Acacium Group

Enteral Feeding (Adult and Child)

Procedure Reference | SOP NUT 02

Version | V4.1

Procedure Name	Enteral Feeding (Adult and Child)
Purpose of Document	To ensure that the correct preparation & procedure is followed for enteral feeding
Target Audience	All Appropriately trained professionals
Version	V4.1
Author	Karen Matthews-Shard
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Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History			
Version	**Date**	**Changes made/comments**	**By whom**
V1	Dec 2016	Implementation of document history page	KNF/VM
V2	Nov 2019	3 Yearly Review	Clinical Advisory Group
V2.1	Oct 2020	Updated re rebrand	CC
V3	Jun 2023	Reviewed and updated	Clinical Advisory Group
V4	Jan 2024	Rebrand	Clinical Advisory Group
V4.1	Apr 2024	Reviewed and updated	Clinical Advisory Group

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1. Introduction

Enteral tube feeding (ETF) refers to the delivery of a prescribed nutritionally complete feed (containing protein or amino acids, carbohydrate +/- fibre, fat, water, minerals and vitamins) directly into the gut or intestines via a tube. The tube is usually placed into the stomach, duodenum or jejunum via the nose, mouth or the direct percutaneous route (via the skin). ETF is not exclusive and can be used in combination with oral and/or parenteral (Intravenous) nutrition.

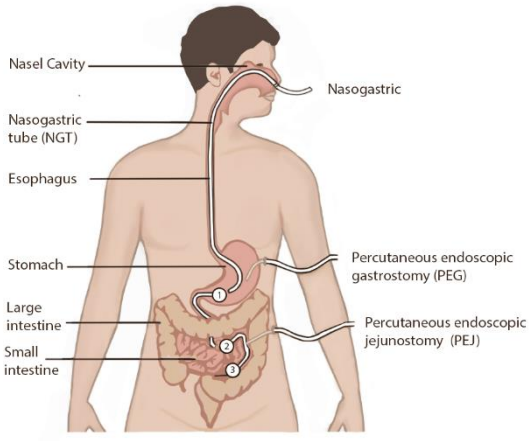
Client feeding via a nasogastric, gastrostomy and jejunostomy feeding tube is to give nutritional support for anybody unable to maintain their nutritional status by taking their usual diet. Both of these types of feeding are known as enteral feeding.

Gastrostomy and nasogastic feeds can be given as a bolus feed, continuous feed or a combination of both. Jejunal feeds are always given by continuous infusion over several hours. The method chosen will be the one that best meets the need of the client requiring ETF.

ETF is used to feed clients who cannot attain an adequate oral intake from food and/or oral nutritional supplements, or who cannot eat/drink safely. The aim of ETF is to improve nutritional intake and so improve or maintain nutritional status. It is used frequently in clients with dysphagia (swallowing problems) either because they cannot meet their nutritional needs despite dietary supplements and/or modifications to food texture/consistency, or because they risk aspiration if they try to do so. The gastrointestinal tract must be accessible and functioning sufficiently to absorb the feed administered.

A nasogastric (NG) tube is a narrow bore tube passed into the stomach via the nose. It is used for short or medium-term nutritional support. The NG tube can be used to feed clients who cannot attain an adequate oral intake from food/or oral nutritional supplements, or who cannot eat/drink safely. There are three types of 1. Nasogastric, 2 Nasoduodenal & 3 Naso jejunal

A gastrostomy tube is inserted directly through the stomach wall into the stomach or small intestine. A jejunostomy (J) tube is inserted directly through the wall of the intestine.



2. Aim

The aim of this section is to ensure best practice relating to the care of children, young people and adults in the community receiving enteral tube feeding.

3. Who needs to be aware of this procedure

All Acacium Group healthcare workers may care for the client who requires ETF feeding, as long as they have received appropriate training and have been assessed as competent to deliver the required standards of care.

4. Equipment

Enteral Feeding Pumps

Before discharge from the hospital the client, family or carer should be:

- Trained in the safe and effective use of the pump
- Provided with written instructions / care plan
- Given contact details for support. This would include dietician, community nursing team and manufacturer's instructions
- Feeding regime

5. Equipment for feeding via infusion

- Prescribed feed and chart to ensure correct feed and amount is administered
- Infusion pump and tubing
- Water for flushing
- 50ml syringe
- Daily records
- PPE
- Waste disposal

NB: Allow feeds to reach room temperature before feeding (may take up to 30 minutes).

6. Equipment for bolus feeds

- Appropriate PPE
- Enteral feeding system device labelled 'enteral'. They are colour coded purple. Refer back to the care plan for guidance.
- Record of administration
- Prescribed feed and feeding regime as per dietian
- Freshly drawn tap water (or sterile water as per dietetic regime)
- Female Luer Lock syringes. Syringe size and quantity will depend on dietetic regimen and make of feeding tube

7. Client and relatives/carers involvement

Initially the need for jejunostomy and gastrostomy feeding may be distressing to the relatives or carers of the client. Where possible, they should be fully consulted and informed about the care required. It is important to allow family members to feel involved with the care provision and in time family members may be taught how to undertake feeding for the client; however, this would not be the responsibility of the Acacium healthcare worker and it should be discussed with the appropriate specialist.

8. Hazards/complications

Most complications are in relation to underlying disease, feeding regime, client's metabolic state and the site of entry of the tube, however below the main hazards and complications are identified.

Client specific care plans should detail the escalation process for any complication and solutions required that the client may have, and any medication required should be prescribed and detailed within the MAR chart.

Complication	Cause	Solution
Aspiration	• Regurgitation of feed due to poor gastric emptying. • Incorrect tube placement	• Medication to improve gastric emptying. • Check tube placement. • Ensure client has head at 45 degrees during feeding.
Nausea and vomiting	• Related to disease / treatment. • Medication such as antibiotics, chemotherapy, or laxatives. • Poor gastric emptying. • Rapid infusion of feed.	• Anti-sickness drugs. • Reduce infusion rate, seek advice from dietician if this is a long term solution. • Change from bolus to intermittent feeding (seek advice from dietitian or GP).
Diarrhoea	• Medication such as antibiotics, chemotherapy, or laxatives. • Disease related. • Gut infection.	• Anti-diarrhoeal agent • If possible, GP may discontinue antibiotics, avoid microbiological contamination of feed or equipment • Treat disease or manage symptoms. • Send stool sample to check for gut infection, if approved by GP. Consult GP & Dietician.
Constipation	• Inadequate fluid intake. • Immobility. • Use of opiates or other medication causing slow gut activity. • Bowel obstruction.	• Ensure adequate fluid intake as per regime. • Administer laxatives/bulking agents, if prescribed. • If possible, encourage mobility. Consult dietician and GP
Abdominal distension	• Poor gastric emptying. • Rapid infusion of feed. • Constipation or diarrhoea. • Wind	• Gastric motility agents • Reduce rate of infusion. • If possible, encourage mobility. • Treat constipation or diarrhoea. Consult dietician or GP if required.

		• Aspiration
Blocked tube / tube leakage	• Inadequate flushing or failure to flush feeding tube. • Administration of medication via tube.	• If a blockage is suspected or there are signs of resistance when flushing the tube, do not force water into the tube. Gently flush the tube using lukewarm water or soda water using a 50ml syringe. Do not use acidic solutions such as fruit juices or cola as they can curdle the tube feed.
Site infection	• Cross infection, reduced immunity, poor hygiene, and neglect	Follow strict infection control measures and use of PPE. • Follow client specific care plan for medication and care of site.

9. Consent

Please read the Acacium Group Policy on consent thoroughly and ensure valid consent has been gained.

Please now ensure you understand the Consent Policy and Mental Capacity Act in full.

10. Client and relatives/carers involvement

Initially the need for Enteral tube feeding may be distressing to the relatives or carers of the client. Where possible, they should be fully consulted and informed about the care required. It is important to allow family members to feel involved with the care provision and in time family members may be taught how to undertake feeding for the client; however, this would not be the responsibility of the Acacium healthcare worker, and it should be discussed with the appropriate specialist.

11. Client information

Detailed information should be provided on what is required to provide enteral tube feeding. This MUST be in written format to allow for reference of the information. The feeding regime may be detailed within a discharge letter, Dietician plan or a prescription.

12. Discharge from hospital

When the client is discharged from hospital with the need for enteral tube feeding, Acacium Group will undertake a full assessment to ensure that the client is ready for discharge into the care of Acacium Group. Acacium Group will ensure with the hospital provider and commissioners that all provisions are in place to ensure effective delivery of care. Ensure dietician has provided a clear feeding regime prior to discharge.

13. Feeding

Feeding may be as a bolus, intermittent or continuous infusion, via gravity drip or pump assisted.

Enteral Feeds can be given as bolus feeds, continuous feeds or a combination of both. The method chosen will be the one that best meets the need of the client requiring feeding. The feeding method is not exclusive to one type and can be used in combination with oral and/or parenteral (Intravenous) nutrition.

14. Nutritional assessment

Nutritional assessment should be undertaken regularly to ensure the client is having sufficient intake to meet their needs. Please refer to the ***Acacium Group nutrition policy and enteral feeding SOP***. Advice may be provided from the community dietician at the local NHS organisation, GP and/or hospital specialist. Please conduct regular weight checks when able. If unable to weigh the client, the clients fitting of clothes can be a good indication i.e. have they become too big/small.

15. Infection prevention and control

Please refer to **Acacium Group policies and procedures for infection prevention and management**, ensuring that standard universal precautions are taken as necessary.

16. Obtaining feed and equipment

It is the responsibility of the provider to ensure adequate supplies in co-ordination with the client or family. Stock checks should be regularly undertaken to prevent stock running out or going out of date. Where there are concerns, this should be addressed directly with the Commissioner. Some companies will provide the feed and requisites to manage enteral feeding direct to the client's home. Contact details for feeding Equipment Company should be documented in the care plan and on the equipment list. Consumables required, the frequency that they are changed and how they are cleaned should be detailed within the client specific care plan.

17. Maintenance of infusion pumps and storage of feed

In order to ensure safe use of enteral feeds, infusion pumps must be correctly maintained, according to manufacturer's instructions. Please refer to the ***Acacium Group Safe Use of Medical Devices policy***. Store feed according to manufacturer's instructions. All concerns should be escalated as per the client's escalation plan and as per the equipment list details.

18. Safety alert

Enteral feeding system devices are recommended by the National Patient Safety Agency (2007) to be labelled 'enteral' by the manufacturers and colour coded purple.

19. Equipment

Before discharge from the hospital the client, family or carer should be:

- Trained in the safe and effective use of the pump.
- Provided with written instructions.
- Given contact details for support (Shown manufacturer's instructions)
- feeding regime.

20. Procedure

	Action	Rationale
1.	Pumps are to be checked regularly as per the client's risk assessment and as detailed in their care plan.	To ensure they are functioning correctly and remain safe
2.	Pumps should be kept clean by wiping daily with a cloth moistened in a mild detergent and water solution (see manufacturer's instructions).	To prevent infection.
3.	Any spills of feed onto the pump should be cleaned immediately.	To reduce the risk of infection and risk of pump malfunctioning.
4.	If used with clients nursed with isolation precautions e.g. MRSA, infective diarrhoea, check infection control policy for cleaning requirements.	To reduce the risk of spreading infection.
5.	Faulty pumps – contact the company representative or helpline.	To get the problem rectified

21. Giving sets

Giving sets are compatible with feeds, containers, and pumps.

There are two types of giving sets:

- spiked for direct connection of 'ready to hang' feeds.
- empty containers and giving sets for feeds that need to be decanted from cans or reconstituted from powders.

	Action	Rationale
1.	Giving sets labelled 'single use' should be discarded after each feeding episode. Giving sets must be discarded after a maximum of 24 hours unless specified for something different by the healthcare practitioners. In infants (under 1 year of age) the giving sets need to be discarded after each individual feed.	This is to reduce the risk of infection.
2.	Bolus feeding sets are sterile single use and must be discarded after each feed.	This is to reduce the risk of infection.
3.	The same giving set may be re-used per 24 hours period of one bag of feed is immediately followed by another and the giving set remains attached to the client.	To reduce the risk of infection and to minimize breaks in the closed administration system
4.	The same giving set can be used if there is a break in feeding if it is within the 24-hour period. The giving set must remain attached to the feed container and the free end re-capped during the break. Store the clean cap and connector in a clean, lidded container when not in use. Discard the cap and connector with the giving set after 24 hours.	To reduce the risk of infection and to minimize breaks in the closed administration system. This is in line with manufacturers recommendations
5.	All use of giving sets must be carried out under clean and minimal handling procedures.	This is to reduce the risk of infection

22. Connectors and Extensions

	Action	Rationale
1.	Extension sets used with button devises and balloon gastrostomies should be managed according to the manufacturer's instructions. This will be documented in the client's care plan.	To ensure care is provided in line with manufactures recommendations, dietician recommendations and client specific care
2.	Connectors or extension tubes which are disconnected from the enteral feeding tube must be cleaned after use as follows: • Open caps • Wash in hot soapy water (domestic washing up liquid is suitable) and rinse in fresh water. • Wipe dry with a clean disposable paper towel not a cloth Store in a clean, dry sealed container between use	This is to reduce the risk of infection.
3.	Connectors or extension tubes must be changed if: • The caps no longer stay closed. • They are broken or damaged. • They are contaminated. They can no longer be cleaned effectively.	To maintain the delivery of the feed without leak or spillage.

23. Feed Reservoirs

It may be necessary to use a feed reservoir for reasons such as:

- To decant an appropriate volume of feed from a container that is not compatible with the giving set.
- To administer additional water
- Tailored, highly specialised individual feed.

	Action	Rationale
1.	Feed reservoirs should be discarded after 24 hours.	This is to reduce the risk of infection
2.	When decanting, reconstituting or diluting feeds, a clean working area should be prepared, and equipment dedicated for enteral feed use only should be used.	This is to reduce the risk of infection and ensure safety and effectiveness. Decanting into separate containers should be avoided (except in bolus feeding), as there is increased risk of contamination
3.	Do not top up reservoirs with enteral formula.	This is to reduce the risk of microbial contamination risk and to ensure the stability of the feed is not affected
4.	Do not use empty enteral formula bottles to administer water.	This is to reduce the risk of contamination and blockages.

24. Syringes

Syringes are required in enteral feeding for:

- Water flushes

- Administration of medicines
- Bolus feeding
- Checking volume of balloon Gastrostomy tubes (this will be a luer lock syringe)
- Checking aspirates
- Syringes for enteral feeding are different to the IV syringes and are purple in colour.

	Action	Rationale
1.	At home for oral/enteral use labelled 'for single client use' may be reused in accordance with manufacturer's instructions / care plan.	This is to reduce the risk of infection and cross infection
2.	If a client is identified as being at increased risk of infection or under 12 months of age a new oral/enteral syringe should be used each time the tube is flushed.	This is to reduce the risk of infection.
3.	For all other clients requiring home enteral nutrition, reusable enteral syringes can be used	In line with NICE Guidance and manufacturers recommendations to reduce the risk of infection/cross infection
4.	Syringes used for water flushing before and after feeds or medication administration should be changed according to the client's specific care plan or manufacturer's guidelines.	This is to reduce the risk of infection.
5.	Syringes used for bolus feeding must be discarded after 24 hours (HPA 2009)	This is to reduce the risk of infection.
6.	Reusable syringes must be cleaned immediately after each use with fresh warm, soapy water (domestic washing up liquid is suitable). The plunger must be pulled back and forth several times until all traces of feed/medicine are removed from the inside tip.	This is to reduce the risk of infection.
7.	Separate the barrel and plunger and clean by one of the following methods: • Warm soapy water, rinse under cold running water and shake off excess water. • Put through a dishwasher cycle (tip uppermost), this may cause syringe to become stiff earlier. • Immerse for 3 minutes in boiling water. Immerse in sterilising solution according to solution manufacturer's instructions and changed every 24 hours.	Traces of feed or medication may not be easily removed if they are allowed to dry and harden onto the syringe therefore in order to prevent infection and contamination, if a syringe is to be re-used then it must be cleaned immediately after use in the most appropriate way noted within the manufacturer's guidelines or client care plan
8.	Always wipe dry with clean, disposable paper towels.	This is to reduce the risk of infection.
9.	Store separated pieces in a clean, dry container, reassemble when required. Plunger and barrel should be separated to ensure they dry thoroughly.	To ensure that identification is clear, and equipment is ready and fit for use
10.	Replace the syringe if: • There is visible damage to the barrel or tip of the syringe. • The dose markings are no longer clear. • The plunger seal is damaged. The syringe becomes difficult to use.	To ensure it is fit for use.

25. Feeding the Client

	Action	Rationale
1.	Clients fed enterally should be propped up at an angle of at least 45 degrees where possible. This means their head is above the level of their stomach. They should remain at this angle for at least one hour after the feed has stopped. 1-2 hours as noted in SOP NUT 01 jejunostomy and gastrostomy care.	To assist digestion and reduce the risk of aspiration.
2.	It is important that clients are, if possible, not lying flat while being fed to avoid reflux of feed into the lungs. If the client continually slips down while the feed is running, the carer should discuss with the Dietician or Nurse. Infants should not be fed in bouncy chairs.	To avoid reflux and aspiration.
3.	The feed should be stopped immediately if there are any signs of aspiration – feed in the mouth, gurgley voice, coughing, shortness of breath, raised temperature and the medical team informed straight away. Follow escalation / care plan.	To maintain airway and avoid aspiration.
4.	Allow refrigerated feeds to reach room temperature before feeding (up to 30 minutes).	To avoid stomach cramps.
5.	Always check the expiry date on the bottle, pack or tin of enteral feed and gently shake the contents before use.	To prevent infection.
6.	Explain to the client that they are going to have their feed.	To ensure consent and provide reassurance

26. Setting up and disposing of Enteral feeds via a pump

	Action	Rationale
1.	Explain each procedure before starting and ensure consent is given.	To ensure client understands the procedure and has agreed with it.
2.	Allow refrigerated feeds to reach room temperature before feeding (up to 30 minutes)	To avoid stomach cramps.
3.	Refer to manufacturer's instructions. An instruction book and trouble-shooting guide containing information on pump set-up, operating the pump and problem solving is supplied and attached to every pump. Additionally, carers should receive training before the client is discharged from hospital.	To ensure correct and appropriate use and procedures are being followed and reduce the risks to client and worker
4.	Wash and dry hands and put on apron and gloves.	To reduce the risk of transfer of organisms on the Acacium Group healthcare workers hands and to protect clothing and minimise transfer of infection from client to health worker.

5.	If possible, position the client in an upright position (30 - 45°) i.e. sitting in a chair. If in bed upper body should be elevated using pillows. Check tube placement if using a nasogastric tube. Use PH paper and ensure less than 5.5. Please ensure the pH indicator paper is CE marked and intended by the manufacturer to test human gastric aspirate. (NPSA 2011)	To minimise reflux and risk of aspiration.
6.	Flush enteral tube with prescribed amount of tap water (or sterile water as per dietetic regime), with enteral syringe.	To maintain patency of tube
7.	If administering feed via a pump, place feed container on a stand. Attach prescribed feed to the pump and prime the system. Always check the expiry date on the bottle, pack or tin of feed and gently shake the contents before use.	To ensure feed is thoroughly run through the set.
8.	A `no touch' clean technique should be used to connect the enteral feeding system device to the feeding tube.	No touch' clean technique is used to prevent any contamination of site. Feed should be administered at room temperature and stored following manufacturer's instructions.
9.	Attach primed giving set to the enteral tube.	To allow feed to be administered.
10.	Set feeding pump at prescribed flow rate (as per dietetic regimen) release clamp on feeding tube and start pump. Monitor during the feed for signs of intolerance to feed.	To allow feed to be administered correctly.
11.	The feed should be stopped immediately if there are any signs of aspiration – feed in the mouth, gurgley voice, coughing, shortness of breath, raised temperature and the medical team informed straight away.	To maintain airway and avoid aspiration.
12.	On completion of feeding, switch off feeding pump and insert bung/stopper and disconnect the feeding system from the enteral tube.	To close the system
13.	Flush enteral tube with prescribed amount of tap water (or sterile water as per dietetic regime), with enteral syringe.	To maintain patency of tube
14.	Remove feeding bag and giving set and place in a black refuse sack (for general domestic/municipal waste).	To maintain infection control
15.	Clean pump according to manufacturer's instructions.	To maintain infection control
16.	Wash hands thoroughly and use clean gloves when handling the tube, enteral feeding site and feed.	To maintain infection control

17.	Ensure all documentation is completed	To maintain client documentation

27. Setting up and disposing of a Bolus enteral feed

	Action	Rationale
1.	Explain each procedure before starting and ensure consent is given.	To ensure client understands the procedure and has agreed with it.
2.	Wash and dry hands and put on apron and gloves.	To reduce the risk of transfer of organisms on the Acacium Group healthcare workers hands and to protect clothing and minimise transfer of infection from client to health worker.
3.	If possible, position the client in an upright position (30 - 45°) i.e. sitting in a chair. If in bed upper body should be elevated using pillows. Check tube placement if using a nasogastric tube. Use PH paper and ensure less than 5.5. Please ensure the pH indicator paper is CE marked and intended by the manufacturer to test human gastric aspirate. (NPSA 2011)	To minimise reflux and risk of aspiration.
4.	Flush enteral tube with prescribed amount of tap water (or sterile water as per dietetic regime), with enteral syringe.	To maintain patency of tube
5.	Attach an enteral syringe without the plunger to the feeding tube.	To allow feed to be administered.
6.	Slowly pour the prescribed quantity of feed into the syringe. If the feed is running too quickly or slowly altering the height of the syringe slightly may help. The plunger can be used to apply gentle pressure if the feed is running too slowly. Do not apply pressure with force.	To allow feed to be administered.
7.	When the prescribed feed has been delivered, flush tube with freshly drawn tap water, (or sterile water as per dietetic regime) remove the syringe.	To maintain patency of tube.
8.	Wash hands thoroughly and use clean gloves when handling the tube	To maintain infection control
9.	Ensure all documentation is completed	To maintain client documentation

28. Hanging times for enteral feeds

	Action	Rationale
1.	Hanging times for all enteral feeds need to be limited in order to reduce the risk of contamination and infection. Once the feed container is closed it should not be re-opened to make any addition or to top up with feed or fluid.	This is to reduce the risk of infection.

Feed Type	Maximum Hang Time	Maximum Storage Time in Refrigerator
Sterile ready-to-hang feeds not decanted	24 hours	N/A: store at room temperature according to manufacturer's instructions.

Sterile feeds decanted into a sterile reservoir using aseptic technique	24 hours	Once opened may be stored in refrigerator* below 4^0c for up to 24 hours.
Non-sterile feeds e.g. Reconstituted powders, mixed feeds and breast milk	4 hours	Stored in refrigerator* below 4^0c for up to 24 hours.

*Note: feeds stored in refrigerator must be kept in a suitable container, must be covered, and must be stored on a shelf away from raw food.

29. Storing enteral feeds

	Action	Rationale
1.	Stock should be rotated so it does not go out of date	This is to reduce the risk of infection and reduce the risk of unnecessary wastage
2.	Store equipment and powdered feeds in a dry place as per manufacturer's instructions	To prevent water damage
3.	Avoid stacking feed next to radiators or in direct sunlight	To prevent risk of perishing
4.	Avoid storing feeds or equipment in garden sheds, garages, or outbuildings so to avoid risk of freezing during winter or vermin infestation.	To reduce the risk of freezing during winter, vermin infestation and heat damage in an area that may not be easily managed
5.	Discard any unused or out-of-date feed by pouring it down the sink.	To ensure that out of date feeds are not given to a client in error

30. Use of water

	Action	Rationale
1.	Flush all enteral tubes before and after feeds and after individual drug administration with water. Additional water flushes may be required to meet the client's daily fluid requirement. This will be specified in the client's individual feeding regimen – as prescribed by the Dietician.	This is to avoid tube blockage
2.	In the client's own home, tap water from primary source may be used. Exceptions to the above include: • Jejunostomy clients: always use freshly opened sterile water in all settings for flushing, feeding and medications. This is because jejunal feeds bypass the stomach resulting in an increased risk of infection. Immuno-compromised clients fed via PEG or gastrostomy will require sterile water for fluids and flushing.	In line with client specific care plans and health care professional advice to ensure that the appropriate measures are taken to reduce the risk of infection
3.	Cool boiled water is prepared as follows: • Empty kettle and fill using freshly drawn cold tap water from the drinking supply. • Bring to the boil and allow to cool.	To ensure that hot/boiling water does not damage the enteral tubes or cause injury to the client

	• Decant into a clean container. Suitable containers include plastic jugs and bottles with lids. • Store in the fridge at 4^0c or below with date and time, on a shelf away from raw food. Discard any unused water after 24 hours	
4.	Sterile Water: • All clients who have been advised to use sterile water for feeding and flushing purposes will be provided with a supply on discharge from hospital or from the community pharmacy. • Once a bottle of sterile water is opened, it is no longer sterile and must not be stored for later use. Bottled water is not the same as sterile water.	To reduce the risk of contamination and infection, in line with the client specific care plan
5.	Tubes not used regularly should be flushed with water daily to prevent them from becoming blocked.	To reduce the risk of tube blockage, distress to the client and possible removal and reinsertion of tube

31. Tube Blockages

	Action	Rationale
1.	The feeding tube should be regularly flushed with water in order to help prevent it from becoming blocked.	To reduce the risk of tube blockage, distress to the client and possible removal and reinsertion of tube
2.	If a blockage is suspected or there are signs of resistance when flushing the tube, do not force water into the tube. Gently flush the tube using lukewarm water or soda water using a 50ml syringe. Do not use acidic solutions such as fruit juices or cola as they can curdle and rot the tube feed.	To reduce the risk of damage to the tube, cause injury, pain, distress, or discomfort to the client To ensure that acidic solutions do not damage the tube
3.	If a blockage still exists, gently squeeze the tube along the length of the tube as far as possible.	To assist with removal of a blockage without having to reinsert the tube
4.	If the blockage can still not be cleared, gently draw back on the syringe, and then attempt to flush as before. Refer to escalation / care plan.	To ensure that care is given in line with the client care plan and needs and escalated appropriately if required.

32. Mouth care and oral hygiene

	Action	Rationale
1.	Oral hygiene remains important – even though the client may not be eating or drinking regularly. Good oral hygiene can prevent dental and gum disease, assist in the prevention of chest infections, and can improve a person's self-esteem and psychological outlook.	This is to reduce the risk of infection.
2.	All individuals - regardless of their oral intake, should advised to be registered with a dentist and reviewed regularly. A mouth care regimen	To ensure Dental and oral hygiene is maintained. To reduce the risks of dental and oral complications.

	must be established for each client, acknowledging any risks associated with poor or absent swallowing reflex. Frequency of mouth care should be a minimum of twice daily.	
3.	The client should be encouraged to do as much as possible themselves. A large handled or electric toothbrush may be used to promote independence. If the client is unable to use a toothbrush or open their mouth, a gloved finger wrapped in moistened soft gauze may be used.	To promote client independence wherever possible and where safe to do so
4.	A soft toothbrush used with non-abrasive toothpaste is ideal. Over-the-counter mouthwashes and lemon glycerine swabs should be avoided as they dry and irritate the oral mucosa. Dentures should be cleaned in the same way as teeth once removed.	Glycerine swabs should be avoided as these can cause irritation of the oral mucosa and should only be used on recommendation/prescription from the relevant healthcare professional where appropriate. To ensure Dental and oral hygiene is maintained. To reduce the risks of dental and oral complications
5.	Dentures should be removed overnight to prevent choking.	To reduce the risks of dental and oral complications

33. Associated Policies / SOPs

Policies

CLIN 06 Consent Policy
CLIN 07 Infection Prevention and Control Policy
CLIN 08 Safeguarding Children Policy
CLIN 09 Safeguarding Vulnerable Adults Policy
CLIN 14 Health Records Management Policy
CLIN 12 Safe Use of Medical Devices Policy
CLIN 15 Nutrition Policy

SOPs

SOP Nut 01 Gastrostomy and Jejunostomy Care
SOP Nut 03 Gastrostomy and Jejunostomy Feeding
SOP Nut 04 Naso-Gastric Tube Feeding Adults and Children
SOP Gen 14 Mouth Care

34. References

- HPA (Health Protection Agency) (2009) Infection Control Guidelines Domiciliary Care [http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1238656667732] (April 2009)
- NHS Quality Improvement Scotland (2007), Caring for Children and Young People in the Community Receiving Enteral Tube Feeding, Best Practice Statement, (September 2007)
- NICE Clinical Guidelines (August 2017) - Nutritional support for Adults: Oral nutrition support, enteral tube feeding and parenteral nutrition
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Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

pulse Part of Acacium Group	Thornbury Nursing Services Part of Acacium Group
Thornbury Community Services Part of Acacium Group	Scottish Nursing Guild Part of Acacium Group