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ENTERAL TUBE FEEDING

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Cumberland Council

Community Infection Prevention and Control Policy for Care Home settings

Enteral tube feeding

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This guidance document has been adopted as a policy document by:

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1. Introduction

Enteral tube feeding is a process where nutrition is delivered into an individual's gastrointestinal tract by 1 of 3 ways:

- Through the nose into the stomach by nasogastric feeding tube
- Directly into the stomach by gastrostomy or percutaneous endoscopic gastrostomy (PEG) feeding tube
- Directly into the small bowel by jejunostomy feeding tube

An individualised care plan should be in place for each resident receiving enteral tube feeding.

Only commercially prepared feeds should be used.

Residents receiving enteral tube feeding should be supported by the Multi-Disciplinary Team (MDT).

This Policy for safe practice will assist staff to reduce the risk of infection associated with enteral tube feeding.

Always use 'Standard infection control precautions' (SICPs) and, where required, 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs Policy for Care Home settings'.

2. Administration of feeds (clean technique)

Enteral tube feeding administration must be undertaken only by suitably trained and competent staff. Initial training and competency should be assessed and monitored by the relevant MDT members. Always follow the procedure as instructed by the relevant MDT.

The principles of enteral feed administration are:

- Explaining the procedure to the resident
- Checking the expiry dates on items to be used, e.g. giving set, feed, (60 ml ENfit reusable enteral syringes, coloured purple, are an example of enteral syringes used in community settings)
- Ensuring appropriate positioning of the resident, i.e. upper body positioned at a minimum angle of 45^{o} prior to and throughout the feeding period. If the resident is in in bed, this can be achieved by raising the head of the bed and/or ensuring the resident has sufficient pillows to support their head
- Taking the equipment to the resident's bedside or appropriate private space
- Washing hands with liquid soap and warm running water and thoroughly drying with

paper towels. Alcohol handrub can be used if hands are visibly clean

- Putting on disposable apron and gloves
- Removing the giving set packaging and closing the clamp
- Shaking the bag/bottle, twisting off the cap and without touching the spike, tightly screwing on the giving set, which will break the foil seal
- Hanging the bag on the drip stand, feeding the giving set into the pump
- Priming the giving set, making sure there are no air bubbles
- Setting the rate of administration as directed by the dietitian
- Before commencing a feed, slowly flushing the feeding tube with a minimum of 30 mls of water or the volume as directed by the dietitian - freshly drawn tap water for residents who are not immunosuppressed or either cooled freshly boiled water or sterile water from a freshly opened container for residents who are immunosuppressed. Note: If sterile water is used, it should be labelled with the resident's name, the time and date opened and any unused sterile water should be disposed of after 24 hours
- Removing the end cap from the giving set, using a clean non-touch technique to connect the giving set to the feeding tube and pressing start on the pump
- At the end of a feed, slowly flushing the feeding tube again with a minimum of 30 mls of water or the volume as directed by the dietitian
- Feed containers and giving sets are single use items and should be disposed of at the end of the feeding session
- Removing and disposing of personal protective equipment (PPE) and cleaning hands
- After each feed, recording the amount of feed and number of flushes given on the resident's prescribing chart
- Ensuring the resident is comfortable, observing for signs of feeding intolerance
- Ensuring the resident's upper body is positioned at a minimum angle of 30^{o} for one hour after feeding. Ensuring they do not lie flat following the feeding period

3. Cleaning and storage of enteral feeding equipment

Feed containers and giving sets are single use items and should be disposed of at the end of the feeding session.

Single use enteral syringes should be disposed of after use.

Single patient use enteral syringes should be:

- Clearly marked with the resident's name, dated at first use and documented accordingly
- Cleaned after each use, as per manufacturer's instructions - cleaning should be carried out in a suitable sink, which is not used for personal care or routine hand hygiene

- Stored in a clean dry container, marked with the resident's name. The container should be washed with detergent and warm water daily and dried thoroughly.
- Discarded after 1 weeks use or as per manufacturer's guidance

The pump used to administer feeds should be wiped clean regularly with detergent and warm water or a detergent wipe.

4. Administering medication through an enteral feeding tube

Administration of drugs via an enteral feeding tube is unlicensed in the UK.

If the resident is able to swallow their medication orally in the normal manner, this is preferred.

Prior to administering medication, check:

- If the resident can take medication orally, if the medication is necessary or if it can be temporarily suspended
- Consider if an alternative route can be used, e.g. buccal (placing between the gums and the cheek), transdermal, topical, rectal or subcutaneous

Medication given via enteral feeding tubes should be administered in liquid or syrup form, suitably diluted, whenever possible. The tube must be flushed thoroughly before and after the administration of medicines. In the absence of such products, some tablets may be crushed or alternative formulations, such as dispersible tablets, may be considered. Enteric coated or slow release preparations are not suitable for administration via feeding tubes, contact your local pharmacist for further advice.

Some medicines should never be crushed - including modified release tablets, enteric coated tablets, cytotoxic medicines. Prior to preparation, check with a Pharmacist if the medicine is able to be crushed or not.

Where there is a contraindication for medicine to be taken with feed, the dietitian should be consulted to prescribe a suitable regime to ensure that the resident's nutritional requirements are maintained.

To avoid interaction between medicines and feed, do not add medication directly into the enteral feed.

The principles of administering medication through an enteral feeding tube are:

- Washing hands thoroughly with liquid soap and warm running water and thoroughly drying with paper towels. Alcohol handrub can be used if hands are visibly clean
- Putting on gloves and, if there is a risk of contamination to the uniform, putting on an apron
- If an enteral feed is in progress, stopping the feed. If the administration of any of the medicine with feed is contraindicated, ensure the suggested time of withholding the

feed is adhered to

- Using an enteral syringe, slowly flushing the feeding tube with a minimum of 30 mls of water or the volume as directed by the dietitian - freshly drawn tap water for residents who are not immunosuppressed or either cooled freshly boiled water or sterile water from a freshly opened container for residents who are immunosuppressed. Note: If sterile water is used, it should be labelled with the time and date opened and any unused sterile water should be disposed of after 24 hours
- Preparing each medication to be given separately to avoid interaction of the drugs and ensure solubility:
  - Soluble tablets - dissolve in 10-15 mls of water
  - Tablets - crush with a clean mortar and pestle or tablet crusher
  - Liquids - shake well. Mix thick liquids with an equal volume of water
- Uncapping the spare port, wiping the port with an alcohol swab for at least 30 seconds and allowing to air dry
- Administering the medication through the feeding tube, using a 60 ml syringe
- A 30 ml flush of water or the volume as directed by the dietitian should be given in between each medication to prevent tube blockages and drug interactions
- Flushing the feeding tube with 30 mls of water or the volume as directed by the dietitian at the end of administering the medications
- Removing and disposing of PPE and cleaning hands
- Recording on resident's prescribing chart

5. Care of the tube insertion site

Hand hygiene is essential, before contact with the resident's enteral feeding tube and/or insertion site. Hands should be washed with liquid soap and warm running water and thoroughly dried using paper towels. Alcohol handrub can be used if hands are visibly clean.

If there is pain on feeding or external leakage of stomach contents, or fresh bleeding, stop any feed immediately and urgently contact your local Hospital Emergency Department.

Following insertion of a tube the manufacturer's advice, dietitian, or advice from the Hospital Consultant who inserted the tube, should be followed regarding cleaning of the site, if a dressing is required and rotation of the tube.

6. Evidence of good practice

It is recommended that, for assurance purposes, that regular audits are undertaken. An Enteral tube feeding Audit Tool is available to download at www.infectionpreventioncontrol.co.uk/resources/enteral-tube-feeding-compliance-annual-audit-tool-for-care-homes/.

Following completion of the audit, an 'Action plan' should be drawn up and implemented to demonstrate continuous improvement.

7. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

8. References

Care Quality Commission (2023) *Enteral feeding and medicines administration*

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Department of Health and Health Protection Agency (2013) *Prevention and control of infection in care homes – an information resource*

MGP Ltd (January 2019) *Medication management of patients with nasogastric (NG), percutaneous endoscopic gastrostomy (PEG), or other enteral feeding tubes*

National Institute for Health and Care Excellence (Updated February 2017) *Healthcare–associated Infections: prevention and control in primary and community care CG139*

National Institute for Health and Care Excellence (Updated August 2017) *Nutrition support for adults: oral nutrition support, enteral tube feeding and parental nutrition CG32*

Royal Marsden NHS Foundation Trust (2020) *The Royal Marsden Hospital Manual of Clinical and Cancer Nursing Procedures 10th Edition*