



## Community Infection Prevention and Control Guidance for Health and Social Care

# Enteral Feeding

# ENTERAL FEEDING

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**ENTERAL FEEDING**

# ENTERAL FEEDING

## 1. Introduction

These guidelines for safe practice will assist staff to reduce the risk of infection associated with enteral feeding.

Enteral 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 naso-gastric feeding
- directly into the stomach by gastrostomy or PEG (percutaneous endoscopic gastrostomy) feeding
- directly into the small bowel by jejunostomy feeding.

Contamination of enteral feeds is a key concern and it has been found that more than 30% of feeds are contaminated with a variety of micro-organisms, largely due to the preparation or administration of feeds, which has been linked to serious clinical infection.

## 2. Use of enteral syringes

- Only use enteral syringes. Some manufacturers supply enteral syringes with purple coloured plungers or syringe barrels to help differentiate them from intravenous syringes.
- Only use syringes labelled for enteral use - these cannot be connected to intravenous catheters or ports to measure and administer liquid medicines.
- Enteral feeding systems should not contain ports that can be connected to intravenous syringes or have an end connector that can be connected to intravenous or other parenteral lines. This is in compliance with European Standard EN 1615:2000.
- Three way taps and syringe adaptors should not be used because connection design safeguards can be bypassed.

## 3. Preparation and storage of feeds

- Wherever possible, pre-packaged, ready-to-use feeds should be used in preference to feeds requiring decanting, reconstitution or dilution to prevent contamination.
- Where ready-to-use feeds are not available, feeds may be prepared in advance, stored in a refrigerator, and used within 24 hours.

- The system selected should require minimal handling to assemble, and be compatible with the service user's enteral feeding tube.
- Hand hygiene is essential with liquid soap and warm water or an alcohol handrub before starting feed preparation.
- When decanting, reconstituting or diluting feeds, a clean working area should be prepared and equipment dedicated for enteral feed use only should be used.
- Feeds should be mixed with freshly boiled cooled water or freshly opened sterile water, using a non-touch technique.

#### 4. Administration of feeds

- Use minimal handling and an aseptic technique to connect the administration system to the enteral feeding tube.
- Ready-to-use sterile feeds may be administered with a hang time up to a maximum of 24 hours. Reconstituted non-sterile feeds should be administered over a maximum of 4 hours.

#### 5. Staff training

- Only staff who have been trained and assessed as competent should prepare or administer enteral feeds.
- Additional training must be given when changes to procedures or devices are introduced.

#### 6. Enteral feeding procedure

1. Hands should be washed thoroughly with liquid soap and warm water or an alcohol handrub used before assembling a feeding system.
2. An aseptic technique should be used to connect the administration system to the enteral feeding tube.
3. Use sterile 'ready to use' feeds in preference to those requiring preparation or decanting.
4. Check the expiry date.
5. If the lid or the outer parts of the container come into contact with the feed, wipe with a 70% alcohol wipe.
6. Any opened containers should be dated, labelled with the service user's name, refrigerated and discarded within 24 hours or according to manufacturer's instructions.

7. Administering feeds for the maximum time possible reduces handling to a minimum. Sterile ready-to-hang feeds can be left for a maximum of 24 hours. Non-sterile (reconstituted) feeds for 4 hours.
8. Administration sets and feed containers are single use and must be discarded after each feeding session.
9. In a health and social care establishment, single-use syringes for flushing should not be re-used. Manufacturer's instructions should be followed.
10. In a service user's own home, if re-use is recommended by the manufacturer, syringes should be used as stated, but for no more than 7 days.
11. Tubing should be flushed before and after use with 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. Tubing should be flushed between intermittent feeds. Sterile water should be used for flushing jejunostomy tubes.
12. If a pump is used to administer feeds it should be cleaned regularly and thoroughly, with detergent and warm water or a detergent wipe.
13. In a health and social care establishment the feed container should be labelled with the service user's name, the date and time the feed was commenced and by whom.
14. PEG tubes should be changed according to manufacturers' instructions.

## 7. Medicines

Aqueous solutions are preferable, as elixirs or syrups can adhere to the tubing and encourage bacterial growth. The tube must be flushed thoroughly before and after the administration of medicines.

## 8. Care of the insertion site and enteral feeding tube

- Hand hygiene is essential. Hands should be washed with liquid soap and warm water or an alcohol handrub used before contact with the service user's enteral feeding tube or insertion site.
- Following insertion of an enteral tube, treat the insertion site as a surgical wound for the first 48 hours, keeping it clean and dry.
- After 48 hours, the insertion site should be washed daily with water and dried thoroughly. Avoid water immersion, e.g., bathing in a bath, for 2 weeks.

- When the insertion site has healed, usually 10-12 days, no dressing is required. The site should be inspected and cleaned daily.
- Daily rotation of the tube 360 degrees is recommended to prevent adherence, and to avoid infection related to 'buried bumper syndrome'.
- To prevent blockages, flush the enteral feeding tube before and after feeding or administering medications using single use syringes or single patient use syringes as per manufacturer's instructions. Use:
  - freshly drawn tap water for service users who are not immunosuppressed
  - either cooled freshly boiled water or sterile water from a freshly opened container for service users who are immunosuppressed.

## 9. Additional IPC resources

The North Yorkshire and York Community Infection Prevention and Control (IPC) team have produced a wide range of innovative educational and other IPC resources. These resources are designed to assist your organisation in achieving compliance with the Health and Social Care Act 2008 and CQC requirements. Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk)

## 10. References

Department of Health (2010) *The Health and Social Act 2008. Code of Practice for the prevention and control of infections and related guidance*

Department of Health (2006) *Essential steps to safe, clean care: Enteral Feeding*

National Institute for Clinical Excellence (2012) *Infection: prevention and control of healthcare-associated infections in primary and community care*

National Patient Safety Agency (2007) *Patient Safety Alert 19 Promoting safer measurement and administration of liquid medicines via oral and other enteral routes*