

Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: Nursing	SUBJECT: Enteral Feeding	SECTION: E POLICY: 4
DATE: September 2004	Administrator: <u>J. M.!</u>	
REVISION DATE: August 2016, September 2022	Director of Care: <u>Cheryl Alicata</u>	

ENTERAL FEEDING

POLICY:

Residents being fed by gastrostomy tube must be carefully monitored by the Physician, Registered Nurses and the Dietitian to ensure adequate nutrition and hydration needs are met under sanitary conditions. To ensure these standards, the Leamington Mennonite Home will admit no more than one resident at one time requiring tube feed. Upon admission, the Dietitian will be contacted to assess the resident's existing protocol and recommend conversion to the Home's protocol as necessary.

PURPOSE:

To provide an alternate means of alimentation when the oral route is inaccessible or inappropriate. High Intensity needs will be assessed on an as needed basis if requirements are met.

EQUIPMENT:

1. Tube feeding and/or fluid as ordered by the Physician.
2. Enteral Nutrition Pump
3. Feeding container/container for water and appropriate tubing
4. Catheter plug
5. 60 c.c. syringe
6. I.V. pole
7. Sterile water at room temperature for fluid delivery
8. Water at room temp for post feed flushes

PROCEDURE:

Closed System: preferred system

The Registered Staff shall:

1. Ensure there is a Registered Dietician/Physician's order, which specifies formula type, total amount per 24 hours and feeding frequency.

2. When pump is not in use it is to be in the Home medication room plugged in. It has an 8 hr. back up battery. When administering the feed, the pump should be plugged in so that in the event of a power failure there is the backup power of the battery.
3. Wash hands. Shake enteral feed several times to ensure it is well mixed. Write on the enteral feed container the date, the time of hanging the feed and the resident's name.
4. Hang feed/water from I.V. pole and prime lines. Check settings on pump.
5. Assist resident to sitting position unless otherwise indicated.
6. Flush gastronomy tube with room temperature water as indicated by RD/Physician.
7. Attach feeding container tubing to resident's feeding tube.
8. Turn feeding 'pump' and set rate as prescribed by the RD/Physician. Refer to the pump manual for operating instructions.
9. Resident is to remain in sitting position for 30-60 minutes following feeding, to facilitate digestion and decrease risk of aspiration.
10. When feeding is complete disconnect from resident and cap formula/water tubes to ensure cleanliness. Hand time for closed system formula/sterile water is 48 hrs.
11. Assist resident with mouth care, as needed, each shift.

Open System

The Registered Staff shall:

PROCEDURE:

Clean top of cans with hot soapy water and rinse. This is to prevent any bacteria from entering the pouch (reservoir) when pouring formula.

1. Hang ready – to – use formula no greater than 8 hours.
2. Hang reconstituted formula or formula with additives no greater than 4 hours.
3. NEVER add fresh formula to hanging formula.
4. Rinse container/tubing with clean water. Run this water through tubing to clear and rinse residual formula.
5. Once container is rinsed and can has been prepared empty the amount needed to run for < 8 hours.
6. Change container/tubing every 24 hours.

For Both Systems:

The Registered Staff shall:

1. Ensure proper bloodwork is completed every 3 to 6 months as per Physician's orders.
2. Back up pump should be in place to avoid any interruptions in feeding schedule of the resident. The spare pump checked monthly to ensure it remains fully charged and ready for use. (See Registered Staff Night Duties)
3. Clean the outside of the pump daily with a damp soapy cloth. The inside chambers where the tubing winds through with alcohol swabs at each change of Enteral feed bags/water bags/tubes.
4. Educational inservices are done on an as needed basis when resident's care needs change or if there is a change in feed or equipment.
5. In consultation with the Physician and the Dietitian, efforts will be made to restore normal feeding functions where possible.

Documentation:

- a) Record on the resident care plan the type, amount and time of feed administration and amount of fluid administered after each feed.
- b) Record on MAR the type, strength, amount and time of feedings and the amount of fluid given during and/or post feeds. The scheduled cleaning dates.
- c) Observe resident for signs of tube-feeding complications such as cramping, nausea, vomiting, distension, and diarrhea or for unusually large residual volumes. Chart any unusual resident response or condition in progress notes; notify physician.
- d) Observe monthly weight to ensure it remains stable weight more frequently as directed by RD. If there is any deviation from the ideal body weight as set up by the Dietitian will be contacted to reassess the resident's needs.
- e) Dietitian will monitor at least monthly.