



Community Infection Prevention and Control Policy for Domiciliary Care staff

Enteral tube feeding

ENTERAL TUBE FEEDING

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This Policy has been adopted by:

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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 a nasogastric feeding tube
- Directly into the stomach by a gastrostomy or percutaneous endoscopic gastrostomy (PEG) feeding tube
- Directly into the small bowel by a 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' (SICPs) and, when required, 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs Policy'.

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.

Always follow the procedure as instructed by the relevant MDT.

The principles of enteral feed administration are:

- Explaining the procedure to the service user
- Checking the expiry dates on items to be used, e.g. giving set, feed, (60 ml ENfit reusable enteral syringes, coloured purple, are an example of enteral syringes used in community settings)
- Ensuring appropriate service user positioning, i.e. upper body positioned at a minimum angle of 30° prior to and throughout the feeding period. If the service user is in bed, this can be achieved by raising the head of the bed and/or ensuring the service user has sufficient pillows to support their head

- Taking the equipment to the service user's bedside or appropriate private space
- Washing hands with liquid soap and warm running water and thoroughly drying with paper towels. If paper towels are not 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
- Putting on disposable apron and gloves
- Removing the giving set packaging and closing the clamp
- Shaking the bag/bottle, twisting off the cap and without touching the spike, tightly screwing on the giving set, which will break the foil seal
- Hanging the bag on the drip stand, feeding the giving set into the pump
- Priming the giving set, making sure there are no air bubbles
- Setting the rate of administration as directed by the dietitian
- Before commencing a feed, slowly flushing the feeding tube with a minimum of 30 mls of water or the volume as directed by the dietitian - freshly drawn tap water for 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
- Removing the end cap from the giving set, using an aseptic technique to connect the giving set to the feeding tube and pressing start on the pump
- At the end of a feed, slowly flushing the feeding tube again with a minimum of 30 mls of water or the volume as directed by the dietitian
- Feed containers and giving sets are single use items and should be disposed of at the end of the feeding session
- Removing and disposing of gloves, cleaning hands, removing and disposing of apron, cleaning hands
- After each feed, recording the amount of feed and number of flushes given on the service user's prescribing chart
- Ensuring the service user is comfortable, observing for signs of feeding intolerance
- Advising 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 general purpose neutral detergent, e.g. washing up liquid, and warm water daily)
- Discarded after 1 weeks use or as per manufacturer's instructions

The pump used to administer feeds should be cleaned regularly and thoroughly with general purpose neutral detergent and warm water.

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

Healthcare professionals may delegate certain tasks to domiciliary care staff 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 domiciliary care staff by a healthcare professional when:

- They have trained the domiciliary care staff in the task and assessed them competent
- The service user receiving medicines gives consent
- Responsibilities of each person are agreed and recorded

The healthcare professional remains responsible for ensuring that the domiciliary care staff 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.

Always follow the procedure as instructed by the relevant healthcare professional.

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

- Washing hands thoroughly with liquid soap and warm running water and thoroughly drying with paper towels. If paper towels are not 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
- Putting on gloves and, if there is a risk of contamination to the uniform, putting on an apron
- If an enteral feed is in progress, stopping the feed. If the administration of any of the medicine with feed is contraindicated, ensure the suggested time of withholding the feed is adhered to
- Using an enteral syringe, slowly flushing the feeding tube with a minimum of 30 mls of water or the volume as directed by the dietitian - freshly drawn tap water for 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
- Preparing each medication to be given separately to avoid interaction of the drugs and ensure solubility:
 - Soluble tablets - dissolve in 10-15 mls of water
 - Tablets - crush with a clean mortar and pestle or tablet crusher
 - Liquids - shake well. Mix thick liquids with an equal volume of water
- Uncapping the spare port, wiping the port with an alcohol swab for at least 30 seconds and allowing to air dry
- Administering the medication through the feeding tube, using a 60 ml syringe
- A 30 ml flush of water or the volume as directed by the dietitian should be given in between each medication to prevent tube blockages and drug interactions
- Flushing the feeding tube with 30 mls of water or the volume as directed by the dietitian at the end of administering the medications
- Removing and disposing of gloves, cleaning hands, removing and disposing

of apron, cleaning hands

- Recording 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 paper towels are not 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.

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

6. Infection Prevention and Control resources, education and training

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

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

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

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

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

7. References

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

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

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

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