

## Adult Enteral Feeding guidelines

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	Introduction and 2.0 Route of Feeding
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wide):	
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Explicit definition of patient group	All adult patients who are being considered for or are
to which it applies (e.g. inclusion and	receiving enteral nutrition
exclusion criteria, diagnosis):	
Changes from previous version (not	Structural changes
applicable if this is a new guideline, enter	Some changes made in some sections based on recently
below if extensive):	published NHS Improvement documents
Summary of evidence base this	See references
guideline has been created from:	

This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after the review date or outside of the Trust.

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## 1.0 INTRODUCTION

These guidelines are about enteral feeding in adults. This is the administration of nutrients directly into the intestinal tract via a tube. The indications, broadly speaking, are for those patients who have a functioning gut but unable to take any or adequate nutrition in by mouth.

All patients should be nutritionally screened using the Malnutrition Universal Screening Tool (MUST) by ward staff and those deemed at nutritional risk, for whatever reason, should be referred to the ward dietitian for further assessment. The nutrition support team (NST), either as a whole or an individual from the team (usually the nurse) can be asked to review any patient by any member of the attending multi-professional team. The key remit of the nutrition team is to determine the need for artificial nutritional support and to facilitate such an intervention when required. These guidelines will take the reader through the essential background, evidence and practicalities of enteral nutrition.

For most people, eating is an enjoyable and social experience as well as a physiological necessity. A patient who is tube fed may no longer be able to eat and drink orally and enjoy his/her food. Therefore all clinicians have a responsibility to help the patient come to terms with this situation and endeavour to help the patient not feel isolated. Routine mouth care is vitally important for the patient unable to eat or drink; mouthwashes and oral mouth care should be offered. Oral hygiene is an essential nursing duty and is considered a fundamental aspect of healthcare (Department of Health, 2010). For more information on mouth care

Other related/relevant Trust guidelines:

• IV Nutritional Support (PN) in Adult (Excluding Adult Critical Care) (2014)

- Prevention and Management of Refeeding Syndrome: Guidelines for Adults
  (2014)
- Use of Syringes to Administer Flushes, Feeds And Medication via the Oral and Enteral Routes Policy And Procedures, (2016)
- Passing fine bore nasogastric tubes. A competency based training package.
  Working in new ways, (2014).
- Consent to examination and treatment policy (2016)
- Enteral feeding Diabetic management (2016)
- NG tube –confirmation of site using chest x-ray SOP (2015)
- PEG (Gastrostomy tubes and the ED)

## 2.0 ROUTE OF FEEDING:

The algorithm (figure 1) outlines guidance for the selection of patients for enteral feeding in its broadest sense.

Figure 1: Algorithm for nutritional support Patient assessed using MUST/ for the clinical setting and is unable to meet nutritional and fluid requirements orally Prognosis <4 weeks No Yes Is the patient able to consent/ have the capacity to have Act in the patients best interests specialised feeding? (Mental Follow the BAPEN Discussion between the relevant, capacity Act 2005/ Consent to ethics and clinically capable parties, the MDT, family examination and treatment No assisted nutrition or and/or carers considering: policy (2016)) hydration approaching • What the patient's wishes were if the end of lifepreviously expressed to family/ Yes decision tree: friends http://www.bapen.org. • The emotional and medical condition The small intestine is uk/pdfs/decisionof the patient functional and can be accessed trees/ethics-and-• Benefits, burdens and risks and used clinically-assisted- Goals of care nutrition.pdf Yes No Consider enteral feeding Refer to the NST for consideration of Parenteral nutrition Reduced oral intake that will Seek formal opinion from the NST re. last <6 weeks stoma feeding No Yes Gastric emptying is normal without Gastric emptying is normal without vomiting or GORD vomiting or severe GORD Yes No No Yes Gastric residue is, or Gastrostomy Jejunostomy or gastrobecomes large NG Feeding *jejunostomy* **Keynote-** Enteral tube feeding is a medical intervention in the eyes of the law. Clear documentation is required in the Single lumen NJ, or double/ patient's medical notes that the patient has given their consent triple lumen NJ with NG or a best interest decision has been made. drainage port