



Community Infection Prevention and Control Policy for Domiciliary Care staff

Enteral tube feeding

ENTERAL TUBE FEEDING

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1. Introduction

Enteral tube feeding is a process where nutrition is delivered into an individual's gastrointestinal tract by one of 3 ways:

- Through the nose into the stomach by nasogastric feeding tube
- Directly into the stomach by gastrostomy or PEG (percutaneous endoscopic gastrostomy) feeding tube
- Directly into the small bowel by jejunostomy feeding tube

An individualised care plan should be in place for each service user receiving enteral tube feeding.

Only commercially prepared feeds should be used.

Service users receiving enteral tube feeding should be supported by the multi-disciplinary team (MDT).

Enteral tube feeding administration must be undertaken only by suitably trained and competent staff.

Initial training and competency should be assessed and monitored by the relevant MDT team members.

This Policy for safe practice will assist staff to reduce the risk of infection associated with enteral tube feeding.

It is recommended that regular audits are undertaken. An audit tool is available to download at www.infectionpreventioncontrol.co.uk.

2. Administration of feeds

Explain procedure to service user.

1. Take the equipment to the service user's bedside or appropriate private space.
2. Check the expiry dates on items to be used, e.g. administration set, feed, (60 ml ENfit reusable enteral syringes, coloured purple, are an example of enteral syringes used in community settings).
3. Hands must be washed with liquid soap and warm running water and thoroughly dried with paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered

- daily is acceptable. Alcohol handrub can be used if hands are visibly clean.
4. Put on disposable gloves and apron.
 5. Aseptic technique to be used, to connect administration system to enteral feeding tube.
 6. Ensure appropriate service user positioning, i.e. upper body positioned at a minimum angle of 30° prior to and throughout the feeding period.
 7. Before commencement of feeds, check to ensure the tube is in the correct position by performing an acidity test – this can be ascertained by using the litmus paper test or pH testing.
 7. Close the clamp on the giving set.
 8. Shake the bag/bottle, twist off the cap and without touching the spike, tightly screw on the giving set which will break the foil seal.
 9. Hang the bag on the drip stand and prime the giving set, making sure there are no air bubbles.
 10. Connect the giving set to the feeding tube.
 11. Label the giving set with the date and time of use. Change every 24 hours thereafter.
 12. Set the rate of administration as directed by the dietitian and press start.
 13. At the end of a feed, slowly flush the feeding tube with a minimum of 30 mls of water - freshly drawn tap water for service users who are not immunosuppressed or sterile water from a freshly opened container for service users who are immunosuppressed. Tubing should be flushed between intermittent feeds.
 14. Hands must be washed thoroughly and dried.
 15. After each feed record the amount of feed and number of flushes given.
 16. Ensure the service user is comfortable, observe for signs of feeding intolerance.
 17. Maintain service users upper body positioned at a minimum angle of 30° for one hour after feeding. Ensure they do not lay flat following feeding period.

3. Cleaning and storage of enteral feeding equipment

Feed containers and administration sets are single use items and should be disposed of at the end of the feeding session.

Single use enteral syringes should be disposed of after use.

Single patient use enteral syringes should be:

- Clearly marked with the date first used and documented accordingly

- Cleaned after each use, as per manufacturer's instructions
- Stored in a clean dry wipeable container (the container should be washed with detergent and warm water daily)
- Discarded after one weeks use or as per manufacturers guidance

The pump used to administer feeds should be cleaned regularly and thoroughly with general purpose detergent, e.g. washing up liquid and warm water.

4. Administering medication through an enteral feeding tube

Administration of drugs via an enteral feeding tube is unlicensed in the UK. If the service user is able to swallow their medication orally in the normal manner, this is preferred. Prescribers should consider alternative routes of administration for which licensed products are available.

Prior to administering medication, check:

- If the service user can take medication orally, if the medication is necessary or if it can be temporarily suspended
- Consider if an alternative route can be used, e.g. buccal (placing between the gums and the cheek), transdermal, topical, rectal or subcutaneous

Medication given via enteral feeding tubes should be administered in liquid or syrup form, suitably diluted, whenever possible. The tube must be flushed thoroughly before and after the administration of medicines.

In the absence of such products, some tablets may be crushed or alternative formulations, such as dispersible tablets, may be considered. Enteric coated or slow release preparations are not suitable for administration via feeding tubes, contact your local pharmacist for further advice.

Some medicines should never be crushed - including modified release tablets, enteric coated tablets, cytotoxic medicines. Prior to preparation, check with a Pharmacist if the medicine is able to be crushed or not.

Where there is a contraindication for medicine to be taken with feed, the dietitian should be consulted to prescribe a suitable regime to ensure that the service user's nutritional requirements are maintained.

To avoid interaction between medicines and feed, do not add medication directly into the enteral feed.

Administering medication:

1. Hands must be washed with liquid soap and warm running water and thoroughly dried with paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable. Alcohol handrub can be used if hands are visibly clean
2. If an enteral feed is in progress, stop the feed. If the administration of any of the medicine with feed is contraindicated, ensure the suggested time of withholding the feed is adhered to
3. Using an enteral syringe, slowly flush the feeding tube with a minimum of 30 mls of water - freshly drawn tap water for service users who are not immunosuppressed or either cooled freshly boiled water or sterile water from a freshly opened container for service users who are immunosuppressed
4. Prepare each medication to be given separately to avoid interaction of the drugs and ensure solubility:
 - Soluble tablets - dissolve in 10-15 mls water
 - Tablets - crush with a clean mortar and pestle or tablet crusher
 - Liquids - shake well. Mix thick liquids with an equal volume of water
5. Administer the medication through the feeding tube, using a 50 ml syringe
6. A 10 ml flush of water should be given in between each medication to prevent tube blockages and drug interactions
7. Flush the feeding tube with 30 mls of water at the end of administering the medications
8. Hands must be washed and dried thoroughly
9. Record the medicines administered

5. Care of the tube insertion site

Hand hygiene is essential, before contact with the service user's enteral feeding tube and/or insertion site. Hands must be washed with liquid soap and warm running water and thoroughly dried with paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable. Alcohol handrub can be used if hands are visibly clean.

If there is pain on feeding or external leakage of stomach contents, or fresh bleeding, stop any feed immediately and urgently refer to the service user's GP.

Unless advised differently by the enteral tube manufacturer or a healthcare professional, the alternative advice should be documented in the service user's care plan:

- Following insertion of an enteral tube, treat the insertion site as a surgical wound using an aseptic technique for the first 48 hours, keeping it clean and dry
- After 48 hours, the insertion site should be washed daily with tap water and dried thoroughly. Avoid water immersion, e.g. bathing in a bath, for two weeks and reapply dressing
- When the insertion site has healed, usually 10-12 days, no dressing is required. The site should be inspected and cleaned daily
- Weekly 360° rotation of the tube (and in some cases 2-4 cm advancement of the tube prior to rotation), is recommended to prevent adherence, and to avoid infection related to 'buried bumper syndrome'

6. References

Department of Health (2015) *The Health and Social Act 2008: Code of Practice for the prevention and control of infections and related guidance*

Department of Health (2013) *Prevention and control of infection in care homes – an information resource*

MGP Ltd (January 2019) *Medication management of patients with nasogastric (NG), percutaneous endoscopic gastrostomy (PEG), or other enteral feeding tubes*

National Institute for Health and Care Excellence (2012, updated 2017) *Healthcare-associated Infections: prevention and control in primary and community care Clinical Guideline 139*

National Institute for Health and Care Excellence (2006, updated August 2017) *Nutrition support for adults: oral nutrition support, enteral tube feeding and parental nutrition CG32*

National Patient Safety Agency (March 2010) *NPSA/2010/RRR010 Rapid Response Report: Early detection of complications after gastrostomy*