

## Adult Enteral Feeding guidelines

<b>Full Title of Guideline:</b>	Adult Enteral Feeding guidelines – Section 1.0 Introduction and 2.0 Route of Feeding
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<b>Explicit definition of patient group to which it applies (e.g. inclusion and exclusion criteria, diagnosis):</b>	All adult patients who are being considered for or are receiving enteral nutrition
<b>Changes from previous version (not applicable if this is a new guideline, enter below if extensive):</b>	Structural changes Some changes made in some sections based on recently published NHS Improvement documents
<b>Summary of evidence base this guideline has been created from:</b>	See references
<p><b><i>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.</i></b></p>	

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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

