



## Enteral (Nasogastric) Feeding - When The Dietitian Is Unavailable Procedure

Procedure Number

CHC-PC-0029

Version Nos:

2

### 1. Purpose

This Procedure outlines the process for the planning, administering and monitoring of enteral (Nasogastric) feeding to West Coast District Health Board (WCDHB) patients by WCDHB clinical staff members when the Dietitian is unavailable.

### 2. Application

This Procedure is to be followed by all WCDHB clinical staff members.

### 3. Definitions

For the purposes of this Procedure:

**Enteral Nutrition** is taken to mean the infusion of a liquid diet directly into the GI tract via a naso-gastric or entero-cutaneous tube. Use of enteral feeding is associated with preservation of gut integrity, barrier and immune functions and reductions in septic complications.

### 4. Responsibilities

For the purposes of this Procedure:

**Medical Staff** are required to:

- Assess whether nutrition support is required for a patient and if necessary, decide on the safest, simplest, most effective route for the patient eg food fortification, supplement drinks, feeding via a tube into the GI tract or giving nutrients IV (Parenteral Nutrition);
- Arrange for the collection and recording of monitoring data;
- Daily review and if modifications are required to the feeding regime, discuss these with the Dietitian.

**Nursing Staff** are required to:

- Obtain the patients most recent height and weight;
- Make referral to the Dietitian once a decision has been made to commence an enteral feed;
- Insert the Nasogastric (NG) tube and check placement;
- Set up and change the giving set every 24 hours;
- Check gastric aspirates four hourly for the first 24-48 hours;
- Ensure the feed is correctly stored, prepared and administered.

### 5. Resources Required

This Procedure requires:

- i) NG tube
- ii) Flocare Micromax feeding pump
- iii) Giving sets
- iv) Feed
- v) Patient's Clinical Record



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### 6. Process

- 1.00 This process is only to be used when a Dietitian is not available to provide an individual feeding regime.
- 1.01 Contact the Dietitian by phone (extension #2747)- leave a message on the Dietitians voice mail regarding the patient and send a referral.
- 1.02 The NG tube needs to be placed following the WCDHB Nasogastric Insertion of Tube Procedure.
- 1.03 Nutrison Standard is the usual feed unless they have diabetes and then Dison is used. Phone the Hospital Kitchen and notify them of the feed and volume required and they will arrange for delivery to the Ward each day.
- 1.04 The Flocare Micromax Pumps are situated in the cupboard outside the SLT's office in Hannan Ward. The key is available from the hospital reception. Refer to the Flocare Micromax Pump Instruction booklet that is kept with the pump for set-up and trouble shooting information. The Nutricia Territory Manager is also available 24 hours if required – Phone Ally Fyfe on 0800 688 742 or 021 859 320
- 1.05 The feed should be at room temperature to avoid discomfort for the patient. Decanted feeds need to be removed from the refrigerator 30 minutes prior to starting the feed
- 1.06 Raise the head of the bed 30-45 degrees while feeding to reduce the risk of aspiration and leave at this angle for 1 hour after the feed finishes
- 1.07 Flush the tube before the feed starts with 30ml warm water
- 1.08 If the patient has been eating in the previous 48 hours, begin feeding via the pump at 50ml/hour. If the patient has not eaten in the previous 48 hours then assess their risk of refeeding syndrome as per the DHB Refeeding Guidelines
- 1.09 If the patient is **not** eating orally, check gastric aspirates after 4 hours of feeding. If more than 200mls are aspirated, return aspirate and withhold the feed for 1 hour. Recheck aspirates. If aspirates remain high, stop feeding, check the position of the tube and presence of bowel sounds
- 1.10 If the patient is tolerating the feed, increase the rate by 10ml/hour every 4 hours until the goal volume is reached. Continue to check aspirates four hourly and follow the above instructions if the aspirates are high. Aspirates need to be checked for the first 24-48 hours depending on the patients tolerance and aspiration risk
- 1.11 Women will require about 1500ml of feed per day (=1500kcal) and a man requires about 2000ml (=2000kcal) per day. Depending on the person's tolerance, it may take several days for the goal daily volume to be reached
- 1.12 To reach the goal volume, the pump can be set at a low rate for 24 hours, or at a higher rate for less time. It is important to consider patient tolerance of a fast feeding rate, ward routine and the rest period required. If a person is also eating orally, they will require less calories and it is best to feed overnight only so that they are hungry during the day.



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1.13 Number of Hours Being Fed	For a given daily volume, set the pump run rate to:		
	1000ml	1500ml	2000ml
12 hours	83ml/hr		
16 hours	63ml/hr	94ml/hr	
20 hours	50ml/hr	75ml/hr	100ml/hr
24 hours	42ml/hr	62ml/hr	84ml/hr

- 1.14 Flush feeding tube with 30ml of warm water before and after the feed, 8 hourly during continuous feeding and before, between and after medications.
- 1.15 Extra fluid will need to be given if the total volume of the feed plus water flushes of the tube is less than 1800ml/day. You can do this by increasing the volume of water flushes to 50ml or give water flushes more regularly.
- 1.16 The maximum hang time for a RTH formula is twenty-four hours.
- 1.17 The giving set needs to be changed after 24 hours use.

## 7. Precautions And Considerations

- The feed should be at room temperature to avoid discomfort for the patient
- If the patient has been eating in the previous 48 hours, begin feeding via the pump at 50ml/hour - If the patient is **not** eating orally, check gastric aspirates after 4 hours of feeding
- Flush feeding tube with 30ml of warm water before and after the feed, 8 hourly during continuous feeding and before, between and after medications.
- The giving set needs to be changed after 24 hours use.

## 8. References

Gillanders, Lyn. NZDA 2007 Clinical Handbook – 8<sup>th</sup> Edition. Wellington 2007.

## 9. Related Documents

- WCDHB Enteral (Nasogastric) Feeding Procedure
- WCDHB Nasogastric Insertion of Tube Procedure
- WCDHB Clinical Documentation procedure
- WCDHB Informed Consent Procedure

<b>Revision History</b>	<b>Version:</b>	2
	<b>Developed By:</b>	Dietitian
	<b>Authorised By:</b>	Nurse Manager Acute Care and Specialty Services
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