PROCEDURE FOR PATIENT FEEDING VIA GASTROSTOMY AND JEJUNOSTOMY FEEDING TUBE

<table>
<thead>
<tr>
<th>First Issued</th>
<th>Issue Version</th>
<th>Purpose of Issue/Description of Change</th>
<th>Planned Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td></td>
<td>To standardise safe and effective care for patients requiring feeding via a gastrostomy and jejunostomy feeding tube</td>
<td>2011</td>
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</tbody>
</table>

**Named Responsible Officer:**
Head of Dietetics & Professional Development Nurse

**Approved by:**
Nursing Policy Group

**Date:**
October 2008

**Policy File:**
Nursing Policy File No. 23

**Impact Assessment Screening Complete**
Date: June 2008

**Full Impact Assessment Required Y/N**

UNLESS THIS VERSION HAS BEEN TAKEN DIRECTLY FROM THE PCT WEB SITE THERE IS NO ASSURANCE THIS IS THE CORRECT VERSION
PROCEDURE FOR PATIENT FEEDING VIA A GASTROSTOMY AND JEJUNOSTOMY FEEDING TUBE

INTRODUCTION

Patient feeding via a gastrostomy and jejunostomy feeding tube is to give nutritional support for anybody unable to maintain their nutritional status by taking their usual diet.

POLICY AIM

Wirral PCT is committed to providing high quality safe effective nursing care to all patients who require feeding via a gastrostomy or jejunostomy feeding tube and cannot self care.

POLICY OUTCOME

All registered nurses employed by Wirral PCT will follow this procedure.

TARGET GROUP

All registered nurses and assistant practitioners who are required to undertake this role for their service.

TRAINING

Staff will need to have successfully completed the required competency as arranged by the managing dietitian. Copies are needed for:-

- the managing dietitian, as evidence of completion
- confirmation of completion to be sent to the KSF team for entry onto Training Database – responsibility of managing dietitian
- copy to be sent to the service manager of the individual staff member for entry into their personal file – responsibility of individual nurse
- copy required for nurses own portfolio

No nurse can undertake this procedure without training and being assessed as competent, every two years, only required if currently caring for a patient requiring this nursing intervention (Bank staff do not undertake this procedure)

RELATED POLICIES

- Health Records Policy
- NMC (2007) Record Keeping
- NMC (2008) The NMC code of professional conduct: standards for conduct and performance and ethics
- PCT Record keeping for community nursing
- Policy for the decontamination of reusable medical devices
- Hand Decontamination Policy
- Disposal of Clinical Waste
- Single Use Equipment Policy
- Incident Reporting Policy
- Consent Policy
- Procedure for Mouth Care
- Standard Operating Procedure – Administration of Medicines via Enteral Feeding Tubes
- Wirral PCT (2007) Pathway and Toolkit to the Mental Capacity Assessment Under the Mental Capacity Act

NB Always use most current versions of PCT and NMC policies as may be superseded at any time
RISK ASSESSMENT

Depending on individual circumstances and following a risk assessment. There may be occasions when new sterile water should be used when flushing feeding tubes as directed by managing dietitian.

PROCEDURE FOR ADMINISTERING FEED

EQUIPMENT

<table>
<thead>
<tr>
<th>Safety Alert:</th>
</tr>
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<tbody>
<tr>
<td>Enteral feeding system devices are recommended by the National Patient Safety Agency (2007) to be labelled ‘enteral’ by the manufacturers and colour coded purple. If you do not have this equipment contact the Dietetic Department.</td>
</tr>
<tr>
<td>Three way taps and syringe tip adapters should not be used. If an occasion arises where this procedure cannot be adhered to, then a PCT Incident Form must be completed and your line manager informed during the same span of duty.</td>
</tr>
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</table>

- Sterile dressing pack
- Sterile gloves
- Disposable apron
- Enteral Feeding pump and stand
- Enteral Feeding system device, labelled ‘enteral’ colour coded purple.
- Dietetic feeding regimen
- Record of administration
- Prescribed feed as per dietetic feeding regimen
- Freshly drawn tap water unless sterile water specified by managing dietitian
- Female Luer Lock syringes. Syringe size and quantity will depend on dietetic regimen and size of feeding tube, and will be directed by managing dietitian
- N.B Only use syringes labelled ‘enteral’ and coloured purple

PROCEDURE FOR ADMINISTERING FEED

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<tr>
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<th>RATIONALE</th>
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<tr>
<td>Confirm identity of patient, by asking for full name and date of birth, clarify with carers’ if patient not able to do so</td>
<td>To reduce potential error of giving feed to wrong patient</td>
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</table>
| Explain the procedure to patient, obtain valid consent. Follow PCT Consent Policy if unable to gain valid consent, may need to be in discussion with managing dietitian and GP | To enable patient to make an informed decision about their own health care  
To complete Consent Form 4 to demonstrate treatment is in patients best interests, also involve Independent Mental Capacity Advocate or person with Lasting Power of Attorney for personal welfare, if relevant |
| Wash and dry hands and apply sterile gloves  
Apply single use disposable apron | To reduce the risk of transfer of transient organisms on the healthcare workers hands  
To protect clothing and prevent transfer of transient organisms to a susceptible site |
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<td>Position the patient</td>
<td>In an upright position (30 - 45°) i.e. sitting in a chair. If in bed upper body should be elevated using pillows.</td>
</tr>
<tr>
<td>Prior to administration of feed</td>
<td>To prevent air being in the giving set and causing pump to alarm.</td>
</tr>
<tr>
<td>Administration</td>
<td>To maintain patency of tube.</td>
</tr>
<tr>
<td>Ensure the type of feed and volume given</td>
<td>Recorded in the patient's health records.</td>
</tr>
<tr>
<td>On completion of feeding</td>
<td>To close system.</td>
</tr>
<tr>
<td>Post feed</td>
<td>To maintain patency of tube.</td>
</tr>
<tr>
<td>When the feeding tube is not in use</td>
<td>The clamp should always remain open.</td>
</tr>
<tr>
<td>Dispose of feeding equipment</td>
<td>To prevent cross infection.</td>
</tr>
<tr>
<td>Document treatment in patient's health records</td>
<td>To comply with PCT health records policy and to maintain accurate records.</td>
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**NB** Ready to use feeds may be given for a whole administration session, up to a maximum of 24 hours. Reconstituted feeds should be administered over a maximum 4-hour period.
STORAGE OF FEED
Follow the manufactures’ instructions.

CLEANING THE GASTROSTOMY AND JEJUNOSTOMY STOMA SITE
This procedure requires a patient specific care plan. The care plan must be written in conjunction with the dietitian to meet the individual needs of the patient as types of tubing and requirements for site care may differ.

TUBE LIFE EXPECTANCY
The frequency of change for Gastrostomy and Jejunostomy feeding tube is under the specialist care of the dietitian.

SPECIALIST ADVICE
Contact Dietitian if tube needs removing or replacing. Contact also if other signs of tube deterioration and/or if there are any problems with stoma site
Tel: - 604 7271
Out of hours: contact GP OOH’S if urgent or directly to discharging ward.
For any concerns regarding patient discharge, contact discharging ward.

INCIDENT REPORTING
Should any clinical incidents or near misses arise when following this procedure a PCT Incident Form must be completed

JEJUNOSTOMY
For feeds being administered via a jejunostomy tube, please contact the community dietitians for specialist advice and support.

PROCEDURE FOR ADMINISTERING BOLUS FEEDS

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- Sterile dressing pack
- Sterile gloves
- Single use disposable apron
- Enteral Feeding system device, labelled ‘enteral’ colour coded purple.
- Dietetic feeding regimen
- Record of administration
- Prescribed feed as per dietetic feeding regimen
- Freshly drawn tap water (or sterile water as per dietetic regime)
- Female Luer Lock syringes. Syringe size and quantity will depend on dietetic regimen and make of feeding tube, and will be directed by managing dietitian
- N.B Only use syringes labelled ‘enteral’ and coloured purple
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<td>Explain the procedure to patient, obtain valid consent.</td>
<td>To enable patient to make an informed decision about their own health care</td>
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<td>Follow PCT Consent Policy if unable to gain valid consent, may need to be in discussion with managing dietitian and GP</td>
<td>To complete Consent Form 4 to demonstrate treatment is in patients best interests, involve Independent Mental Capacity Advocate or person with Lasting Power of Attorney for personal welfare, if relevant</td>
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<td>Wash hands and apply sterile gloves. Apply single use disposable apron.</td>
<td>To reduce the risk of transfer of transient organisms on the healthcare workers hands. To protect clothing and prevent transfer of transient organisms to a susceptible site.</td>
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<td>Position the patient in an upright position (30 - 45°) i.e. sitting in a chair. If in bed upper body should be elevated using pillows.</td>
<td>To minimise reflux and risk of aspiration.</td>
</tr>
<tr>
<td>Prior to administration of feed:- Flush enteral feeding tube with prescribed amount of freshly drawn tap water (or sterile water as per dietetic regime), with enteral syringe. Close clamp on feeding tube.</td>
<td>To maintain patency of tube.</td>
</tr>
<tr>
<td>Attach an enteral syringe without the plunger to the feeding tube.</td>
<td>To allow feed to be administered.</td>
</tr>
<tr>
<td>Slowly pour the prescribed quantity of feed into the syringe. If the feed is running too quickly or slowly altering the height of the syringe slightly may help. The plunger can be used to apply gentle pressure if the feed is running too slowly. Do not apply pressure with force.</td>
<td>To allow feed to be administered.</td>
</tr>
<tr>
<td>When the prescribed feed has been delivered, flush tube with freshly drawn tap water, (or sterile water as per dietetic regime) remove the syringe.</td>
<td>To maintain patency of tube.</td>
</tr>
<tr>
<td>Ensure type of feed and volume given is recorded in the patients health records.</td>
<td>To maintain accurate records.</td>
</tr>
<tr>
<td>Dispose of feeding equipment in general household waste, remove gloves, wash and dry hands.</td>
<td>To prevent cross infection.</td>
</tr>
<tr>
<td>Document all care in patients records</td>
<td>To promote safe continuity of health care.</td>
</tr>
</tbody>
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REFERENCES / BIBLIOGRAPHY

NPSA (2007) Alert 19, Promoting safer measurement and administration of liquid medicines via oral and other enteral routes. March

