ENTERAL FEEDING

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| **Policy number** | MM002 |
| **Effective from** | February 2024 |

AIM

To ensure Participants nutritional and fluid intake requirements are being met in accordance with their Gastrostomy Plan/Procedures. This will minimise the potential risk of malnutrition and or the complications that could lead to a poor nutritional status.

sCOPE

This policy is specific to Flintwood employees involved in supporting Participants with their enteric feeding routines. Employees can only support Participants when they have been trained and been deemed competent with the Participants individual enteric feeding routines and where they understand and clearly demonstrate the required levels of support.

1. DEFINITION

**Gastrostomy**

A gastrostomy is a surgical opening through the abdomen into the stomach. A feeding device is inserted through this opening into the stomach. This allows the person have food pumped directly into his or her stomach, bypassing the mouth and throat.

**Gastrostomy Plan**

A Gastrostomy Plan/Procedure is an individualised document completed by a Nutritionist/ Dietician which provides details around the provision of nutrition or medication that is specific to an individual.

**Venting**

A venting Gastrostomy tube, or G-tube, is a tube inserted into the stomach and out through an opening in the person’s abdomen to drain of fluids and/or gasses. “Gastro” means stomach and “ostomy” means opening. The tube is not for eating. It is for venting, or drainage, to help with nausea and vomiting.

1. POLICY

4.1 Flintwood strives to ensure that Participants nutritional and fluid requirements are met and in doing so, limits the risk potentials and helps prevent and treat disease-related malnutrition and complications induced through having a poor nutritional status. This policy aims to promote and ensure safe practices of administration of enteral feeding and venting is upheld.

1. Procedure

5.1 Adhere to the individual requirements and processes as listed within the Participants individual mealtime support plans and Gastrostomy Plans/Procedures

5.2 A General Practitioner (GP) will normally refer the Participant to a Dietician or Gastroenterologist to write these plans. Employee’s will report to the site Service Manager if there is no readily available plan.

5.3 Employees must have be deemed competent by a trained Manager (this must be followed up with formal training by an external provider), have an understanding and clearly demonstrate the correct procedures prior to supporting Participants with their nutritional requirements.

5.4 All employees must be assessed and deemed competent by the Service Manager / Team Leader in Enteral feeding or Venting prior to working with someone who has these specific support needs.

5.4 Employees must follow the Participants gastrostomy plan. These plans are written specifically to meet the needs of everyone as plans will differ from one Participant to the next.

5.5 Employees will strictly adhere to the protocols of FLINTWOODs Infection Control Policy to minimise the risk of cross infection and or contamination of any enteral feed equipment.

5.6 Any Participant who requires support with Venting must carry around a clean container with a minimum of five Gastrostomy tubes in, with them always.

5.7 Hospitals do not keep Gastrostomy tubes, so it is imperative the tubes go with the person to hospital. They will assist with nausea, vomiting and releasing gas.

5.6 Infection control is also critical to the care of the stoma site. Any changes or noticeable infections (discolourations) must be reported to the Service Manager or to any other manager and an online incident report completed.

5.7 Where appropriate a secondary tube will be kept as a back-up and in the event the existing tube falls out or is removed.

5.8 If the tube falls out or is removed, the Participant will need to be taken to the nearest hospital within 2 hours to have the tube reinserted.

1. RESPONSIBILITIES

**Employees -** Will be able to support Participants with their Enteral feeding routines when they have completed their competency-based training, been assessed, and signed off as competent in the task by a manager that has undergone formal training and must:

* Follow the individual Gastrostomy Procedure as provided by the service provider.
* Report to their supervisor any changes or variations for advice and guidance.
* Escalate any concerns to the Service Manager or any other member of the management team where SM is not available.
* Not change or deviate from the plan.
* Identify, and report to their supervisor of any gaps in their learning and understanding of requirements.
* Report to Service Manager when a plan has expired or where expiry is nearby.

**Service Manager –** Identify education needs for support workers.

* Understands the Participant may be tube fed for several reasons and that Enteral Nutrition is prescribed when, through medical opinion it has been diagnosed as not safe for the Participant to eat or drink orally or when their oral intake is inadequate to meet their nutritional requirements and is putting their general health and well-being at potential risk of harm.
* Provide relevant competency-based education and assessment processes for the support worker/s to ensure they are competent to perform the prescribed duties, tasks, interventions, and escalation in relation to incidents.
* Always adheres to policy.
* Ensures Gastrostomy procedure is current and signed appropriately.
* Report any concerns to the General Manager, review the policy and provide feedback.
* Ensure all plans are current and have the required authorities.

**General Manager –**

* Provide relevant competency-based education and assessment processes for the Service Managers to ensure they are competent to perform the prescribed duties, tasks, interventions, and escalation in relation to incidents.
* Adheres to policy.
* Educates and trains Service Managers accordingly.
* Review policy and provide feedback.
* Ensure the Service Manager keeps all plans current together with the associated documents.

**CEO –**

* Requires all employees strictly adhere to this policy and provide safe, appropriate, and required levels of individualised support.

CHANGE HISTORY

| Version | Release / Review date | Author / Reviewer | Change details |
| --- | --- | --- | --- |
| 0.1 |  October 2020 | Gerry Connolly | 1st Draft |
| 0.2 | November 2020 | Gerry Connolly | Broaden policy and reformat same |
| 0.3 | February 2021 | Gerry Connolly | Added listing 5.3 and procedural additions |
| 0.4 | March 2021 | Racheal Neal | Simplify the Policy |
| 0.5 | February 2024 | Kay McPartland | Add Venting into Policy |