journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

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Enteral Feeding (PEG) Procedure (Adults)

Ref: CLIN-0077-v4

Status: Approved
Document type: Procedure

Contents

1 Introduction

This procedure is critical to the delivery of OJTC and our ambition to co-create safe and personalised care that improves the lives of people with a learning disability, autism and / or mental health needs, it helps us deliver our three strategic goals as follows:

This procedure supports the trust to co-create a great experience for all patients, carers and families from its diverse population by ensuring access to the care that is right for the service user, through shared decision making and co-creating care plans that meet the identified needs and enhances quality of life.

This procedure supports the trust to co-create a great experience for our colleagues by providing advice and support to clinical teams when caring for a patient who takes some or all of their nutrition enterally.

This procedure supports the trust to be a great partner by working across all disciplines of the trust and external organisations.

2 Purpose

Following this procedure will help the Trust to: -

- Define the standards in practice for the management of enteral feeding tubes to ensure all patients, including adults of 18 years and over, to receive safe, appropriate care.
- Support a range of healthcare professionals through the process required to ensure patient safety is maintained in relation to the management of Enteral Feeding Tubes placed via Percutaneous Endoscopic Gastrostomy (PEG).
- Adhere to guidance issued by the General Medical Council (GMC) and the Department of health when such decisions are being made. The decision-making process and rationale must be fully documented in the clinical record.
- Uphold patients Human Rights, by those providing their care. Considerations to ensure protection of human rights will form part of all care and interventions delivered under this procedure.

This procedure does not include the care and management of Percutaneous Endoscopic Jejunostomy tubes (JEJ (PEJ)). Management of JEJ (PEJ) would be based on individual patient need and with advice from the Nutricia Nurse and local Endoscopy Unit.

3 Who this procedure applies to

This procedure applies to any adult patient of TEWV, aged 18 years and over, who receives nutrition enterally via Percutaneous Endoscopic Gastrostomy (PEG).

4 Related documents

The procedure defines the standards which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to: -

- Consent to Examination or Treatment Policy (CLIN-0001-v5.1)
- Mental Capacity Act 2005 Policy (Ref CLIN 0009 v5.2)
- Hand Hygiene Procedure (IPC-0001-006 v3)
- Medicines Overarching Framework (PHARM-0002-v8)
- Royal Marsden Manual Online (http://www.rmmonline.co.uk)
- The British Association For Parenteral And Enteral Nutrition (BAPEN) Malnutrition Guideline (https://www.guidelines.co.uk)
- Equality Analysis Policy (CORP-0052-v3.1)
- Human Rights, Equality and Diversity Policy (HR-0013-v9)
- British Dietetic Association Practice Toolkit: The Use of Blended Diet with Enteral Feeding Tubes (http://www.bda.uk.com)
- Food Hygiene Policy (HS-0016-v3)
- International Dysphagia Diet Standardisation Initiative (IDDSI) (http://www.iddsi.org)

5 Procedure

PEG feeding tubes are used in people of all ages who are unable to swallow or have a nutritional intake that is inadequate in meeting their full nutritional requirements long term. PEG feeding can be used to meet a person's full nutritional needs or can be used alongside oral diet to provide additional nutrition. A person's nutritional needs can be met by administering an enteral feed, prescribed nutritional supplements or in some cases, people will come into our services who are fed in the form of blended diet, to meet all or part of their nutritional needs.

Access to adequate nutrition and hydration is a basic human right and efforts will always be made to ensure that a person in our care secures them. Care must always be provided in an equitable manner.

A person-centred approach is required to ensure that the needs, wishes and preferences of the person are addressed in any care plan.

Decisions on whether the use of PEG feeding tubes and similar devices are the most appropriate intervention need to be taken with care and have been subject to guidance from the Royal College of Physicians. Placement of a PEG would be done with the person's informed consent as part of a co-produced care plan. If the person were to lack the capacity to make such a decision, then the care could still be offered under the Mental Capacity Act via a Best Interests Decision.

Clinicians should adopt a Triangle of Care approach when a PEG tube is indicated. That is, a therapeutic alliance between the person themselves, their carers and the clinicians involved.

At the point of the decision and at each episode of care, clinicians should ensure supportive and transparent communication with the patient so that the patient is fully informed and comfortable with the care they are about to receive. It is an important premise of all the care we give that the person themselves is involved in their care as much as possible.

Clinicians should take care to acknowledge the potential for trauma that PEG feeding can produce and fully support the patient through needs-led, shared decision making and person-centred care planning.

Thorough recording of all clinical decision making should be made on the person's electronic health record, including how they have been involved.

Please refer to Appendix 6 to assess the need for nutritional support

The multi-disciplinary team should discuss with medical staff the indication for enteral feeding via a PEG tube, in consultation with the PEG MDT at the local acute trust.

The decision-making process and rationale must be fully documented in the clinical record electronic health record. .

This procedure does not yet cover *initiating* a blended diet

5.1 Early Detection of Complications after Gastrostomy

Patients within 72 hours (three days) of gastrostomy insertion all staff need to be aware of the following:

Staff must be aware of the team/department or clinician to contact at the acute trust should the patient present with any of the below warning signs (e.g. emergency department, medical registrar or gastrostomy department).

All staff must be aware of the following warning signs that need urgent attention

- Pain on feeding
- Prolonged or severe pain post procedure
- Fresh bleeding
- External leakage of gastric contents

STOP feed or medication immediately and urgently refer to the local hospital that performed the gastrostomy insertion.

National Patient Safety Agency (NPSA) (2010) Early detection of complications after gastrostomy

Following scheduled and emergency replacement the above warning signs apply, however consideration must be given to individual patient's normal presentation, and this should be

documented within the electronic health record with strategies to follow and when to escalate and seek medical advice.

- For further guidance please read The Royal Marsden: Post Procedural Considerations at (http://www.rmmonline.co.uk.

5.2 Care of PEG Site

- ✓ For newly sited PEGs, specific directions will be given from the team who insert the PEG regarding cleaning and observations; this should be documented on the electronic health record.
- ✓ The PEG tube should be rotated 180-360 degrees each day (or according to manufacturer's instructions) (NICE 2006).
- ✓ Mature gastrostomy exit sites should be cleaned daily during normal hygiene with soap and warm water. Use gauze to clean around the external bumper and ensure the area is dried thoroughly. The site should be left uncovered and observed for tenderness, irritation, redness or pressure and for the presence of any discharge or leakage.
- ✓ Check water in PEG balloon weekly. Refer to the Royal Marsden Manual Online for *Checking the balloon volume on a balloon gastrostomy Procedure.* (http://www.rmmonline.co.uk)

Management of Complications

In the event of suspected infection, tube damage, tube blockage, over granulation, leakage, buried bumper, dislodged stoma, nausea, vomiting or bloating, refer to patient booklets provided by Nutricia: 'Tube feeding at home booklet' and 'Guide to Management of Stoma Complications'.

5.3 Checking the position of PEG tube by pH measurement

It is important to check the position of the tube when it has been changed, after checking balloon inflation, the pH can be checked.

- Wash hands
- PPE appropriate for the procedure should be worn and then disposed of correctly.
- Remove end cap from the gastrostomy tube (ensure the clamp is closed)
- Attach a 50ml Enteral syringe (purple) to the tube (open the clamp)
- Very slowly and carefully, pull back on the plunger of the Enteral syringe (purple) until small amount of fluid, at least 0.5-1.0ml appears in the syringe.

- Remove syringe, close clamp and replace end cap on the tube.
- Place a little fluid on the pH indicator paper.
- If the pH value is 5.5 or less, the tube is in the correct position.
- **If the pH value is more than 5.5, do not administer anything via the tube.**
- Repeat the pH again in 30-60 minutes.
- Gastrostomy tube Care document to be completed Appendix 4

If the pH remains above 5.5, seek further advice from the endoscopy department and document outcome in the electronic health record.

5.4 If the PEG tube falls out or is accidentally pulled out

If the PEG tube has come out completely:

A new tube needs to be inserted WITHIN ONE HOUR as the stoma will start to heal and may completely close soon after the tube has come out.

If the stoma heals admission to hospital for surgery to create a new stoma will be required.

Procedure if the PEG tube has come out completely:

If you have not been trained in replacement of PEG **DO NOT** attempt to place a new tube. Follow the steps below:

1. Wash hands
2. PPE appropriate for the procedure should be worn and then disposed of correctly.
3. Place a clean gauze dressing over the stoma [hole] to prevent stomach contents leaking onto the skin or clothes.
4. Request assistance of someone that is trained in the insertion of PEG tubes
5. If the trained person is not available telephone the nearest Endoscopy Unit Monday – Friday and inform them that a PEG tube needs replacing.
6. Out of hours and weekends, if the trained person is not available telephone the nearest Emergency department before leaving the unit and inform them that a PEG tube needs replacing. If contact cannot be made with the Emergency Department, contact the Acute Trust's Medical Registrar via their switchboard.
7. Give the Emergency department / Medical Registrar as much information as possible so they can prepare for the visit.
8. Emphasise that the tube needs to be replaced as soon as possible so the stoma does not heal over.

5.5 Management of PEG Feeding

Each person with a PEG tube is under the care of a Dietitian for the development, implementation and monitoring of a feeding regime that is effective in meeting individual nutritional needs. Dietetic review appointments will be completed 6 monthly as a minimum, where the Dietitian will provide advice and recommendation around feeding and weight

monitoring. If there are concerns between review appointments, then the Dietitian should be contacted to ensure a review appointment is arranged sooner.

The Dietitian (either a TEWV dietician or member of the acute Trust's dietetic team) will decide upon the feeding regime and **feeding can commence within four hours after insertion**.

In some cases, once the PEG is established, some people may have been supported to have a blended diet administered via their PEG – either as their whole nutritional intake or in combination with enteral feed or nutritional supplements. A person-centred approach is required to ensure that the needs, wishes and preferences of the person are addressed in their care plan.

Thorough recording of all clinical decision making should be made on the person's electronic health record, including how they have been involved.

5.6 Method of Feeding

Enteral (commercial) feeds can be administered via the PEG through the use of an electronic feeding pump or by bolus feeding using a Enteral syringe (purple). Choosing the right method of feeding is important to maximise tolerance for each individual patient. Currently, it is recommended that blended diet is only administered via Enteral syringe (purple), not feeding pump.

- ✓ Refer to the Royal Marsden Manual Online for the Enteral Feeding Tubes: Administration of Feed Procedure.
- ✓ Refer to the Royal Marsden Manual Online for the Enteral Feeding Tubes: Unblocking Procedure.
- ✓ Refer to Appendix 2 for the Clinical procedure for Administering a Bolus Gastrostomy Feed.
- ✓ Refer to Appendix 3 for the Clinical procedure for Administering Blended Diet via PG.

Patients should be positioned as close to 30° as the individual is able to achieve and maintain for the required time, with or without the use of positional equipment.
Refer to Appendix 7 re positioning during and post enteral feeding.

All nutritional supplements and commercial feed administered must be documented on the nutritional supplement chart available from Cardea. This should reflect the persons individual feeding regime, noting the feed type, volume and the date and time given.

5.7 Infection Prevention and Control

There are potential hazards associated with enteral feeding which can make it a source for the growth of micro-organisms. Liquid nutrients provide an ideal medium for bacteria and can cause cross contamination to the feeding system during the handling of the equipment.

- ✓ Decontaminate hands thoroughly using soap and water or alcohol hand gel before and after handling equipment and the preparation process.
- ✓ Prepare equipment and opening of feed in a clean environment.
- ✓ A no-touch technique should be adopted when preparing the feed during priming and connecting to the administration set/feeding tube.
- ✓ Cleaning of equipment (see 5.10 Care of the Equipment).

For further infection control guidance please refer to the following policies.

Hand Hygiene procedure

Infection Prevention and Control Policy
Food Hygiene Policy
Standard Infection Prevention Precautions

5.8 Storage and Care of Enteral Feed

All open feed packs can be stored in a cool dry place 5 – 25 ºc, away from direct sunlight up to 24 hours, after 24 hours it MUST be discarded

Once opened glass and sip feed bottles should be stored in a refrigerator, do not give feed straight from refrigerator.

Always date and time the container.

Any unused contents should be discarded after 24 hours.

Unopened feed packs do not need storage in the refrigerator.

5.9 Preparation, Storage and Care of Blended Food

This section can only be used by services which are fully compliant with the Trust Food Hygiene Policy.

The nutritional content of a blended diet can be variable, depending on the food ingredients used in the blend. The nutritional adequacy of the blend is therefore dependent wholly on the food choices made by the person preparing the blend. Everyday decisions on the food ingredients and quantities used is the responsibility of the person preparing the blend.

The Dietician has a role to play in advising and supporting those preparing blends to enable them to make menu choices which best suit the nutritional needs of the person. The level of education and dietetic input needed should be tailored to the individual needs of the person, their family & carers. (See Appendix 8 The Eatwell Guide)

Sterile water should be used in blends and as water flushes.

5.9.1 Preparation

When considering the purchase of a blender, please refer to the BDA Practice Toolkit: The Use of Blended Diet with Enteral Feeding Tubes (2021) for advice and guidance on types available.

The foods selected for the meal should be blended until a smooth single cream consistency is achieved. You may need to add more liquid to the food to achieve a thinner consistency once it has been blended to IDDSI 2: **flows off a spoon**. (See Appendix 9: IDDSI Framework for further description/characteristics).

If you find it difficult to smoothly draw up the prepared blend through a 60ml syringe, it may need blending for longer or more liquid added to make it a thinner consistency.

Any blend which is to be used more than two hours after preparation should be stored and transported safely.

Prior to administration, the blend must be checked to ensure that it is at a temperature at which it could comfortably be eaten orally.

Unused blends should be stored in an airtight container. The blend should be marked with a 'made on' date and 'use by' date.

- If it's to be stored in the refrigerator at 5ºC or less, then discard after 48 hours
- If it's to be stored in a freezer at -18ºc or less, then discard after 30 days.

Frozen blends should be thoroughly defrosted in the fridge prior to use. Defrosted blends stored in the fridge should be discarded after 48 hours, as with freshly prepared blends.

5.10 Care of the Equipment

Equipment used for enteral feeding can be ordered from Cardea using Medical Device Template 4: Enteral Equipment.

Do Not Leave dirty equipment in a container. Feed blocks equipment & allows bacteria to grow
Do Not Use boiling water, Milton or other sterilising solution as it damages the equipment
Do Not Wash equipment in a dishwasher as it also damages equipment.

Do Rinse equipment with cold water
Do Wash with warm soapy water
Do Rinse with warm water until all traces of soap are gone
Do Allow the equipment to air dry on paper towels
Do Place equipment in a clean container, clamp open and cover with a lid when dry

To comply with the NPSA Alert 19, dedicated clearly labelled enteral/oral syringes MUST be used to flush enteral feeding tubes, administer enteral feed or administer enteral/oral medication.

5.11 Administering Medication via the Enteral Route

A pharmacist must always be consulted if there is any doubt about administering a medicine via the enteral route.

Refer to the Royal Marsden Manual Online for the Enteral Feeding Tubes: Administration of Medication Procedure.

6 Definitions

Term	Definition
Aspiration	Food or fluid entering the lungs.
Blended Diet	The practice of blending of everyday foods with liquid to a consistent that can be given through an enteral feeding tube (PEG) and in reference to diet as a whole. The practice has been described as a continuum; at one end some may choose to give a very small amount of fruit juice or puree in combination with a commercial enteral formula, at the other end of the continuum some use blends to meet the individual's full nutritional requirements via PEG.
Blend(s)	In reference to a singular meal or recipe, given as part of a blended diet.
Bolus feed	Measured amount of feed and water given via PEG tube
Connector	Pointed end on the giving or pump set that attaches to the end of the PEG tube.
Continuous feeding	Via the PEG over night or throughout the day using a pump.
Feed	Commercial, ready to hang enteral formula.
Gastrostomy or Percutaneous Endoscopic Gastrostomy (PEG)	The tube that goes into the stomach to facilitate feeding.
Giving set or pump set	Tubing that connects the PEG/PEJ tube to the feed.
Granulation tissue/over granulation	Pinkish red, slightly raised ring of newly growing healthy skin around stoma.
Intermittent feeding	Feeds are given a number of times during the day using a pump.
Jejunostomy or Percutaneous Endoscopic Jejunostomy (JEJ)	The insertion of a polyurethane tube through the abdominal wall into the Jejunum
Low profile tube or button tube	A gastrostomy tube that sits flush to the skin on the abdomen.
Nasogastric tube	A narrow bore tube passed into the stomach via the nose.
Nutrients	Protein, fats, carbohydrates, fibre, vitamins minerals and water that are obtained from food.
Parenteral Feeding	The delivery of nutrition intravenously
Port	The end of the gastrostomy tube where the feeding, pump set or syringe is fitted.

Reflux	The movement of stomach contents up the oesophagus (food pipe).
Stoma	The opening in the abdomen to the stomach which the PEG tube goes through.
Venting	Allowing stomach gases to escape through the PEG tube.

7 References

British Association for Parenteral and Enteral Nutrition (2003) *British Association for Parenteral and Enteral Nutrition Administering Drugs via Enteral Feeding Tubes: A Practical Guide*. London: BAPEN.

National Institute for Health and Care Excellence (2006) *Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition*. London: NICE.

NPSA/2010/RRR010. Early Detection of complications after gastrostomy. Rapid Response Report 31 March 2010

NPSA /2007/19 Promoting safer measurement and administration of liquid medicines via oral and other enteral routes. March 2007.

Brown, S. (2014). Blended food for enteral feeding via a gastrostomy. Nursing Children and Young People Vol 26. No 9.

Thomas. S: (2017). Multi-agency practice for developing a blended diet for children fed via gastrostomy. Nursing Children and Young People Vol 29. No 6.

8 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- All staff who are responsible for management of PEG tubes including care of and administration of PEG feeds will receive relevant training identified through PDP, provided by the Trust.
- For balloon gastrostomy/skin level device placement, training will be undertaken by qualified nurses as identified through PDP. The training is provided by Nutricia Enteral Feeding Consortia and will consist of theory followed by a period of observation and supervised assessments within the clinical environment.

8.1 Training needs analysis

All staff who are responsible for management of PEG tubes including care of and administration of feeds will receive relevant training which includes a theoretical session provided by the Trust and complete 5 witnessed competency assessment by trained staff before completing the task

independently. Further details can be accessed via the Trusts' Education and Training Department.

After initial face to face training an update will be done via elearning

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Registered Nurse	Face to Face	1 Day	2 Yearly Competence Check
Health Care Assistant, Health Care Support Worker, Physician Associates, AfC Band 3 and above and also Nursing Associates.	Face to Face	1 Day	2 Yearly Competence Check

To remain competent the Clinician must be involved in PEG care and administration regularly. Staff who do not use this skill within a 12-month period must re-train in order to implement this procedure again.

Blended diet can be administered by TEWV staff who meet the following criteria. They

- Are Food hygiene training compliant,
- Are PEG training compliant
- Have completed a 'Blended Diet Administration Skills' session with the TEWV trainer.

Following an observed administration both trainer & trainee will sign to agree that the staff member is confident and competent with this extended skill, prior to being able to administer independently.

9 How the implementation of this procedure will be monitored

The Director of Nursing and Governance and Medical Director, together with representatives from other professional groups, operational service areas and the educational staff will monitor the implementation of the Procedure by:

	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	100% of staff trained to administer PEG feeds will undergo a competency check	2-yearly Confirm attendance certificate & successful update Team Manager	Service Line Quality and Improvement Delivery Group.

2	100% of people who are fed via PEG will have a personalised care plan on their electronic health record detailing their involvement, risk & mitigation & MDT review.	Annually Caseload Management Supervision Team Manager / Management Supervisor	Service Line Quality and Improvement Delivery Group.

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	16 November 2022
Next review date	16 November 2025
This document replaces	CLIN-0077-v3 Enteral Feeding (PEG) Procedure (Adult)
This document was approved by	Physical Health Group
An equality analysis was completed on this policy on	16 November 2022
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
2	30 Aug 2017	Reintroduced as procedure to replace reference to Royal Marsden guidelines	Withdrawn
3	08 Apr 2021	3 yearly review undertaken. Minor changes and updates; namely inclusion of Appendix 3: Competency Record Sheet; Appendix 4: Indications for Enteral Feeding; & Appendix 5: Positioning during and post enteral feeding. Equality Analysis Screening tool updated.	Withdrawn
4	16 Nov 2022	Review undertaken in order to meet changing needs presented by our population. Includes framework to support administration of a blended diet, when it has already been prescribed. Amended wording on positioning and updated Appendix 7 positioning checklist. Added Appendix 3: Clinical Procedure for Administering Blended Diet via PEG. Appendix 8: The Eatwell Guide & Appendix 9: The IDDSI Framework. Re-numbered appendices. Minor amendments throughout to ensure language is inclusive. Equality Analysis Screening Tool updated.	Published

11 Appendices

Appendix 1: Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Nursing and Governance/IPC & Physical Health
Title	Enteral Feeding (PEG) Procedure
Type	Procedure/guidance
Geographical area covered	Trustwide
Aims and objectives	• Define the standards in practice for the management of enteral feeding tubes to ensure all patients, including adults and young people, receive safe, appropriate care. • Support a range of healthcare professionals through the process required to ensure patient safety is maintained in relation to the management of Enteral Feeding Tubes placed via Percutaneous Endoscopic Gastrostomy (PEG).
Start date of Equality Analysis Screening	19/08/2022
End date of Equality Analysis Screening	02/09/2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Service users – by enabling co-created, person-centred care plans. Staff- by establishing a best practice framework within which they can confidently deliver high quality care. The Trust – by ensuring services delivers high quality care to evidence based standards.

Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men, women and gender neutral etc.) **NO** • **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Veterans** (includes serving armed forces personnel, reservists, veterans and their families) **NO**
Describe any negative impacts	None identified.
Describe any positive impacts	This procedure ensures that the nutritional needs of people can be met in a timely, flexible and person-centred manner.

Section 3	**Research and involvement**
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Reference has been made throughout the process to the Royal Marsden, NICE Guidelines and has involved liaison with Nutricia Enteral Specialist Nurse, Jo McGachan. British Dietetics Society Practice Toolkit for Blended Diet via Peg. The feedback from Parents / carers who now support individuals to receive a

	blended diet – that the opportunity to consistently offer that care be adopted in Trust settings.
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	The changes we have made to the procedure have been implemented in response to parent / carer feedback and identifying a growing need in our community. We will continue to engage with our service users, their families and carers and our wider stakeholders to ensure our practice is responsive and achieves agreed outcomes.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	**Training needs**
As part of this equality analysis have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	All staff who are responsible for management of PEG tubes including care of and administration of PEG feeds will receive relevant training identified through PDP, provided by the Trust.
Describe any training needs for patients	None identified.
Describe any training needs for contractors or other outside agencies	None identified.

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2: Clinical Procedure for Administering a Gastrostomy Feed - Bolus

Equipment

- 60ml oral/enteral syringe
- Water for flushing
- Prepared feed
- Extension tube appropriate for the individual
- Non-sterile gloves and apron

Procedure	Action	Rationale
1.	Check prescription for feed, dosages and water flushes	To ensure that the Dietitians instructions are followed.
2.	Measure the required amount of feed	To ensure that the right amount of feed is given to the patient
3.	Assemble all the necessary equipment, check to ensure the feed matches the patient prescription, and ensure the feed and other equipment is within expiry date.	To ensure the patient receives the correct feed and all the necessary equipment is ready for use. To ensure that the procedure can be completed without disruption
4.	Wash hands thoroughly. Put on non-sterile gloves and apron.	To minimise the risk of cross infection or cross contamination
5.	Explain the procedure to the patient	To ensure the patient understands the procedure and gives his/her valid consent
6.	Ensure that the patient is laid as close to 30° as the individual is able to achieve and maintain for the required time, with or without the use of positional equipment.	To avoid discomfort, the risk of aspiration and reflux
7.	Maintaining a clean procedure flush the tube with sterile water, clamp when water has filled the tube.	It is important not to introduce air into the stomach as this may cause bloating and discomfort. To ensure the tube is clean.
8.	Maintaining a clean procedure attach extension tube to the PEG	To allow gravity for feed/water to flow through
9.	Ensure the tube is secured correctly by rotating half a turn. Check that there are no	To avoid the tube coming out and causing the patient discomfort from spillages

	leakages	
10.	Using the 60ml enteral syringe attached to the extension tube administer the prescribed water flush ensuring the tube is clamped before completely emptying	So as not to introduce air into the abdomen
11.	Fill the syringe with the feed and unclamp using gravity to allow the feed to flow. Continue to fill the syringe until all prescribed feed has been given. Do not allow the feeding syringe/extension tube to completely empty before adding more formula. Adjust rate of flow by lowering or raising height of syringe. Clamp before extension tube is completely empty.	To ensure that Dieticians instructions are followed and that the patient receives the prescribed diet. To avoid air into the abdomen
12.	Administer the prescribed water flush	Compliance with the prescription
13.	Clamp and disconnect the extension tube	Procedure is completed
14.	Clear all equipment and follow guidelines for cleaning	To ensure that equipment is cleaned, ready for next use and that there is no residue this could cause blockages or infection.
15.	Sign the prescription when feed completed.	To act as a record that the prescribed feed has been given and all instructions have been followed.
16.	Ensure the patient is comfortable. Observe for signs of vomiting, respiratory distress or signs of feeding intolerance e.g. diarrhoea, bloating, fullness	To allow patient time to digest the feed
17.	Maintain the patients position for at least 30 minutes or the agreed time (documented in care plan) post-feeding.	To reduce the risk of aspiration and reflux
18.	Remember to attend to the oral hygiene of patients receiving enteral feeding on a regular basis.	Even if patients are unable to eat it is important to look after their teeth and ensure a healthy mouth.

Appendix 3: Clinical Procedure for Administering Blended Diet via PEG

Equipment

- 60ml oral/enteral syringe
- Water for flushing
- Clean bowl
- Prepared blend
- Extension tube appropriate for the individual
- Non-sterile gloves and apron

Procedure	Action	Rationale
19.	Check prescription for feed, dosages and water flushes	To ensure that the care plan and Dietitian's instructions are followed.
20.	Assemble all the necessary equipment, check to ensure the blend and other equipment is within expiry date.	To ensure the patient receives the correct feed and all the necessary equipment is ready for use. To ensure that the procedure can be completed without disruption
21.	Wash hands thoroughly. Put on non-sterile gloves and apron.	To minimise the risk of cross infection or cross contamination
22.	Explain the procedure to the patient	To ensure the patient understands the procedure and gives his/her valid consent
23.	Ensure that the patient is laid as close to 30° as the individual is able to achieve and maintain for the required time, with or without the use of positional equipment.	To avoid discomfort, the risk of aspiration and reflux
24.	Shake the container of blended diet and pour it into the clean bowl.	To ensure that procedure can be completed without disruption.
25.	Maintaining a clean procedure flush the tube with sterile water, clamp when water has filled the tube.	It is important not to introduce air into the stomach as this may cause bloating and discomfort. To ensure the tube is clean.
26.	Maintaining a clean procedure attach extension tube to the PEG	To allow gravity for feed/water to flow through
27.	Ensure the tube is secured correctly by rotating half a	To avoid the tube coming out and causing the patient discomfort from spillages

	turn. Check that there are no leakages	
28.	Using the 60ml enteral syringe attached to the extension tube administer the prescribed water flush ensuring the tube is clamped before completely emptying	So as not to introduce air into the abdomen
29.	Detach the enteral syringe and fill the syringe to 60mls with the blend. Attach the enteral syringe to the extension set and unclamp. Administer blended diet using a slow steady motion / slow plunge technique. This should be at a pace that is comfortable for both the person themselves and the person administering the feed. Clamp the extension set and detach the syringe. Continue to fill the syringe until all the blend has been given. Do not allow the feeding syringe/extension tube to completely empty before adding more blend. Adjust rate of flow by lowering or raising height of syringe. Clamp before extension tube is completely empty.	To ensure that Dietician's instructions are followed, and that the patient receives the prescribed diet. To avoid air into the abdomen To ensure tube patency and avoid administering unwanted air. To enable re use of equipment whilst minimising cross contamination
30.	Administer the prescribed water flush	Compliance with the prescription
31.	Clamp and disconnect the extension tube	Procedure is completed
32.	Clear all equipment and follow guidelines for cleaning	To ensure that equipment is cleaned, ready for next use and that there is no residue this could cause blockages or infection.
33.	Complete the diet monitoring entry on the health record (tbc).	To act as a record that the prescribed feed has been given and all instructions have been followed.
34.	Ensure the patient is comfortable. Observe for signs of vomiting, respiratory	To allow patient time to digest the feed

	distress or signs of feeding intolerance e.g., diarrhoea, bloating, fullness	
35.	Maintain the patients position for at least 30 minutes or the agreed time (documented in care plan) post-feeding.	To reduce the risk of aspiration and reflux
36.	Remember to attend to the oral hygiene of patients receiving enteral feeding on a regular basis.	Even if patients are unable to eat it is important to look after their teeth and ensure a healthy mouth.

Appendix 4: Gastrostomy Tube Care

Gastrostomy Size:

Gastrostomy Tube Care

Name: **DoB:** **NHS No:**

Date	Gastrostomy tube to be changed every 3 months (include size of new tube and batch number)	Amount of water removed from balloon	Amount of water inserted into balloon	Comments i.e. water cloudy	pH		Completed by
					Pre-insertion	Post insertion	

Red flags:

- pH above 5.5
- Bleeding from site
- Leakage from site
- Pain on feeding

In emergency contact Endoscopy 01642 850850 (direct line 01642 854845).

Appendix 5: Competency Assessment Sheet

Device: PEG Care & Feeding Procedure

Competency Statement		**Evaluation Strategy**
To apply and demonstrate theoretical knowledge and practical skills required to provide competent care of a patient requiring enteral feeding.		Verbalise understanding Satisfactory completion of criteria
Assessment Method	1 = Observed	2 = Questions / Discussion

		Assessment method	**Achieved Y / N/ N/A**
1	Explain the rationale for the PEG tube and the indications for use		
2	Demonstrate basic care of the PEG tube and insertion site		
3	Discuss the measures required to control the spread of infection		
4	For commercial enteral feeds, correctly interpret the prescribed enteral feeding regime		
5	Identify any specific patient preparation prior to performing the procedure.		
6	Demonstrate the correct preparation and assembly of equipment.		
7	Demonstrate the correct administration of enteral feeds by: ➢ Bolus ➢ Intermittent Infusion ➢ Continuous Infusion ➢ Blended Diet		
8	Explain any potential complications, actions to be taken and preventative measures. [for e.g. if a tube is displaced]		
9	Demonstrate the safe and appropriate administration of medications. **[if applicable]**		
10	Correctly decontaminate or dispose of any enteral equipment used.		
11	Complete the required documentation.		

GUIDELINES

The response ‘not achieved’ for any of the competencies requires an explanation in the comments space provided below.

The staff member must have received an ‘achieved’ rating in all applicable steps of the procedure to be deemed competent.

The staff member must not perform this skill unsupervised until they have been deemed competent in all steps of the procedure.

COMMENTS

	ASSESSOR [Print and sign]	STAFF MEMBER [Print and sign]	DATE
1			
2			
3			
4			
5			

Appendix 6: Indications for enteral feeding

The red flags below need to be identified using the St. Andrews Nutritional Screening Instrument

Red flags	Yes	No	Comments/changes
Inadequate or unsafe oral intake	☐	☐	
Significant weight loss	☐	☐	
Swallowing problems	☐	☐	

If yes to any of the above commence clinical screening

Clinical screening Specialist assessment/referrals to :								
SaLT	Swallowing problems	Yes ☐	OT/physio	Maintaining a safe position	Yes ☐	Dietitian	Nutritional status	Yes ☐

Formulation/MDT – to discuss outcomes of clinical assessment and to identify other areas that may require assessment. If decision is to proceed with referral complete MCA 1 & 2 file:///T:/Intranet%20Published%20Documents/Policies%20procedures%20and%20legislation/MHL%20Documents/MCA/MCA1%20Blank.docx file:///T:/Intranet%20Published%20Documents/Policies%20procedures%20and%20legislation/MHL%20Documents/MCA/MCA2%20Blank.docx

Indications for enteral feeding	Yes ☐	No ☐

Referral to GP	Yes ☐	No ☐	Date referral made

Appendix 7: Checklist for Positioning During and Post Enteral Feeding

The purpose of the checklist is to review the position the service user can achieve and how e.g., use of equipment for support. In addition to consider any other factors that may impact on the service user during their enteral feeding time. If risks or concerns are identified other members of the MDT may need to be involved for further review and actions. Safe positioning must be recorded in the enteral feeding care plan and risks documented in the Safety Summary within the electronic health record.

Name:		Date of Birth:		
NHS number:		PARIS number:		
Who completing form				
Date of assessment /review:				
Professional present for the assessment/review:				
Setting information is agreed for:	Home Yes ☐ No ☐	Day service Yes ☐ No ☐	Respite Yes ☐ No ☐	Other please specify

Positioning

	Yes	No	Comments
Can the service user achieve and maintain a 30-degree raised angle during feed and 60 minutes post feed independently?			Includes if mobile during feed.
The service user is unable to maintain a 30-degree raised angle for the duration of feed and post feed without support			Specify what support required e.g., sleep system, cushions, bed profiling or tilted, in wheelchair.

If further support required re positioning contact OT/Physio for the setting to discuss.

Other considerations for enteral feeding regime, post feed rest time and engagement in daily routines and programmes.

	Comments		
Does the service user have a history of vomiting and chest infections?	Staff should look out for the following signs dysphagia and aspiration: • Coughing or throat clearing during or shortly after feed • Breathing difficulties during or shortly after feed • Wet/gurgly voice during or shortly after feed • Repeated or frequent chest infections • Deteriorating physical health		
Does the service user have regular dental check-ups? Does the service user have regular oral hygiene?	Maintaining good oral hygiene will reduce risk of bacteria entering the airway.		
Consideration of the type, volume, and speed of feed	Changes to the volume/rate/type of feed etc can affect how long needed before moving but does not necessarily effect the positioning. Check with dietician if changes occur.		
Communication and signs of distress for the individual	Is there a DisDAT/communication info in place? Info shared with all settings.		
Daily activities e.g., personal care, positional changes, physio programme, transport times	Home	Day Service	Respite
Quality of life – service user indicating they want to change position	Home	Day Service	Respite
Settings/positions where enteral feeding takes place e.g. wheelchair,	Home	Day Service	Respite

seating, sofa, bed, walking/mobile. (List settings where enteral feeding occurs and indicate if risk assessment in place)			

There may be occasions when an individual will need to be moved during their enteral feed or the agreed rest time due to uncontrollable events e.g., bowel movement, seizure activity, external event such as fire alarms, where there is a risk of harm if no intervention is carried out. In these instances, the individual should be moved as minimally as possible and closely monitored throughout the procedure.

Summary of Positioning Guidance for During and Post Enteral Feeding.

Positioning recommendation (as indicated in checklist)	
Feed regime	Please refer to most recent feed regime completed by dietician.
Post feed rest period	60minutes unless otherwise agreed with dietician/MDT.
Actions e.g., require support from OT/Physio re positioning. Review of feed regime required.	
PARIS documentation completed: - - enteral feeding checklist stored in letters section. - Safety summary reviewed and updated. - guidance shared with family and carers.	

Review required if significant changes: -
- in service users' posture or physical health,
- to feeding regime e.g., to night feeding
- or to accommodation/carer support.

Appendix 8: The Eatwell Guide

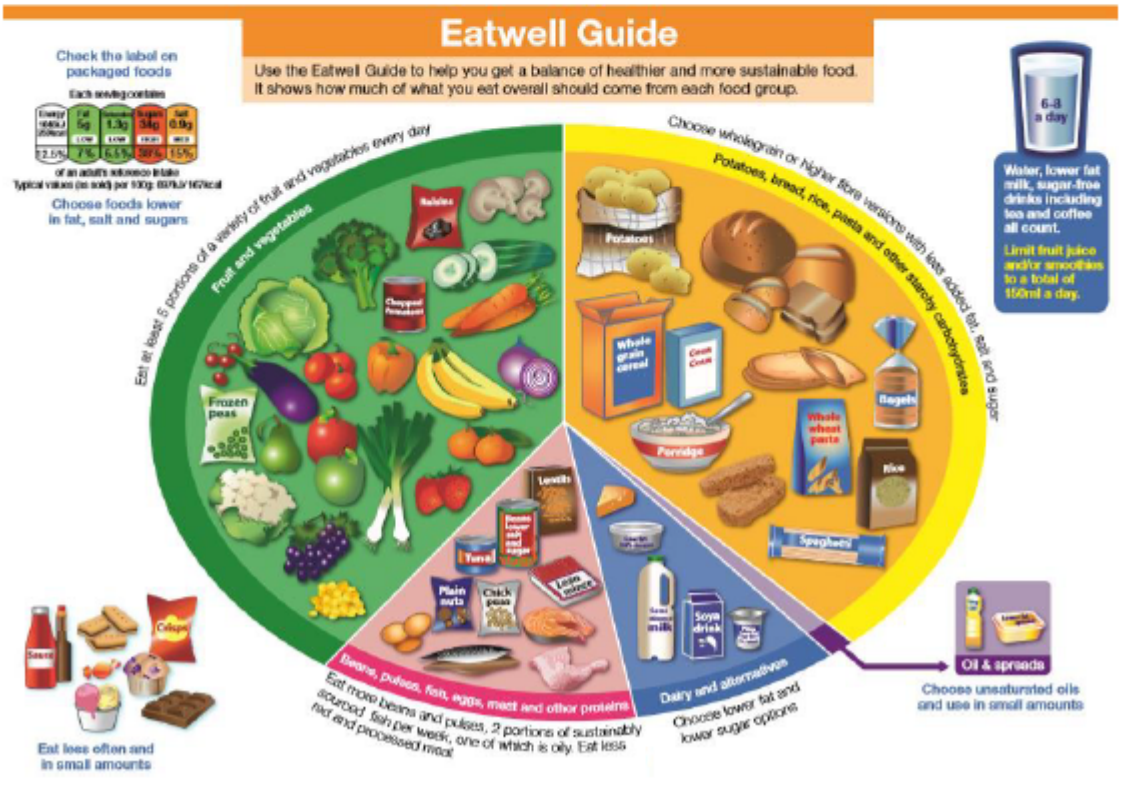
What foods should I blend?

Most food can be blended however you may need to pass the blend through a sieve to remove seeds and husks depending on how powerful your blender is (A metal sieve with 1mm holes is ideal). You may prefer to blend each meal separately just before giving it, or alternatively you may want to cook a large amount of food and freeze into individual portions. This is entirely up to you.

It is important to provide your child with a balanced diet, making sure they get enough energy, protein, vitamins and minerals to stay healthy. Your dietitian can give you/your child's estimated daily requirements as a starting point. This can then be divided between their daily blends.

Food can be split into four main groups:

- Carbohydrates
- Protein
- Fruit and vegetables
- Dairy (and alternatives)



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

Taken from BDA Practice Toolkit: The Use of Blended Diet with Enteral Feeding Tubes (2021)

The Eatwell guide shows how these foods should ideally be proportioned in the person's diet. This doesn't need to be achieved with each blend, but the balance should ideally be achieved each day. Including a wide variety of foods from each group will help ensure that the person is meeting their nutritional needs.

Appendix 9: The IDDSI Framework