



**Community Infection Prevention and Control
Policy for Domiciliary Care staff**

Enteral tube feeding

ENTERAL TUBE FEEDING

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Organisation:

Signed:

Job Title:

Date Adopted:

Review Date:

If your organisation would like to exclude or include any additional points to this Policy, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

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1. Introduction

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

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

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

Only commercially prepared feeds should be used.

Service users 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 and transmission based precautions (SICPs and TBPs), refer to the 'SICPs and TBPs Policy for Domiciliary Care staff'.

It is recommended that regular audits are undertaken. An audit tool is available to download at www.infectionpreventioncontrol.co.uk.

2. Administration of feeds (aseptic 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.

Explain procedure to service user.

1. Check 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).
2. Ensure appropriate service user positioning, i.e. upper body positioned at a minimum angle of 30° prior to and throughout the feeding period.
3. Take the equipment to the service user's bedside.

4. Hands must be washed with liquid soap and warm running water and thoroughly dried with paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable. Alcohol handrub can be used if hands are visibly clean.
5. Put on disposable apron and gloves.
6. Remove the giving set packaging and close the clamp.
7. Aseptic technique to be used, to connect the sterile giving set to the sterile feed container and the enteral feeding tube.
9. Shake the bag/bottle, twist off the cap and without touching the spike, tightly screw on the giving set, which will break the foil seal.
10. Hang the bag on the drip stand, feed the giving set into the pump.
11. Prime the giving set, making sure there are no air bubbles.
12. Set the rate of administration as directed by the dietitian.
13. Before commencing a feed, slowly flush the feeding tube with a minimum of 30 mls of water - freshly drawn tap water for service users who are not immunosuppressed or either cooled freshly boiled water or sterile water from a freshly opened container for service users who are immunosuppressed. Note: If sterile water is used, it should be labelled with the service user's name, the time and date opened and any unused sterile water should be disposed of after 24 hours.
14. Remove the end cap from the giving set, connect the giving set to the feeding tube and press start.
15. At the end of a feed, slowly flush the feeding tube again with a minimum of 30 mls of water. Tubing should be flushed between intermittent feeds.
16. Feed containers and giving sets are single use items and should be disposed of at the end of the feeding session.
17. Remove and dispose of gloves, clean hands, remove and dispose of apron, clean hands.
18. After each feed, record the amount of feed and number of flushes given on the service user's prescribing chart.
19. Ensure the service user is comfortable, observe for signs of feeding intolerance.
20. Advise the service user and other appropriate household members that the service user should not lay flat following the feed, they should maintain their upper body position at a minimum angle of 30° for one hour after feeding.

3. Cleaning and storage of enteral feeding equipment

Feed containers and administration 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 date first used and documented accordingly
- Cleaned after each use, as per manufacturer's instructions
- Stored in a clean dry wipeable container (the container should be washed with detergent and warm water daily)
- Discarded after one weeks use or as per manufacturers guidance

The pump used to administer feeds should be cleaned regularly and thoroughly with general purpose detergent, e.g. washing up liquid and warm water.

4. Administering medication through an enteral feeding tube (clean technique)

Healthcare professionals may delegate certain tasks to home care workers in some circumstances. This includes medicines administered via a feeding tube, for example percutaneous endoscopic gastrostomy (PEG) tube.

These tasks should only be delegated to a home care worker by a healthcare professional when:

- They have trained the home care worker in the task and assessed them competent
- The person receiving medicines support gives consent
- Responsibilities of each person are agreed and recorded

The healthcare professional remains responsible for ensuring the care worker can safely and effectively administer the medicine.

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 (something such as a symptom or condition that makes a particular treatment or procedure inadvisable) for medicine to be taken with feed, the dietitian should be consulted to prescribe a suitable regime to ensure that the service user's nutritional requirements are maintained.

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

Administering medication:

1. Hands should be washed thoroughly with liquid soap and warm running water and thoroughly dried with paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable. Alcohol handrub can be used if hands are visibly clean
2. Put on gloves and, if there is a risk of contamination to the uniform, apron
3. If an enteral feed is in progress, stop 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
4. Using an enteral syringe, slowly flush the feeding tube with a minimum of 30 mls of water - freshly drawn tap water for service users who are not immunosuppressed or either cooled freshly boiled water or sterile water from a freshly opened container for service users 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
5. Prepare each medication to be given separately to avoid interaction of the drugs and ensure solubility:
 - Soluble tablets - dissolve in 10-15 mls water
 - Tablets - crush with a clean mortar and pestle or tablet crusher
 - Liquids - shake well. Mix thick liquids with an equal volume of water
6. Administer the medication through the feeding tube, using a 50 ml syringe
7. A 10 ml flush of water should be given in between each medication to prevent tube blockages and drug interactions
8. Flush the feeding tube with 30 mls of water at the end of administering the medications
9. Remove and dispose of gloves, clean hands, remove and dispose of apron, clean hands
10. Record on service user's prescribing chart

5. Care of the tube insertion site

Hand hygiene is essential, before contact with the service user's enteral feeding tube and/or insertion site. Hands must be washed with liquid soap and warm running water and thoroughly dried with paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable. 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 refer to the service user's GP.

The following enteral tube care and manipulation must be undertaken only by suitably trained and competent staff. Initial training and competency should be assessed and monitored by the relevant MDT members.

Unless advised differently by the enteral tube manufacturer or a healthcare professional, in which case the alternative advice should be documented in the service user's care plan:

- Following insertion of an enteral tube, treat the insertion site as a surgical wound using an aseptic technique for the first 48 hours, keeping it clean and dry
- After 48 hours, the insertion site should be washed daily with tap water and dried thoroughly. Avoid water immersion, e.g. bathing in a bath, for 2 weeks and reapply dressing
- When the insertion site has healed, usually 10-12 days, no dressing is required. The site should be inspected and cleaned daily
- Weekly 360° rotation of the tube (and in some cases 2-4 cm advancement of the tube prior to rotation), is recommended to prevent adherence, and to avoid infection related to 'buried bumper syndrome'

6. 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 Domiciliary Care in achieving compliance with *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

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

- IPC Policy documents for Domiciliary Care staff
- 'Preventing Infection Workbook: Guidance for Domiciliary Care staff'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Domiciliary Care staff'

In addition, we hold educational study events in North Yorkshire and York and can arrange bespoke training packages. Prices vary depending on your requirements and location.

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

7. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*

Department of Health (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 (March 2017) *Managing medicines for adults receiving social care in the community NG67*

National Institute for Health and Care Excellence (2012, updated 2017) *Healthcare-associated Infections: prevention and control in primary and community care CG139*

National Institute for Health and Care Excellence (2006, updated August 2017) *Nutrition support for adults: oral nutrition support, enteral tube feeding and parental nutrition CG32*

National Patient Safety Agency (March 2010) *NPSA/2010/RRR010 Rapid Response Report: Early detection of complications after gastrostomy*

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