
- Infection Control Policy & Procedure
- Medication Policy and Procedure
- Needle stick and Sharps Policy & Procedure
- Clinical Governance Framework Policy and Procedure
- Incident Reporting Policy
- Confidentiality Policy
- Dysphagia, safe swallowing and meal time management

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