51. HIGH INTENSITY DAILY ACTIVITIES: Enteral Feeding Support Policy and Procedure

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Purpose

The aim of this policy and procedure is to detail specific enteral feeding (Nasogastric Tube – Jejunum or Duodenum) procedures, according to established performance standards and guidelines, to reduce risk and safely administer enteral feed support to participants, that is appropriate and proportionate to their individual needs and preferences for maintaining a healthy body weight and administering medication.

Enteral feeding and dysphagia support assist in the prevention and treatment of malnutrition and associated complications of poor nutrition status, e.g., when a medical condition or disease prevents adequate nutrition and hydration via an oral diet.

Scope

The procedures in this document apply to all Australian Quality Care support workers and health professionals providing enteral feeding and / or dysphagia support, and meets relevant legislation, regulations and Standards as set out in *Schedule 1 Legislative References*.

Applicable NDIS Practice Standards and NDIS High Intensity Support Skills Descriptors

Outcome
Each participant requiring enteral feeding supports including naso-gastric tube,- Jejunum or Duodenum supports receives appropriate nutrition, fluids, and medication, relevant and proportionate to their individual needs.

Indicators (NDIS Practice Standards)

- Each participant is involved in the assessment and development of the support plan for their specific enteral feeding and or dysphagia support. It includes supporting a participant who depends on enteral feeding tubes also called Home Enteral Nutrition (HEN) and includes Naso-gastric Tube Feeding (NGT), Gastrostomy feeding and Percutaneous Gastrostomy (PEG) or Jejunostomy. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The support plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- Appropriate policies and procedures are in place, including timely supervision support equipment and resource and a training plan for workers, that relate to the support provided to each participant who has enteral feeding needs and may also require dysphagia support.
- All workers working with a participant who requires enteral feeding and or Dysphagia support have completed training, relating specifically to each participant's needs, type and method of enteral feeding and regime, appropriate use of equipment, stoma care and

additional skills and knowledge when supporting participants to take medications through feeding tube, and other high intensity support skills descriptor for enteral feeding and dysphagia support, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for enteral feeding.

Indicators (NDIS Skills Descriptors)

- All workers to maintain open communication, seek regular feedback and work closely with participants to understand their specific needs, when and how to best deliver supports that meets with their timing, frequency and type of support required.
- All workers to deliver supports in ways that are least intrusive or restrictive and that fits into the participants daily routines and preferences and actively involves the participant in their support as outlined in their support plan to the extent they choose.
- Annual competency assessment of workers by appropriate qualified health professionals to be undertaken to ensure currency of skills and knowledge, awareness and understanding of the relevant support plan.
- Refreshers / assessments of competency by appropriately qualified health practitioners to be undertaken and successfully completed by the worker when the participants support plan changes, best practice requirements change or when the worker has not provided the required support in the last 3 months. Timeframe for refreshers and re-assessments can vary on the nature of supports and workers experience.
- Audit records to be maintained.

Definitions

Duodenum is the first part of the small intestine (bowels) immediately after the stomach and leads to the jejunum and is just below the stomach. The duodenum receives partially digested food from the stomach and begins the process of absorption of nutrients.

Dysphagia - a medical term for any difficulty associated with swallowing. It is associated with a wide range of medical and health conditions, disabilities, and ageing. It can be partial or complete and may require a feeding tube to provide nutrients without the need to swallow.

Enteral Feeding – any method of feeding that uses the gastro-intestinal (GI) tract to deliver nutrition and calories into the body. A person on enteral feeding usually has a condition or injury that prevents eating a regular diet by mouth, but their GI tract is still able to function. Enteral feeding my take up a person's entire calorie intake or used as a supplement.

Jejunum is the second part of the small intestine (bowels) and lies between the duodenum and ileum and occupies the central part of the abdomen. The jejunum along with the other areas of the small intestine (duodenum and ileum) is responsible for the absorption of nutrients from digested food into the bloodstream.

Enteral Feeding – Types

Percutaneous Endoscopic Gastrostomy Tube (PEG)

- *Percutaneous:* inserted through the skin and held in place with an internal fixator
- *Endoscopic:* the method of using an instrument to assist tube placement
- *Gastrostomy:* the name given to the construction of a passage into the stomach. This passage is called a stoma.

Nasogastric Tube (NGT)

- a thin flexible tube made from a soft plastic material
- inserted through the nose into the stomach
- commonly used in hospital for short term tube feeding
- occasionally some people may go home with a NGT for feeding

Nasojejunal Tube (NJT)

- a thin flexible tube made from a soft plastic material
- inserted through the nose into the small bowel (jejunum) via the stomach
- commonly used in hospital for short term tube feeding
- used when unable to feed into the stomach due to certain medical conditions such as stomach surgery

Gastrostomy Tube - A feeding tube which is inserted endoscopically or surgically through the abdominal wall and directly into the stomach, where long-term eternal feeding is required. It is less likely to be pulled out, more comfortable and aesthetically appealing and doesn't restrict activities such as showering or swimming.

Gastrostomy Tube Insertion Methods

Gastrostomy feeding tubes are inserted by 2 main methods:

1. ***Endoscopic insertion*** - a gastrostomy feeding tube is referred to as a "PEG" when inserted endoscopically

2. ***Radiological insertion*** - a gastrostomy feeding tube is referred to as a "RIG" when inserted via radiology (or x-ray)

RIG means:

- *Radiologically:* the method of using x-ray to assist tube placement
- *Inserted*
- *Gastrostomy:* the name given to the construction of a passage into the stomach. This passage is called a stoma

***PEG* (see also *Percutaneous Endoscopic Gastrostomy Tube (PEG)*)**

1. PEG: Stands for percutaneous endoscopic gastrostomy, a surgical procedure for placing a feeding tube without having to perform an open laparotomy (operation on the abdomen).
2. The aim of PEG is to feed those who cannot swallow.
3. PEG takes less time, carries less risk and costs less than a classic surgical gastrostomy which requires opening the abdomen.

Enteral Feeds

Enteral Feeds - Enteral feeds are commercially prepared, pre-packaged, and sterile. This reduces the risk of microbial contamination. They vary according to the pharmaceutical company and prescription, therefore administration sets, and pumps will vary.

It is Australian Quality Care's policy that all feeds and flushes will be prescribed on the participant's prescribed medication record and the administration of each feed and flush is recorded on the medication administration chart.

Enteral Feeding – Techniques

There are three different ways to deliver tube feeds:

1. ***Pump Feeding*** - mechanical pump delivers the formula under pressure.

2. ***Gravity Feeding*** - formula is administered via container suspended from a pole above the person. The formula is administered through the tubing by gravity.

3. ***Bolus/Syringe Feeding*** - formula is administered via 60mls catheter tipped syringe.

Enteral Feeding Schedules

Continuous Feeding - the formula drips through the feeding tube all day or night (or both).

Intermittent Feeding - larger amounts of formula is given 3 to 8 times per day according to feeding regime.

Policy

Australian Quality Care is committed to ensuring participants requiring enteral feeding (Nasogastric [NG] tube - Jejunum or Duodenum feeding), and participants who also have dysphagia, receive appropriate nutrition, fluids, and medication, relevant and proportionate to their individual needs.

Risk Analysis

Identified Risks

Risks associated with enteral feeding include:

- gastro-oesophageal reflux and aspiration
- constipation, breathing difficulties, diarrhoea, vomiting, bloating
- contamination of enteral feeds causing serious infection
- oral issues such as dry mouth, oral infection, or general oral discomfort
- lack of knowledge and understanding of the basic anatomy of the digestive system, management of equipment, and feeding regime
- lack of awareness of risks associated with departing from the *Enteral Feeding Support Plan* and the ability the explain these risks to others, including carers
- feed tube dislodgment, including kinked or blocked tubes, or incorrect tube positioning
- stoma care issues (including early identification of infection) and
- staff not strictly adhering to prescribed *Enteral Feeding Support Plan* requirements.

Risks associated with Dysphagia include:

- weight loss
- dehydration
- respiratory problems e.g., aspiration pneumonia
- choking
- malnutrition
- swallowing problems where food and fluids get into the lungs rather than the stomach and
- staff not strictly adhering to prescribed *Dysphagia Support Plan* requirements.

Risks are identified in individual participant *Enteral Feeding Support Plans*.

Risk Management Strategies

Strategies to reduce risks for enteral feeding include:

- staff to be suitably trained by a health professional in specific participant enteral feeding and dysphagia support needs, including behaviour management issues whereby feed tube may be dislodged
- staff to meet the training requirements specified in ‘Roles and Responsibilities’, below
- staff to undertake annual competency assessments, and have competency reviewed when they have not delivered the required support for over three months or if participant needs have changed
- *Enteral Feeding Support Plan* in place and readily available and accessible to staff for participants requiring enteral feeding
- *Enteral Feeding Support Plans* to be written by a health professional in consultation with other relevant health professionals involved in the participant’s care
- staff to strictly follow expert advice and *Enteral Feeding Support Plans* from specialists to avoid hazards, risks, and adverse events, and take action if emergencies occur
- regular oral hygiene care provided as per *Enteral Feeding Support Plans*
- regular review of feeding regime to monitor weight gain or loss.
- safe storage, handling, and dispensing of enteral feed formula
- management of PEG site / stoma for signs of infection or inflammation

- support workers to be up to date with emergency First Aid knowledge
- safe handling of disposables and sharps and
- tube replacement to be only undertaken by a health practitioner.

Strategies to reduce risks for Dysphagia include:

- staff to be suitably trained by a speech pathologist to recognise early signs of dysphagia and symptoms and associated risks, including timely reporting to the Health Practitioner and speech pathologist to assess their swallowing and mealtime assistance needs, especially participants with complex disabilities including a review of general health
- staff to meet the training requirements specified in 'Roles and Responsibilities', below
- staff to undertake annual competency assessments, and have competency reviewed when they have not delivered the required support for over three months or if participant needs have changed
- early assessment of participants' possible swallowing difficulties if signs and symptoms of swallowing difficulty is observed. e.g., coughing / choking
- *Dysphagia Support Plan* in place and readily available and accessible to staff for participants with Dysphagia
- *Dysphagia Support Plans* to be written by a health professional
- staff to strictly follow expert advice and *Dysphagia Support Plans* from specialists to avoid hazards, risks and adverse events, and take action if emergencies occur
- trained staff to be available to monitor and support participants with Dysphagia to eat and drink safely during mealtimes
- regular review of *Dysphagia Support Plans* and
- regular medication reviews.

Roles and Responsibilities

Australian Quality Care is committed to ensuring that participants who require enteral feeding and dysphagia support receive appropriate nutrition, fluids, and medication, relevant and proportionate to their individual needs.

To achieve the above outcomes, Australian Quality Care will undertake the following actions:

1. An *Enteral Feeding Support Plan* has been developed for each participant and is overseen by a relevant health practitioner (this may involve more than one health practitioner, e.g., dietician, speech therapist, occupational therapist). Each participant is involved in the assessment and development of their support plan.

2. *Enteral Feeding Support Plans* are up-to-date, readily available, clear, and concise, and clearly identify and describe the support needs and preferences of participants.

3. Participants are supported to seek regular and timely reviews of their health status by an appropriately qualified health practitioner.

4. Each participant's *Enteral Feeding Support Plan* is communicated, where appropriate and with their consent, to their support network, other providers, and relevant government agencies.

5. Workers understand the support needs outlined in *Enteral Feeding Support Plans* such as:
    - enteral tube feeding supports
    - types of feeds
    - feeding delivery mechanisms
    - specific mealtime assistance techniques
    - stoma care
    - what risks to look for and
    - action required to respond to risks, incidents, and emergencies.

6. Participants who require enteral feeding support and who also have dysphagia, have a *Dysphagia Support Plan* developed by a relevant health practitioner. The *Dysphagia Support Plan* sets out required characteristics of textured food and drink, specific mealtime assistance techniques, what

risks to look for, and action required to respond to risks, incidents, and emergencies.

7. Policies, procedures, and plans are in place and easily accessible to workers, including a training plan for workers in the specific complexities of managing each participant with enteral feeding needs.

8. Skilled, trained, and experienced workers are allocated to manage participants with enteral feeding needs, including participants with dysphagia who rely on enteral feeding, as support provided is high risk and complex and can be life threatening if not effectively managed.

9. Where supportsare delivered by a competent worker who is not a qualified or allied health practitioner, the Registered Nurse ensures:
    - the worker is suitably trained and equipped with the skills and knowledge required for safe service delivery and maintains currency of skills and knowledge
    - competency of workers' skills and knowledge is assessed annually
    - refreshers are completed when participants' needs change, best practice requirements change, or when the worker has not provided the required support in the last three (3) months
    - supports are not provided until workers have successfully completed competency assessments and refresher training and
    - competency assessments are documented and regularly audited, with audit records and a *Training and Development Register* maintained.

10. The *Enteral Feeding Support Plan* and / or *Dysphagia Support Plan* is signed by the participant, and speech pathologist or health practitioner, agreeing and confirming the need and consent for support.

11. Support Workers who are deployed to care for participants with enteral feeding needs, including participants with dysphagia who rely on enteral feeding, have completed training and education delivered by an appropriately qualitied health professional who has expertise in dysphagia and enteral feeding, and receive regular supervision, support, equipment, and consumables required to provide the supports.

    <u>Enteral Feeding training is to include:</u>
    - basic anatomy of the digestive system
    - the purpose and methods for correct participant positioning
    - the impact of associated health conditions and complications that interact with enteral feeding, for example, reflux, constipation, breathing difficulties, dysphagia, diarrhoea, vomiting, and bloating
    - identifying common alarms and action required to deactivate alarms, and addressing issues such as a kinked or blocked feed in the tube and dislodged tubes
    - high risk indicators include coughing, vomiting, and changes in bowel habits
    - health-related indicators such as unexpected weight gain or loss, dehydration, allergic reaction, a wet cough, diarrhoea, and constipation
    - when and how to involve or get advice from a health practitioner
    - risks of poor oral health and how these can affect people who rely on enteral feeding
    - what to look for to confirm tube integrity and cleaning and
    - reporting responsibilities including handover, recording observations, and incident reporting.

    <u>Training for workers who support participants with a gastrostomy is to include:</u>
    - basic procedures to maintain stomas, according to stoma type, such as cleaning and protecting skin around the stoma, and checking and refilling the balloon
    - signs of a healthy stoma and how these can change over time
    - indicators and action required to respond to common health problems at the stoma site, such as changes in appearance of the skin, wetness, or signs of infection or inflammation and
    - reporting responsibilities, including handover, recording observations, and incident reporting.

    <u>Training for workers who support participants to administer medication through an enteral tube is to include:</u>

- basic understanding of the purpose of the medication and related storage requirements
- factors that affect medication delivery through a feeding tube
- common signs and symptoms of medication adverse reactions, including reaction to medication and dosage errors and
- reporting responsibilities including handover, recording observations, and incident reporting.

Dysphagia training is to include:

- basic anatomy of swallowing and the respiratory system
- the relationship between swallowing, the digestive system, nutrition, and dysphagia support
- basic understanding of dysphagia and related factors that can make eating difficult, such as mouth and dental problems, reflux, breathing difficulties, poor appetite, food intolerance, tiredness, poor health, and some types of PRN medication
- risks of poor oral health and how this can affect those with dysphagia, such as aspiration and pneumonia
- basic understanding of risks associated with taking medications and the importance of ensuring medication is delivered at an appropriate consistency
- how to identify risks and take necessary action when changes to eating and drinking needs occur, or swallowing or mealtime difficulties are observed e.g., coughing, choking and aspiration
- prompt reporting of swallowing and mealtime difficulties (e.g., coughing, choking) and referral pathways to follow including emergency First Aid and hospital transfer
- how to monitor, recognize and promptly report signs of dehydration, poor chest health, aspiration, respiratory infection, or weight loss to the [Position Title]
- how to deal with any behavioral and communication challenges
- how to read, interpret, understand, and implement the participant's prescribed *Dysphagia Support Plan* and to be aware of and avoid the adverse risks, hazards and events associated with not following the plan
- monitoring the participant during and after eating or tube feeding (enteral feeding) to identify and immediately respond to risks, incidents, and emergencies
- understanding common terminology relating to meal and fluid preparation and modified meals (list of terms to be provide by the speech pathologist)
- food and fluid preparation procedures and techniques for modification to the correct texture (refer to IDDSI Level 0-7 Descriptors - **Appendix 1**) as recommended in the *Dysphagia Support Plan* for ease of swallowing, including appropriate labelling and storage of prepared food and fluids
- on-going communication with the participant about their mealtime food/fluid preferences
- supporting and encouraging participant independence in the enjoyment of their meals
- specific mealtime assistance e.g., safe rate of eating, safe amount of food in each mouthful
- seating and mealtime positioning requirements during meals as per physiotherapist and occupational therapist recommendations
- the purpose and methods of positioning for assisting swallowing
- manual handling training when dealing with participants with complex physical disability to avoid choking risks
- use of mealtime equipment and feeding utensils for safe eating and drinking
- if a meal is pre-prepared, checking the label matches the requirements of the *Dysphagia Support Plan*
- maintaining Food and Fluid Charts
- regular weight monitoring (weekly or as clinically indicated)
- maintaining accurate daily records and documentation
- awareness of procedures and methods of including medications in food and understanding of crushable and non-crushable medications
- principles for infection control and hygiene, e.g., hand washing, use of gloves, and disinfecting the environment and
- reporting responsibilities including handover, recording observations, and incident reporting.

12. In addition to the above, workers must also complete all relevant eLearning modules available on the NDIS Commission's website, keep their first aid knowledge and CPR training up-to-date, and be trained on the specific needs of each participant, including the appropriate use equipment.

13. Manual handling training is provided for workers supporting participants who have very complex physical disabilities, who need positioning and turning to maintain airway safety, avoid choking risks, and for pressure care.

14. Australian Quality Care accesses appropriate equipment for participants who are tube fed (enteral fed) and provides staff with the required training on equipment use and maintenance.

15. Workers communicate with participants using their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.

16. Referrals are facilitated as required by the Registered Nurse to other health providers, in collaboration and with consent from the participant.

17. The Registered Nurse monitors compliance with the NDIS Practice Standards and High Intensity Support Skills Descriptors through internal audits and stakeholder feedback, to ensure service provision is appropriate and effective.

18. The Registered Nurse:
    - ensures all support workers undertake the necessary training
    - maintains training records and appropriate registrations and
    - monitors staff compliance.

19. Australian Quality Care undertakes regular satisfaction surveys to gauge the quality and safety of food being delivered and ensure meals are meeting participants' needs. Results of the surveys are used to improve Australian Quality Care's subsequent service delivery.

20. All health professionals and consulting Health Practitioners are accountable for their own practice and are aware of their own legal and professional responsibilities within the Code of Practice of their professional body.

21. The *Enteral Feeding Support Plan* is to be reviewed by a suitably qualified Health Practitioner, evaluated, and updated regularly as changes occur to the participant's needs to ensure nutrient and hydration needs are met.

Precautions/Considerations

Check and ensure the participant's consent and feeding regime is current accordance with their *Enteral Feeding Support Plan*, including:

- feeding technique
- positioning
- food and fluid texture and consistency and
- other consumables and equipment required for enteral feeding.

Other assessment considerations include:

- regularly assessing weight gain or loss (at least weekly or as clinically indicated)
- undertaking blood tests
- referral to a dietitian to review feeding plans
- monitoring for behaviours where feed tubes are frequently dislodged and
- assessing for other factors that are associated with a high risk of aspiration or choking e.g., severe epilepsy, complex physical disability, complex communication, and inability to self-feed.
- **DO NOT FEED FLAT** as it is high risk for aspiration
- feed management – shake well, give at room temperature, discard unused feeds after 24 hours
- Monitor rate, flow, and quantity of feed.

Infection control considerations – support workers are to comply with the specific requirements for hand hygiene and Personal Protective Equipment (PPE), in line with Australian Quality Care's *Infection*

Prevention and Control Policy and Procedures.

Equipment Required

- Personal Protective Equipment (PPE) e.g., single use disposable gloves, masks, and aprons, to be used if there is a risk of contamination of hands with gastric fluids, or contact with gastrostomy site.

- Other requirements include:
  - enteral feeding syringe
  - water for flushing (tap if appropriate, or sterile)
  - giving sets
  - extension sets
  - pumps
  - connectors and
  - other equipment and consumables as per individual participant *Support Plans*.

- All equipment which is for individual use only is to be cleaned and stored according to the manufacturer's instructions.

Procedures

As enteral feeding and dysphagia support are highly personal in nature and high risk, staff need to maintain communication and work closely with participants to understand their specific needs, and when and how to best deliver supports that meet the participant's preferences and daily routines.

Enteral Feeding Support Procedures

NOTE: Specific procedures for Enteral Feeding/NG are covered in Appendices (1 - 8).

1. Check participant consent for enteral feeding support and *Enteral Feeding Support Plan* are current.

2. Read and understand the *Enteral Feeding Support Plan*, and check participant-specific requirements for food and fluid needs, preparation techniques, safe feeding strategies and feeding equipment.

3. Ensure the participant's privacy and dignity, as well as a safe environment, prior to commencing support.

4. Communicate with participant as per their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.

5. Refer to the Medication Plan for participants requiring medication administration via a feeding tube.

6. Prepare equipment and feed required (check expiry date) as per the *Enteral Feeding Support Plan*.

7. Follow strict hand washing, infection control, and personal hygiene procedures before commencing enteral feed.

8. Position participant - sit up in chair or elevate head between 30 degrees to 45 degrees (prop up on pillows) during feeding and for 1 hour post feeding to reduce the risk of aspiration. **DO NOT FEED LYING FLAT.**

9. Undertake appropriate monitoring, positioning, and turning to maintain airway safety and avoid aspiration and choking, especially for participants who have very complex disability.

10. Check tube is positioned correctly before feeding.

11. Undertake feed according to the current feeding regime and flush tube with 30mls of water before and after each feed.

12. Feed must be shaken well and given at room temperature (unopened feed does not need refrigeration, however once opened it can be stored in the fridge for not more than 24 hours). Discard any unused feed after 24 hours. Feeds should never be diluted.

13. Stop feed if participant has difficulty breathing, coughs, or chokes during the feed, or displays behaviour whereby the feeding tube could be dislodged.

14. Monitor flow rate and quantity of feed and adjust accordingly where required, especially where there are pre-existing disorders, e.g., cardiac, or respiratory that could interact with enteral feed, which can cause reflux, poor chest health, dehydration.

15. Monitor equipment operation and follow procedures to respond to blockages.

16. Keep the stoma area clean and dry, inspect for dislodgment, signs of swelling, redness or any other skin breakdown or infections daily and document in the participants records.

17. Clean around the PEG tube daily using non perfumed soap and warm water. Dry thoroughly.

18. Do not administer feeds through enteral tube used for aspiration or that are on free flow.

19. Check skin measurement against the numbering daily and record measurement of the skin disc against the calibration of the tube. If the numbers are not present, use an indelible pen to mark the tubes correct position. The disc should allow some room for the gastrostomy tube to move - too loose an apposition can result in gastrostomy tube migration further into the stoma and cause gastric outlet obstruction, too tight an apposition can cause skin necrosis and Buried Bumper Syndrome (i.e., erosion of the internal bumper of the tube into the gastric wall because of excessive tension on the gastrostomy tube tract).

20. Ensure participant has regular and adequate oral hygiene. Do NOT give any food by mouth to taste or eat.

21. Replace the enteral syringe used for flushing as required. Ensure equipment where used is operating correctly and kept clean. Single use equipment to be discarded after use.

22. Report and discuss with the Registered Nurse any request to review the participant's mealtime plan, reflux, unexpected weight gain or loss, dehydration, allergic reaction, poor chest health, fever, foul smelling drainage, blood around feeding tube, leakage, nausea, vomiting over 24 hours, diarrhea over 2 days, constipation over 4 days.

23. Liaise with other practitioners involved with care where needed.

24. Transfer participant to hospital if there is any imminent risk to well-being and notify the Registered Nurse immediately.

25. Replacement of NG and/or PEG tube is high risk and must be undertaken by the Registered Nurse or Health Practitioner.

26. Should an incident occur, respond as per the participant's *Enteral Feeding Support Plan*, and per Australian Quality Care's *Incident Management Policy and Procedure*. Following the incident, ensure the participant's *Enteral Feeding Support Plan* is reviewed and updated, and information communicated to all staff involved in the participant's enteral feeds.

27. Maintain detailed daily records/documentation in the participant's health records. Maintain daily *participant Input / Output Chart*.

28. Keep the participant's *Enteral Feeding Support Plan* updated according to changes to the care directive/feeding regime/schedule/tube change.

29. Stoma Care
    - wash under tube disc with warm soapy water using face washer or gauze
    - dry well
    - inspect stoma site for signs of swelling, redness, and skin breakdown daily and
    - report any signs of infection or inflammation to health practitioner.

30. Actively involve the participant in enteral feeding support to the extent they choose, check any changes to support they are receiving and any other areas where the *Enteral Feeding Support Plan* is not meeting participant needs.

31. Encourage feedback from the participant and request changes from attending health professionals to their *Enteral Feeding Support Plan* as required.

32. Identify, document, and report information where *Enteral Feeding Support Plans* are not meeting participants' needs.

33. Undertake on-going training and education, maintain up to date First Aid knowledge, (especially relating to techniques for addressing suspected choking), and participate in regular competency assessments to ensure practices are safe and up to date with current best-practice guidelines for supporting participants with enteral feeding.

Medication Administration via Gastrostomy Tube

1. Before administering, check the medication supply is the most appropriate form.

2. Use liquid medications as the first priority.

3. Follow instructions regarding medication preparation, for example crushing, dissolving.

4. Do NOT mix medications with enteral feed formula.

5. Do NOT mix medications to avoid drug to drug incompatibilities.

6. If more than one medication is to be given, give each separately and flush the tube with 5mls of warm water between each medication.

7. Flush the gastrostomy tube with 30mls of water before and after medication administration.

Action Plan - Common Gastrostomy Tube Related Problems

Aspiration

1. May be caused by reflux or vomiting of the formula, and/or food or fluid entering the lungs.

2. Always position the participant at angle of at least 30 degrees during, and for at least 30 minutes after, the feed. **DO NOT FEED LYING FLAT**.

3. Stop feeds at least 30 minutes before any vigorous transfer or physiotherapy.

4. Regularly and frequently check of the position of the tube.

5. Identify medications that may delay gastric emptying.

6. Review when bowels last opened.

7. Decreased level of consciousness increases the risk of aspiration.

Blockage

1. Gastrostomy tubes can deteriorate or block with time, but they usually last up to 12 months (check the *Enteral Feeding Support Plan* for change regime).
2. Check the tube for kinks.
3. If gastrostomy tube is blocked, try flushing with warm water (20 - 30mls) using a gentle push and pull action with a 50ml syringe. This may take up to 30 minutes.
4. Gently massage the tube between fingers.
5. Do not use hot water or carbonated beverages (e.g., Cola) to unblock a tube.

Constipation

1. Administer appropriate medication, e.g., enema, laxative.
2. Ensure adequate hydration, check that the enteral formula and water flushes are being administered as per Dietitian's recommendation.
3. Consult with the Registered Nurse who can confer with the participant's Dietitian and relevant Health Practitioners.
4. Maintain mobility if possible.
5. Chart bowel action daily.

Diarrhoea

1. Check if this is due to too rapid feeding, hyperosmolar or cold formula, medications, rapid gastrointestinal transit, or bacterial contamination.
2. Refer to the Registered Nurse before changing the feed rate or water flushes. The Registered Nurse will consult with the Dietician and participant's Health Practitioner team to alter feeding rate if required.
3. Other possible causes include inadequate fluid or fibre intake or decreased physical activity.
4. Ensure correct volume of formula and water flushes are being administered to ensure against dehydration.
5. Ensure good infection control practises to minimise contamination: wash hands before and after feed preparation and administration.
6. Discontinue broad spectrum antibiotics if possible.

Dysreflexia

1. Autonomic Dysreflexia is a distinct type of medical emergency that must be recognised immediately, seen in people with spinal cord injuries at or above the T6 level.
2. Symptoms include bradycardia, vasodilation, flushing, pupillary constriction, and pale and cool skin.
3. Immediate emergency care and/or hospital transfer is required if dysreflexia occurs.

Hyper-granulation

Hyper-granulation is when extra tissue forms around the feeding tube. It is usually bumpy, swollen, shiny or wet, can bleed easily and be painful.

Consider impacts from:

- inflammation
- moisture
- excessive gastrostomy tube movement
- exploration due to excessive skin disc pressure
- gastric content leakage
- poor hygiene and
- diabetes and wound healing due to immunosuppression.

Leakage of Gastric Content around Gastrostomy Tube

1. Identify cause of leakage or discharge. Exclude infection, side torsion of the gastrostomy, Buried Bumper Syndrome, and loss of balloon volume (if it is a balloon replacement gastrostomy).

2. Apply gentle traction and repositioning of the skin disc (close to the skin) - this may be of some short-term assistance.

3. A larger tube may need to be inserted by a medical practitioner. Wash around the tube with warm soapy water and dry the area three times a day until the irritation and redness are improved.

Nausea and Vomiting

1. Stop the feed if there is vomiting.

2. Sit the person upright or lay them laterally (on the side to protect airway).

3. Check if feed rate is appropriate.

4. Exclude faecal impaction, excessive air in the stomach, feed contamination and other causes, e.g., antibiotics.

5. Ensure correct positioning when feeds are in progress. Refer to Dietitian and consult with Medical Practitioner.

Tube Dislodgment

1. If a gastrostomy tube is inadvertently dislodged it should be replaced within 1-2 hours before the tract starts to close. A sterile urinary catheter/Foley of similar size may be used temporarily until a proper replacement is found or purchased.

2. Tube replacement should only be performed by a medical practitioner or accredited professional with the relevant training and experience.

Venting / Decompression

1. Abdominal discomfort and bloating may be caused by excessive air / gas in the stomach.

2. Allowing the air to escape is called venting or decompression. The venting process will only take a couple of minutes and can be carried out before feeding or as needed.

Long Term PEG Care

1. Keep the gastrostomy site clean and dry-wash around site with mild soap and warm water to rinse the skin. Ensure the area is dry as part of the daily routine.

2. Gastrostomy tube should be rotated 360 degrees (full circle) daily. This must be recorded in the participant's healthcare records.

3. Check the skin at the insertion site at least once per day, looking for signs of redness or leaking. This assessment and outcome of check must be documented in the participant's records.

4. Do not leave any dressing or gauze under the skin/flange. If there is ooze or leak the Registered Nurse should be consulted.

5. Skin disc measurement and recording against the calibration on the tube. If the numbers are not present, use an indelible pen to mark the tubes correct position.

6. Gastrostomy tube should be flushed with water without excess force before and after feeds and medications.

7. If the PEG is not used daily, flush the tube at least once daily with 30mls of water, to maintain patency.

8. Maintain adequate oral hygiene with routine and PRN mouth care. Lubricate lips and give ice to suck.

Dysphagia Support Procedures

See the *Dysphagia Support Policy and Procedure* for specific information on dysphagia support procedures.

Supporting documents

Procedural guidelines for Enteral Feeding and Management are covered in the following documents for support workers and can be used for participants' reference where enteral feeds are performed.

Documents relevant to this policy and procedure include:

- *Dysphagia Support Policy and Procedure*
- *Management of Medication Policy and Procedure*
- *Infection Prevention and Control Policy and Procedure*
- *Management of Waste Policy and Procedure*
- *Reportable Incident, Accident and Emergency Policy and Procedure*
- *Complaints and Feedback Policy and Procedure*
- ***Appendix 1 – Nasogastric Tube (Checking the Position)***
- ***Appendix 2 – Obtaining Gastric Aspirate***
- ***Appendix 3 – NG Tube Monitoring during Continuous Feeds***
- ***Appendix 4 – Flushing Enteral Tubes***
- ***Appendix 5 – Venting***
- ***Appendix 6 – Feeds and Administration of Feeds***
- ***Appendix 7 – Medication Administration***
- ***Appendix 8 – Feed Intolerance / Tubes Falling Out***
- *Enteral Feeding Support Plan*
- *Enteral Feeding Regime*
- *Participant Input / Output Chart*
- *Service Agreements*
- *Staff Training Plans*
- *Staff Training and Development Register*
- *Staff Performance Reviews*
- *Enteral Feeding Competency Assessment*
- *Incident Forms*
- *Continuous Improvement Plan*

References

- *Clinical Guidelines (Nursing): Enteral Feeding and Medication Administration*, The Royal Children's Hospital Melbourne, December 2017
- *NDIS Practice Standards: High Intensity Support Skills Descriptors – Guidance for NDIS Providers and Auditors,* NDIS Quality and Safeguards Commission, November 2022

Monitoring and review

This Policy and Procedure will be reviewed by the Board annually, or sooner if changes in legislation occur or new best practice evidence becomes available. Reviews will incorporate staff, participant, and other stakeholder feedback, and identified continuous improvement as relevant.

Review of procedures will assess if the implementation is efficient, effective, and able to be actioned.

Australian Quality Care's *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Australian Quality Care's future service planning and delivery processes.

Document Control

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