

HEALTH & SAFETY: ENTERAL FEEDINGS

“Enteral Feedings: Best Practices”

BQIS/Outreach Fact Sheets provide a general overview on topics important to supporting an individual’s health and safety and to improving their quality of life. This is the first of two Fact Sheets regarding Enteral Feedings.

Objectives

To educate the reader regarding best practices when managing the care of persons who have a feeding tube.

To promote safer conditions for persons with feeding tubes by assisting providers to have best practice information.

To assist providers in developing agency practice and processes by providing access to best practice information.

Definitions

Competency: The state of having sufficient skill, knowledge, and experience in an area and/or demonstrated ability to perform a certain task independently according to established criteria.

Protocol: The plan that sets out necessary steps for a course of action.

Enteral Feeding: A method of providing nutrition, hydration and/or medication through a special type of flexible tubing inserted into the stomach or parts of the small intestine.

G tube: A gastrostomy feeding tube placed in the stomach through the abdominal wall.

J tube: A jejunostomy feeding tube placed in the small intestine through the abdominal wall.

Facts

- Persons who receive enteral feedings and/or medications require special attention to ensure their health and safety. They can be at heightened risk for aspiration pneumonia and other health concerns.
- Enteral Feeding is a nursing task and is therefore subject to the rules and standards in effect in the State of Indiana.

- All staff working with a person with a G/J feeding tube requires competency based person-specific training which includes detailed instructions on procedures and protocols, and on-going monitoring from a registered nurse. Training should include instruction on what to report, whom to report to, and when to report issues related to G/J tube management such as feedings, medication administration, side effects, or any other related problems.

Recommended Actions and Prevention Strategies

1. Any person with a G/J tube has RN services consistently from the same RN who has direct contact with both the individual (s) with a G/J tube and the staff to whom the RN delegated tube feeding responsibilities.
2. If a new RN takes over responsibility of the care of persons with G/J tubes, that RN will verify competence of all direct support staff to which they will delegate enteral feeding and medication administration responsibilities.
3. The RN will ensure that all necessary orders and instructions related to safe management of the G/J tube, feedings, and med administration are written by the physician/nurse practitioner.
4. Only a RN can delegate the management of enteral feedings to direct support staff.
5. Only a RN competent in management of enteral feedings will train direct support staff who will be administering feedings and medications via G/J tubes to person-specific competency on the appropriate procedures.
6. Training for G/J tubes will include a written testing of knowledge covering signs and symptoms of problems with G/J tubes and procedures for administering enteral feedings and medications. Complete accuracy on the written test is required before direct support staff is eligible to attempt the skills competency check.
7. A RN is responsible for documenting competency training, providing on-going monitoring,
8. A RN is responsible for tracking training including maintaining records of training provided to verify and document initial and continued competency of all staff who administer enteral feedings/medications.
9. A RN will provide re-training and review/up-date training at least annually or more frequently when deemed necessary based on staff monitoring and performance or changes in person's needs or procedures.
10. Following initial training and competency verification in enteral feedings and medication administration, the responsible RN will re-check competency of each staff trained 2 weeks following initial competency verification.
11. Following any change in type of procedures used for the person with a G/J tube, the responsible RN will re-verify competency of each staff and re-check competency in 2 weeks.
12. RN will verify initial and annual competency of direct support in administering enteral feedings and medications.
13. A RN will provide re-training to competency if it has been 3 months or longer since a trained staff has administered enteral feedings/medication administration.
14. A RN will train to competency all new or part-time staff working with the person and staff who will be administering enteral feedings/medications in other environments such as day programs.

15. Training will consist of:

- General overview of G/J tubes
- Purpose of G/J tubes
- Various kinds of G/J tubes
- Different methods of tube feedings (bolus, continuous, intermittent)
- Clean Technique with tube feedings
- Maintenance of G/J tubes
- Positioning issues with G/J tubes and specific positioning instructions for individuals
- Signs and Symptoms of G/J tube problems including:
 - Dislodged tubes
 - Occluded tubes
 - Respiratory difficulty
 - Reflux and aspiration pneumonia
 - Vomiting
 - Stoma site (tube insertion site) becomes red or has drainage
 - Increased residuals
 - Changes in stoma size
 - Leaking around stoma
 - Significant changes in a person's body weight
- Preparing and administering different forms of medications for G/J tube administration
- Individual specific protocol to manage problems
- When and who to call with tube issues
- When to hold feedings and notification of nurse/physician
- Safe management and storage of formula and equipment including protocol regarding length of time a specific formula may hang for a specific individual and reuse of equipment
- Individual specific training regarding all of the above including on-site, individual-specific demonstration and return demonstration by each staff.
- Use of standardized competency evaluation tool for each type of procedure used for the person
- Complete set of written materials used to train staff is maintained at the program

16. Change in health status requires re-evaluation of person by RN to validate they are still appropriate for direct support staff to administer feedings/medications. RN consults with physician as deemed necessary.

17. Clear instructions are present for staff regarding positioning, oral care, monitoring of appropriate urine and stool output, management of reflux, management of residuals and management of any problem encountered with the feeding tube.

18. Physician-endorsed feeding tube protocol is in place to help ensure all essential areas are addressed with instructions specific to the person.

19. Protocols and instructions for tube feedings are available in the residential setting and each setting where the person may receive enteral feedings/medication administration as well as with the person if traveling elsewhere.
20. In addition to good oral hygiene provided daily, dental visits occur every 6 months and more often if needed.
21. Consultation obtained from the dentist, speech therapist, and/or occupational therapist regarding the best and safest procedure and equipment to use for oral care, positioning and transfer.
22. Any change in physician orders involving the G/J tube requires notification of RN for determination of implementation of new orders, and training and competency checks needed by staff.

Learning Assessment

Questions that can be used to verify a person's competency in the material contained in this Fact Sheet:

1. Enteral Feedings uses a tube inserted into the stomach as a method of providing:
 - A. Nutrition
 - B. Hydration
 - C. Medication
 - D. All of the Above
2. Persons who receive enteral feedings and/or medications:
 - A. Have no greater health and safety risks from persons who eat by mouth.
 - B. Have a higher risk for urinary tract infections.
 - C. Have a higher risk for aspiration pneumonia.
 - D. None of the above.
3. Competency based training includes:
 - A. Testing of knowledge.
 - B. Skills performance.
 - C. Providing written material for review.
 - D. A and B
4. Which of the following is not a sign/symptom of a G/J tube problem?
 - A. Vomiting
 - B. Rapid growth of nails
 - C. Respiratory difficulty
 - D. Aspiration pneumonia

References

American Association of Critical Care Nurses. Verification of Feeding Tube Placement. (2005, May). American Association of Critical Care Nurses.

Opilla, M. (2003). RN, Nutrition Support Clinician. Practical Gastroenterology , 89-96.

Standards for the Competent Practice of Registered and Licensed Practical Nursing (848 IAC 2-2-1) (848 IAC 2-2-2) (848 IAC 2-2-3) (848 2-3-1) (848 IAC 2-3-2) (848 IAC 2-3-3)

Mary Ciccarelli, MD, Associate Professor of Clinical Pediatrics and Clinical Medicine, Associate Chair of Education in Pediatrics, Indiana University School of Medicine

Related Resources

Fact Sheet, “Managing Signs and Symptoms of Feeding Tube Problems”
“Feeding Tube” protocol

Learning Assessment Answers

1. D
2. C
3. D
4. B

Outreach Services

1-866-429-5290 • outreach@fssa.in.gov • DDRSOutreach.IN.gov

As a service for persons supporting individuals with intellectual/developmental disabilities, Outreach and the Indiana Institute on Disability and Community developed the Outreach Fact Sheet Library. The information provided is designed to enhance the understanding of the topic and does not replace other professional or medical instructions or individually developed plans. For more fact sheets and information, please visit DDRSOutreach.IN.gov and www.iidc.indiana.edu/training.



Indiana Family & Social Services Administration
Division of Disability & Rehabilitative Services
Bureau of Quality Improvement Services

OR-FS-HS-EF-04(9-30-09)