

ST. NICHOLAS POLICY DOCUMENT	TITLE: ENTERAL TUBE FEEDING POLICY
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ST. NICHOLAS POLICY CONTROL VERSION				
VERSION NUMBER	APPROVED BY BOARD OF MANAGEMENT	DESCRIPTION	EFFECTIVE DATE	REVIEW DATE
1.0		New Policy	17-6-2024	2024-2025 SCHOOL YEAR

ENTERAL TUBE FEEDING POLICY

The aim of this policy is to ensure the safe management of enteral tube feeding within St. Nicholas School at all times.

The Enteral Feeding Policy covers

- Stoma care
- Equipment cleaning and care
- Flushing of Enteral tube
- Administration of feed/flushes via an Enteral Tube
- Troubleshooting
- Infection control.
- Administration of medications via an Enteral Tube
- Documentation

St. Nicholas School does not allow its staff to reinsert a dislodged Enteral Tube or change an Enteral Tube. Should an Enteral Tube fall out-dislodge, the students' parents/ primary care giver is to be contacted immediately. If unable to contact parent/primary care giver, an ambulance is to be called to take the student to hospital for reinsertion as soon as possible to prevent closure of Enteral Stoma site, and ensure safety of the student.

The rights of the student and family will be treated with respect, they will be treated with sensitivity, and dignity as individuals, and to have their wishes and opinions in relation to the management of their Enteral Tube management considered fairly.

STAFF TRAINING

Only staff that have received training, and are deemed competent in Enteral feeding will be involved in the care and feeding Regime of a student receiving Enteral Feeding via an Enteral Feeding Tube.

A Registered Nurse can administer medication via the Enteral Feeding Tube, if prescribed to be administered this way.

STAFF RESPONSIBILITIES

It is the responsibility of all school staff involved in Enteral Tube Feeding to

- Comply with the terms of this policy, and all relevant policies, procedures, and guidelines
- Be accountable for their own practice
- Raise any concerns in regard to Enteral Feeding to relevant personnel-class teacher, school principal, school nurse.
- Please note that Nursing staff managing Enteral Tubes will adhere to NMBI (Nursing and Midwifery Board of Ireland) and school procedures and guidelines contained within this policy in relation to same. Non-nursing staff will adhere to schools Enteral Management Policy, related procedures or guidelines contained within this policy
- Where a nurse is on site, the role and responsibility of Enteral Tube Feeding management is a delegated role by the Nurse. As such the nurse accepts responsibility for their role in delegation, and also may choose not to delegate. Delegation must be in the best interests of the student. The trained member of staff will be regularly involved in Enteral Feeding in order to keep their skills up to date.

- In the event there is no nurse on site, it is the trained staff member managing Enteral Tube Feeding on an individual student who will take responsibility for decision making in the event of concerns e.g.: child not tolerating feed/concern around stoma site. The staff member will inform the Principal and plan of action will be put in place-i.e. Stop Feed, contacting parent.

SCHOOL MANAGEMENT RESPONSIBILITY

It is the responsibility of School Management to

- Ensure that all School employees who report to them are made aware of and are instructed to comply with this policy and all other relevant policies.
- Ensure that relevant staff attend Enteral Tube Feeding training, including refresher courses every two years or more frequently as necessary.
- Address any concerns they have in relation to Enteral Tube management or staff competence in their area of responsibility.
- Ensure correct documentation in relation to Enteral Tube management is kept in accordance with this policy and legal requirements.
- That relevant training is provided for staff where necessary to ensure the safe management of Enteral Tube Feeding within the school.
- That this policy is reviewed in line with current standards and regulations including those set out by regulatory bodies and health service providers.

DEFINITION AND RATIONAL FOR AN ENTERAL FEEDING TUBE

What is Enteral Feeding?

This refers to Nutrition given directly into the Gastrointestinal Tract, through an enteral route which by passes the mouth.

Rational for Enteral Feeding

A wide range of children may require Enteral Feeding for a variety of reasons-

- Unable to consume adequate Nutritional Requirements
- Impaired Swallowing/Sucking
- Facial or Oesophageal abnormalities
- Congenital abnormalities.

What is a Stoma?

This is a surgically made opening into the body.

What is a Gastrostomy Tube?

- A gastrostomy tube is a catheter that enters the stomach through a surgical incision in the abdominal wall.
- There are different types of gastrostomy tubes:

PEG (Percutaneous Endoscopic Gastrostomy) tube. This is a long term Tube

Low Profile Gastrostomy Device. MIC-KEY Button, Mini One Button.

The type most commonly used is a Mic-Key button. This is a small feeding tube. It has a side inflation port and a feeding port covered by a cap. The button has to be replaced every 3-4 months. It has a balloon of

water on the end in the stomach which keeps the tube in place. An extension set (tube) is used for feeding & flushing. The set/tube should be kept in a clean dry container and a new set should be used weekly.

GASTROSTOMY CARE GUIDELINES

Procedure for Cleaning Enteral Stoma Site

- Explain the procedure to the Student
- Collect all the appropriate equipment
- Wash hands and put on gloves
- Remove any dressing if present
- Observe the stoma (hole into the abdomen). You are looking for any signs of redness, swelling, irritation, skin breakdown or leakage.
- Clean the stoma site and surrounding area with sterile or cool boiled water and cotton gauze
- Pat dry
- Dispose of the equipment in the waste
- Wash hands
- Document care in daily notes, report any abnormalities immediately, and seek parental advice.

GENERAL CARE GUIDELINES

The MIC-KEY Button is made of silicone and is kept in place by an internal water filled balloon.

- The Button is changed by appropriately trained carers, commonly the primary care giver at home.
- The water in the balloon is changed weekly by the primary carer at home.
- The Mic-Key button is changed every 3-4 months by the primary carer at home
- Only the school nurse is allowed to perform a change of button or balloon water change, if agreed by primary care giver and the school.
- Avoid the use of any creams or talcum powder unless specifically prescribed.
- Only use absorbent dressings if leakage is present, but seek medical advice as to cause of leakage.
- After swimming the stoma should be cleaned with cooled boiled water to prevent irritation.
- The tube should be flushed with at least 10mls of cooled boiled water after all feeds and any medications.
- If the Button is accidentally pulled out contact the primary carer to come and re-insert it, or if un-contactable, call an ambulance bring the child straight to the local hospital so that a replacement can be inserted.

GUIDELINES FOR FEEDING VIA AN ENTERAL TUBE

Method of Giving a Feed:

There are 2 methods of giving a PEG feed

- Continuous Feed. This is where feed is given slowly over a number of hours using a special pump.
- Bolus Feed. This is where the feed can be given at intervals throughout the day either via a pump or by gravity through a syringe.

Positioning While Receiving an Enteral Feed:

- The ideal position of a student receiving a Enteral Feed is at a 45-90-degree angle during feeding and for 30-45 minutes afterwards to reduce the risk of aspiration.
- Ideally the student should be seated in their chair for daytime feeding.
- Ensure the student does not engage in activities that might cause reflux like physiotherapy for 30-45 minutes' post feeding, or as indicated in their care plan.

Procedure for Administering a Feed:

- Ensure the student is in the upright position (or at least 45 degrees) and comfortable.
- Assemble all necessary equipment prior to commencement of procedure - Feed - Pump - Enteral syringe – Giving Set- Cooled boiled water - Disposable gloves
- Explain the procedure to the student
- Wash hands and put on gloves
- Attach MIC-KEY Extension Tube to the MIC-KEY Button/Mini One Button
- Draw up prescribed amount of cooled boiled water to flush in a syringe
- Check feed is prescribed.
- If medications are to be given via the device, follow the 10 rights of medication administration as per NMBI Guidance for Nurses and Midwives on Medication Administration 2020.
- Check machine is set at correct rate and dose (Do NOT set at continuous dose)
- Flush tube with prescribed amount of cooled boiled water.
- Attach feed giving set to the Extension Tube ensure feeding set is primed beforehand.
- Unclamp tube
- Turn on feeding machine and check flow and rate
- Observe child while on feed for possible adverse signs such as coughing or discomfort.
- Document Feed commenced
- When feed is finished stop machine
- Wash hands and put on gloves
- Flush with prescribed amount of cooled boiled water.
- Disconnect the Extension Tube, and close MIC-KEY Button/Mini One Button.
- Place Extension Tube in container belonging to the student or a plastic sealable bag.
- Ensure the student is left upright to prevent risk of reflux. The student should not engage in any activities that might lead to reflux for 30-45mins after feeding.
- Document feed amount, flushes etc. in the Enteral Feed and Fluid Record Form as per care plan.

Guidelines on Administering Medication via an Enteral Tube

At St. Nicholas, only a Registered Nurse can administer medication via the Enteral Tube if the medication is prescribed to be given this way.

- Ideally only put liquid or dispersed medication through the tube.
- It is necessary to crush tablets and mix with water in some cases. As per NMBI Guidance to Nurses and Midwives on Medication Management 2007 it must be stipulated in the prescription that medications are to be given via Enteral Tube.
- 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.

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)
- Dieticians 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.

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.

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.

Guidelines for Storage of Feed

- Feeding solutions need to be stored at room temperature away from direct sunlight.
- Once opened, the feed should be stored in the fridge and discarded after 24 hours.
- Ensure the child's name, date and time is on feed if being stored in fridge
- Made up feed, opened feed or feed with additives that is not pre-packaged should be stored in the fridge for a maximum of 24 hours from time of opening, it should then be disposed of.

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.

Managing complications:

The most common complications that may develop for students who are fed via a PEG tube are Diarrhoea, constipation, upset stomach, wind and or back pain.

Diarrhoea

If diarrhoea develops please check the following

- Ensure the pump is running at the correct rate
- Ensure that all feeding equipment is clean
- Ensure that the giving set has been changed as per manufacturers guidelines
- If the student is receiving a bolus feed, please ensure that the pack is resealed.
- Refrigerate any opened feed that is not being currently used, remove from fridge 30 minutes before it is required so as to allow it reach room temperature.
- A pack of opened feed should be discarded 24 hours after being opened.
- In the event of a nurse not being available please contact the students' family/care giver.

- It is extremely important to monitor fluid intake and output where possible, to reduce the risk of the individual becoming dehydrated.

Constipation:

- Ensure all additional fluids that have been prescribed have been given.
- Ensure that all prescribed flushes have been administered.
- If you have any concerns in relation to an individual student and constipation please inform school nurse, or in their absence the students Parent/care giver.

Upset stomach/Wind/Pain

The students' Enteral Feeding Care Plan should clearly state the management of upset stomach/wind/pain. The management for each individual will be different due to specific individual needs.

Dislodgement of the PEG tube:

- Should the students PEG become dislodged, parent/primary care giver to be contacted immediately, as a new tube will need to be placed. The parent will come to the school to perform same or take student home, in event parent is unable to attend school, the student must be sent to hospital for reinsertion of a tube.

A PEG stoma can completely close over within 2 hours

Oral Care:

Lack of feeding by mouth results in reduced oral stimulus, subsequent changes in the saliva constituents and Tartar, which tends to build up more easily than usual.

The students Enteral Feeding Care Plan should clearly state the management of Oral Care.

References and Sources

- Our Lady's Children's Hospital ENTERAL FEEDING VIA PEG TUBE OR MIC-KEY BUTTON MANAGEMENT GUIDELINE 2018
- HSE National Guidance on Adult Home Enteral Tube Feeding 2023
- Irish Nutrition and Dietetic Institute. Home Enteral Feeding Resource Pack 2015/2016
- NMBI Guidance for Nurses and Midwives on Medication Management. 2007.
- NMBI Guidance for Nurses and Midwives on Medication Administration. 2020.

[illegible]

COMPETENCY ASSESSMENT ENTERAL TUBE FEEDING MANAGEMENT

NAME OF STAFF BEING ASSESSED: ASSESOR NAME:	Minimum of 3 Assessments Required: Direct Observation or Questioning Enter D or Q or Both	Comments or areas to improve on for next assessment			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> 1st Assessment Date: D/Q </td> <td style="width: 33%; text-align: center;"> 2nd Assessment Date: D/Q </td> <td style="width: 33%; text-align: center;"> 3rd Assessment Date: D/Q </td> </tr> </table>	1st Assessment Date: D/Q	2nd Assessment Date: D/Q	3rd Assessment Date: D/Q	
1st Assessment Date: D/Q	2nd Assessment Date: D/Q	3rd Assessment Date: D/Q			

PROCEDURE FOR SETTING UP, AND GIVING A FEED

Familiar with Care Plan			
Explains the procedure to the student			
Ensures the student is in correct position according to Care Plan			
Verifies correct feed, rate, and amount to be given from prescription			
Prepares the equipment, and checks expiry date where appropriate			
Uses appropriate infection control measures			
Insertion of feeding set into pump			
Priming of feeding set with pump			
Attaches connector tube			
Draws up and flushes PEG with prescribed flush using gentle pressure pre feed			
Commences feed at correct dose and rate			
Verifies feeding pump is running correctly			
Observes student for adverse signs			
Name of feed, time dose, pre and post flush			
Draws up and flushes PEG with prescribed flush using gentle pressure post feed			

Each staff member undertaking this responsibility is reminded they are accountable for their own actions.

On verbal questioning, the staff member has an understanding and can explain the following

- Possible risks associated with having an Enteral Feeding Tube
- Possible risks associated with Enteral Feeding, what to do should they present in a student (vomiting, abdominal cramps, appear chesty, change in breathing pattern, tube blocks)
- Importance of Infection Control measures when managing PEG Feeding
- Importance of oral hygiene
- Infection risks associated with a PEG, what do.

I confirm that -staff name in print:

I confirm that -staff name in print

has passed/not passed Enteral Feeding Management.

has passed/not passed safe administration of medications via PEG.

Signed by staff trainee:

Date:

Signed by Nurse Assessor:

Date:

Yearly reviews of competency required thereafter.

Date for next review:

If staff have not passed, action to be taken: