The Development of Guidelines for Caring for an Infant, Child, or Young Person who Requires Enteral Feeding

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Enteral Feeding

The provision of safe and effective nutritional support through the use of an enteral feeding device.

- Generally required when a child is unable to meet their nutritional and/or hydration needs orally.
- The device also can be used for aspiration purposes, venting and/or administration of medications.
- Situated in the gastrointestinal tract stomach/jejunum/duodenum.

LOCATIONS OF VARIOUS TYPES OF ENTERAL FEEDING TUBES



 Naso-duodenal, nasojejunal, and percutaneous
endoscopic jejunostomy
tubes extend(dotted
line) to the small
intestine instead of
ending in the stomach.

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CREST



GUIDELINES FOR THE MANAGEMENT OF ENTERAL TUBE FEEDING IN ADULTS

April 2004

- Launched in 2004
- Focus on Adults
- Minimal reference to infants, children and young people
- 2015 Community Childrens' Nursing 40% of patients require Enteral Feeding

AIM & OBJECTIVES

- Standardise guidance for families and staff for a child requiring enteral feeding.
- Consistent approach for the management of enteral devices in children and young people across all Health and Social Care Trusts
- Improve patients'/families' confidence in caring for their child and reduce enteral feeding problems

Methodology

- The Guideline commissioned by GAIN.
- Multi-disciplinary group comprising key stake-holders, including service users
- Met every 6-8 weeks during the development of the Guideline, (18 months in total)
- A systematic literature review conducted to identify and synthesise relevant evidence from the published literature.
- Visit was made to Yorkhill Hospital, Glasgow as the centre of excellence to review their existing best practice
- Data were also gathered from carers and other health professionals using questionnaires and focus groups

Focus Group- Parents' Issues

- Training
- Supplies & Syringes
- Storage of feeds
- Technique & checking the tube
- Water

- Gloves/aprons
- Childs weight
- Waste Disposal
- Emergency Situations
- Oral Hygiene
- Medicines via tube

Focus Group- CCNs' Issues

- Technique
- Type of syringes
- Type of flush
- Frequency of checking position of enteral device
- Monitoring the child/young persons weight
- Length of time PEG should be left in position

- Oral hygiene
- Provision of disposables
- Venting
- Securing individual devices
- PH indicator paper
- Should parents wear gloves?

LITERATURE SEARCH

- Electronic searches to identify published literature and studies up to and including December 2013.
- Search terms included enteral nutrition, enteral feeding, enteral feeding pumps, feeding tubes, feeding tube care.
- Searches also to identify existing guidelines on enteral feeding and support provision to parents/ carers.
- Papers reviewed by working group comprising representatives of all disciplines.

Enteral Syringes

| Trusts | Types of Syringes |
|--------------------|---|
| Belfast HSCT | Medicina PE Baxa |
| Northern HSCT | Medicina HE & PE Miktell Baxer |
| South Eastern HSCT | Miktell Baxter Baxa Medicina HE + PE |
| Southern HSCT | Miktell Baxter Codan |
| Western HSCT | Medicina HE & PE Miktell Baxter |



| Manufacturer of Syringe | Size | Cost | Case Study |
|-------------------------------|-------|---|---|
| Miktell Single patient use | 60 ml | £31.21 Box of 30 ie £1.04 per syringe Syringe may be used up to 30times or 7 days whatever comes first. | Child feeding 5 feeds via ng tube requires a syringe for aspirating and one for flushing 2 per day – syringes need to be changed every 5 days as used 30 times. 5 days = 2 syringes 30 days = 12 syringes – 12x£1.04 =£12.48 |
| Medicina PE Single Use | 60 ml | £28.47 Box of 60 ie 47p each | Child feeding 5 feeds via ng tube requires a syringe for aspirating and one for flushing 10 syringes daily, 30 days = 300 syringes 300x 47p = £141 |
| Medicina PE Single Use | 20 ml | £25.20 Box of 80 i.e. 32p each | Child feeding 5 feeds via ng tube requires a syringe for aspirating and one for flushing 10 syringes daily. 30 days = 300 syringes 300x 32p = £96 |

Flush

- Flushing is administering water into the feeding tube, usually with a syringe to clear feed/medication in order to keep it from blocking.
- Cooled freshly boiled water or sterile water from a freshly opened container used for children who are either immunocompromised or require jejunal feeding.
- Sterile water is always used in hospital settings.
- Freshly drawn tap water can be used for nasogastric or gastrostomy feeds and with patients who are not immuno-compromised.
- Flushes are required (after confirming the correct position of device) Before and after each medication administration Before and after feeding Every 4-6 hours during continuous feeds Daily if tube is not being currently used.

Enteral Feeds

- Two types of feed: Ready to use feeds & reconstituted feeds
- Ready to use feeds are the preferred choice in preference to feeds that require decanting, reconstitution or dilution.
- All feeds must be used before marked expiry date.
- Store in a cool, dry place out of direct sunlight.
- Must be used up to a maximum of 24 hours once opened.
- Decanted feeds administered within 4 hours and written in the individualised care plan.
- Reconstituted feeds and feeds that have extra ingredients should not be left in feeding administration set for longer than 4 hours.
- Feeding set must be changed after 24 hours.



Guidelines for caring for an infant, child, or young person who requires enteral feeding

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Contents.

- Enteral Feeding; Enteral Feeding Devices ;Enteral Device Essentials
- Discharging a child from hospital to home following insertion of an enteral feeding device
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- Disposables required for enteral feeding
- Enteral Feeds
- Use of liquidised/blended food:
- Checking position of enteral feeding devices
- Flushing enteral devices
- Administration of enteral feeds
- Risks assessment for continuous overnight enteral feeding
- Oral Hygiene
- Administration of medications via an enteral feeding device
- Trouble shooting guide for Enteral Devices
- Glossary

| Discharge information for a child following insertion of an Enteral device | | | | | | | | |
|--|--------------------------|--|--------------------------|--------------------------|--|--|--|--|
| Name | Address | Date of Health (Birth Number | | Care | Childs Diagnosis/Reason for Enteral Device | | | |
| CCN Team | CCN Contact Number | Date of 1st contact with CCN Team | Name of CCN contacted | | Name of referring hospital nurse | | | |
| Date of discharge | Name of CCN contacted | Name of referring hospital nurse | | | | | | |
| Date and method of surgery | Type of enteral device | Size | Length | Repla device YES/N | e supplied | | | |
| Supplies required | | Supplies to be provided before discharge | | | | | | |



Conclusions

- Guidance has been standardised a consistent approach across all Trusts
- Staff will experience fewer problems & this creates better staff morale within the teams
- Staff will be clear and confident when giving families advice.
- Efficient, effective use of resources across acute and community settings.

Evidence of Implementation of Recommendations

- The Guidelines and accompanying leaflets are hosted on the Gain website.
- An audit will be conducted with staff and families in 2016.
- The results will be used to determine the impact of these Guidelines on specified standards of care.



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