

Policy for Enteral Feeding

St Anthony's School, Humbert Way, Castlebar, Co. Mayo

Policy for Enteral Feeding

Approved by the board on a meeting on the 29th of September
2024

POLICY TITLE: Enteral Feeding

Signed: _____ Date: _____

Chairperson BOM

Signed: _____ Date: _____

Principal

Signed: _____ Date: _____

School Nurse

Prepared by: Mary O' Malley RGN/School Nurse

Date: April '24

Policy for Enteral Feeding

POLICY TITLE: Enteral Feeding Policy for school

Updated Policy Prepared by: Mary O'Malley (School Nurse RGN)

Policy

Background to Policy

This document outlines the Policy for Enteral Tube Feeding in St. Anthony's School, and to ensure compliance with all relevant legislation, regulations and guidelines including:

- Health Information and Quality Authority Medicines Management Guidance
- Infection Prevention and Control- National Clinical Guidelines

1:0 DEFINITION: Enteral tube feeding is a means of delivering nutrients and fluids via a tube into the stomach, duodenum or jejunum. The most common format for enteral feeding of our pupils who require long term nutritional support is via a gastrostomy tube (PEG) and Mic -Key Button. The Principals outlined in this policy should also be used for other types of tubes i.e. Cubby button where relevant.

2:0 PURPOSE: To outline procedures which should be followed when caring for a pupil who is being fed enterally. To ensure the pupil's nutritional and fluid requirements are met according to the dietician's instruction. To ensure that the safe practice of administration of each pupil's peg feed is maintained. To include **Infection Prevention and Control:** care of the peg site: administration of medications prescribed via the tube and education of all staff caring for said pupils.

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3:0 SCOPE: Applies to the School Nurse. Applies to all staff involved in the daily care of the pupil being fed via tube in St. Anthony's school. **Training** will be provided to staff every 2 years by a qualified nurse. A **Competency Assessment** will be completed by School Nurse for staff looking after pupil with a PEG .

4:0 Responsibility: Lies with each member of staff for ensuring he/she adheres to this policy and that the School Nurse will promote a responsible attitude to preventing and reporting of any incident associated with peg feeding in school. Lies with all those in a supervisory capacity who are responsible for the implantation of this policy.

5:0 PROCEDURE: Assessment

- Assessment of the pupil's needs will have been carried out using a multidisciplinary team approach prior to commencement of peg feeding in school. The pupil's dietitian will have selected the appropriate feed and the medical staff will have prescribed same. The pupil's Drug Kardex will be completed by the School Nurse and given to the parent to have checked and signed off by the GP.
- The Dietitian will determine the appropriate delivery method i.e pump assisted continuous feed or bolus feed via syringe.
- The Dietitian will determine the rate timing and volume of feeds over a 24hr period. In the school setting however, the timing may vary on occasion to suit the individual pupil's needs i.e considering transport issues, appointments, length of time in school, the duration of actual feeding and resources available on the day (School Nurse on the premises) this will be discussed with the pupil's parent as part of his/her Nursing Care Plan.
- The Nurse will assess and record the pupils daily tolerance (or otherwise) for their feeds during school time and will liaise with parent and dietician respectively.
- Monthly assessment of the pupils weight shall be carried out by the School Nurse and a copy of which is given to the dietician PRN.
- Nurse will complete an **Individual Treatment Plan** for Pupil (incl Personal Details,Gastrostomy Information & Tube Specification and Enteral Feeding Regime)

5:1 STORAGE: Of Feed

- The enteral feed recommended by the team will be supplied from home daily and stored in the pupil's own travel feed bag, until ready for use.

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Unopened feed does not need to be stored in the fridge. Extra's stored in pupils own box on counter in Nurses room. All peg feeds are administered at room temperature.

5:2 STORAGE: Of Equipment

- Extension sets/giving sets and feed pumps are sent in daily and stored in the pupil's own travel feed bag. Spare ones will be stored in nurses room.
- The pupils name will be visible on the pump/travel bag which will be stored on their chair.
- The pump should be charged before school and will be checked each morning by the nurse.

Each pupil shall have their name clearly printed on their enteral syringe which should be washed before/after use daily and replaced from home weekly during term time.

Infection Control Guidelines in Enteral Management

It is important to consider infection control practices in all aspects of Enteral Management to prevent the spread of infection and reduce the risk of introducing infection.

The following guidelines should be adhered to:

- The giving set should be changed every 24 hours.
- Do not hang feeds for more than 24 hours if in the original container.
- Do not hang decanted feed for more than 4 hours.
- Use cool boiled water to flush and discard after 24 hours. (Use sterile water where indicated by the dietician or primary care giver)
- Wash and dry hands before handling or preparing feed equipment and put on gloves if handling the feeding ports and stoma.
- Clean around the stoma at least daily, this will be done at home/respite by the primary care giver, unless requested.

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5:3. DELIVERY OF FEED: Pump Feeding

- As stated the type of feed, rate volume and timing will be advised by the dietician to the parents who will in turn inform the School Nurse and this will be incorporated into the school schedule. (Nurse will liaise with the Class Teacher re same) i.e. approximately same time every day.
- The pump is provided by the feeding company for each individual pupil on enteral feeding and sent in to school daily by the parents along with the feed.
- Only persons trained and competent in the use of the pumps should use the devices.
- Nurse shall check the feed daily for type and expiry date to ensure compliance.
- Washing of hands before and after the procedure (WHO)
- Gloves to be worn for the procedure.
- Nurse will prime the feed as instructed doing so in a clean area.
- Ensure the pupil is positioned comfortably and correctly (upright)
- Always advise your pupil ahead of the task and reassure as needed
- If a cubby or Mic-key button is in situ attach the extension tube
- The tube (extension or gastrostomy type) should always be flushed with cooled boiled water before and after — each feed — following a vomit episode — any day a feed is not being given for whatever reason during school time.
- Maintain a calm environment for the duration of the feed. **Movement should be avoided to minimise risk of vomiting and aspirating.** It is imperative that staff caring for pupils being peg fed are familiar with their individual care plan and restrictions in place while on feed. Please check with Nurse re same.
- Pupils should be changed prior to commencement of their regime or 30 mins after.
- Any pupil on a peg feed should never be left unattended for the duration

5:4 DELIVERY OF FEED: Bolus Feeding

- Bolus feeding is the delivery of a specific amount of feed via gravity (100-200 mls) via a syringe over 10-15 minute period depending on the amount required.

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- Bolus feeding is only suitable for a pupil with a gastrostomy tube and can be difficult for some pupils to tolerate.
- At present there is no pupil on bolus feed in school.
- Nurse shall check the feed for type and expiry date as stated above.
- Washing of hands before and after the procedure.
- Gloves are to be worn for the procedure.
- Ensure the pupil is positioned comfortably and correctly.
- Always advise your pupil ahead of the task and reassure as needed.
- Remove plunger from the syringe and attach to wide end of feed tube
- Pour 30-50 mls of distilled water to flush
- Pour the prescribed amount of bolus feed slowly into the syringe —hold the syringe at a comfortable height above the feeding tube to allow the feed to infuse by gravity.
- Do not rush a bolus feed
- Towards the end of the feed put the plunger back into the syringe and gently push the rest down into the tube.
- On completion flush again with 30-50mls advised.
Staff should be aware of the importance of each pupil who is tube fed - having access to a relaxed comfortable environment for the duration of the feed. Over stimulation should be avoided during and directly after each feed (to minimise risk of vomiting).

6:0 Guidelines on Administering Medication via an Enteral Tube

The Nurse is responsible for administration of medication via Enteral Tube

- Ideally only put liquid or dispersed medication through the tube.
- It is necessary to crush tablets and mix with water in some cases, follow GP written guidelines or seek clarification from pharmacy where needed.
- If crushing medications, ensure they are crushed to a fine powder.
- With all medication, but particularly crushed medication flush with at least 10mls of cooled boiled water (or as prescribed) pre and post administration.
- Do not mix medications while administering, or mix medications with feed.
- In some cases, other liquids can be given via an Enteral tube such as prune juice or cranberry juice. Ensure the liquids that may be given are documented in their care plan with reason to give, amount and flushes.
- Document administration.

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6:1 Documentation Guidelines

Documentation Required prior to Administering a Feed:

Each Child receiving Enteral Feeding must have:

- A Care Plan (reviewed and updated annually or as required)
- **Dietitians Prescription** (reviewed and updated annually or as required) □ Enteral Feed and Fluid Record Form Feed.
- Prior to commencing a feed, you must check the Care plan, Prescription and Feed in order to verify the:
 1. The prescription is in date and valid
 2. Name of feed, ensure it has not expired
 3. The correct rate of feed
 4. The Amount of feed
 5. When and how much cool boiled water to be flushed.
 6. Position during feeding or any additional information

There are no set maximum rates for feeding by pump or bolus feeding. At all times, the regime prescribed by the dietician should be adhered to. A copy should be affixed to the Enteral Feeding Care Plan.

6:3 Enteral Feeding Care Plan

This will contain details such as:

- Student, Date of Birth of student, any known Allergies □ Prescribed Feed, rate, route, volume.
- Flush Volumes
- Reason for additional flushes to be given and amount. □ Oral hygiene if requested to be performed while in school □ Review dates for Care plan.
- Any special instructions regarding positioning during and post feed.
- The Dieticians Prescription should be attached to this Care Plan.

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6:4 Enteral Feed and Fluid Recording Form

This will document:

- When the feed was commenced, time of end of feed
- Flushes given (including flushes for Medications)
- Volume feed administered
- Any alterations to normal feeding as prescribed will be noted in the comments section, such as feed commenced late or feed slowed due to vomiting etc.

Errors:

- Any incident or near miss must be documented in the school Incident Form and protocol followed for same.
- Inform parents /guardians
- Inform Childs Medical Team/Dietitian

7:0 RISK OF COMPLICATIONS ASSOCIATED WITH ENTERAL FEEDING:

- Tube displaced/accidental removal of button device
- Blockage of the tube
- Nausea/Vomiting
- Diarrhoea
- Constipation
- Acid Reflux
- Aspiration
- Infection
- Skin integrity issues — around the peg site
- Leakage of the tube around the site

MANAGEMENT OF RISKS: Control Measures and action to minimise risk

- Knowledge of above risk factors and compliance by staff of this policy
- Communicate with parent/guardian of each pupil on a tube feed to establish how well they are tolerating their feeds at home before starting school term.

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- In the event of accidental removal of a low-profile device (cubby/mic-key button) Parents should be contacted immediately to arrange replacement of device. Cover Stoma with sterile dressing .
- For a gastrostomy tube- the pupil concerned will need to attend hospital for reinsertion and parents should be contacted immediately.
- To avoid blockage of tube - always flush before and after each feed or administration of the medicines (30mls). If more than one medicine in use then flush at least 5mls in- between doses. If the tube appears blocked - wash hands before and after. Apply gloves. Make sure there are no kinks in the tube. Gently flush the tube with 50mls of warm water - moving the plunger back and forth if necessary. Repeat after 20 minutes.
- To minimise risk of nausea/vomiting avoid giving a feed too quickly or in large volumes- if a pupil is experiencing difficulty with a bolus feed or the volume appears too great for the time allotted the school Nurse will liaise with the parents and refer back to the dietician for further advice. Ensure correct position and calm environment maintained throughout the feed regime as stated earlier.
- Diarrhoea is not commonly related to peg feed but could be attributed to medication issues, infection or anxiety. Liaise with parents in this event and refer to dietitian.
- Constipation can be a common occurrence for many pupils. To minimise risk ensure there is good fluid intake and regular flushes. The pupil may need extra fibre in the feed- in this event liaise again with parents for referral to the dietician.
- Acid reflux can be another problem even for pupils on reflux medication. To minimise risk ensure the pupil is upright as much as possible (30 degrees as stated earlier) and to maintain that position for 30 minutes post feed with minimal movement. Equally the risk of Aspiration can be reduced by correct positioning throughout the regime- whilst maintaining good head control.
- Skin integrity compromised- Minimise risk by daily cleansing and appropriate dressings if required (refer to Pressure Care chart in Nurses Care Plan)
- For Leakage- check external fixator is secure to the abdomen. If a button is in situ it may need to be re inflated (Nurse will check weekly for same or parent to be contacted).

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Reference List

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National Health Service Quality Improvement Scotland (2007) Best Practice Statement September 2007: Caring for Children and Young people in the Community receiving Enteral Tube Feeding, NHS QIS. Scotland.

Management of Percutaneous Endoscopic Gastrostomy tubes in Children with Complex Healthcare Needs in the Home setting in HSE Primary Care Community Healthcare Organisations

Guidelines for Hand Hygiene in Irish Healthcare Settings

Website: www.hse.ie

Website: www.inmo.ie

Website: www.into.ie

Website: www.olch.ie/Children-Family/Parent-Patient-Information-Leaflets/Peg-Tube-Feeding.
www.hse.ie/eng/about/WHO/qualityandpatientsafety/resorsesintelligenc
[e/Quality](#) and Patient Safety Documents/PPPG Document Development and Inventory

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