



GASTROSTOMY/ NASOGASTROSTOMY / JEJUNOSTOMY FEEDING POLICY

Forest Pulse recognises that some young people require extra help with feeding as their medical condition means the young person is unable to take enough (or any) food or fluid orally to maintain their body weight and physical well-being. Forest Pulse recognises that Nasogastrostomy/Gastrostomy/Jejunostomy feeding increases physical well-being and makes feeding and the administration of medications easier.

All children and young people taking part in Forest Pulse activities who have specific feeding requirements such as Nasogastrostomy/Gastrostomy/Jejunostomy feeding have the right to have their specific feeding requirements met by Forest Pulse staff to ensure they are able to fully participate in all activities.

Nasogastrostomy/Gastrostomy/Jejunostomy feeding should always be delivered in a manner which preserves a young person's privacy, dignity and self-esteem, ensuring inclusion within all Forest Pulse's activities.

Any child/young person who requires supported feeding will have an Enteral Feeding Regime/Protocol completed by an NHS Dietician (or other health care professional) detailing type and amount of food to be given, times and any other required information. This must be provided by parents or, with parental permission, the child's school or health care provider (providing necessary permission for sharing information in place). Any changes to this protocol must be authorised by a Dietician/Health Care Professional.

A record will be kept of all feeds administered.

Only Forest Pulse staff/volunteers who have been trained in feeding procedures should deliver Nasogastrostomy/Gastrostomy/Jejunostomy feeding. Reference should be made to the attached Guidelines. If a staff member is unsure of any aspect of Nasogastrostomy/Gastrostomy/Jejunostomy feeding, they should ask for advice from the Activity Leader and/or parents/carers.

Volunteers and staff who are not trained in feeding procedures should never deliver Nasogastrostomy/Gastrostomy/ Jejunostomy feeding unsupervised. However, non-trained staff/volunteers can assist trained staff with this procedure.

Administration of Medication via Feeding Tube

Forest Pulse recognises that some young people require medication administered through their feeding tubes. This procedure can only be undertaken by staff trained in both feeding procedures and administration of medication, in line with the Medication Administration Policy and with reference to the guidelines below. A record of all medications administered via tube will be recorded in the Medication Administration file.

Continue to Guidelines overleaf.....

Reviewed and approved by Trustees 14th February 2018

Signed on behalf of Charity Name/Role

Nasogastronomy/Gastrostomy/Jejunostomy Feeding Guidelines

Types of tubes:

There are Nasogastric, Gastrostomy and Jejunostomy tubes.

Nasogastric tubes are passed into the nose, down the oesophagus (throat) and into the stomach.

Gastrostomy tubes are placed by surgically creating a small hole (a 'stoma') through the abdominal wall into the stomach, then passing a tube through this stoma into the stomach so that the child can be fed by a tube, without swallowing food and water orally. A gastrostomy is sometimes referred to as a PEG (Percutaneous Endoscopic Gastrostomy).

Jejunostomy tubes are similar to Gastrostomy tubes. It is a longer tube which is passed through a stoma into the stomach and continues into the small intestine.

Types of feeding

There are two ways of giving a young person a feed through a Nasogastronomy/Gastrostomy/Jejunostomy tube:

- Bolus feeding (not appropriate for Jejunostomy tubes)
- Continuous feeding using a pump

Bolus feeding means using a syringe to deliver feed by a Nasogastric or Gastrostomy tube. (A syringe can also be used for gravity feeding, but the plunger would not be used.) Feeds are given at regular intervals throughout the day (sometimes in combination with oral feeding).

Continuous feeding means using an electronic feeding pump to deliver feed at a gradual rate through a Nasogastronomy/Gastrostomy/Jejunostomy tube. Delivering feed slowly by continuous feeding reduces reflux and vomiting in susceptible young people.

Please note that when the guidelines refer to using water during the feeding procedure this should always be water at room temperature. Tap water can be used unless parents stipulate sterilised water must be used, in which case they will be asked to send this in with the young person.

Feeding Protocol

An Enteral Feeding Regime/Protocol for the child/young person, written by an NHS Dietician or other health care professional, will be provided detailing:

name of child/young person
date of birth
positioning for Gastrostomy/Nasogastronomy feeding
name of fluid/feed
times feed given
amount of fluid/feed given
rate of pump (if pump feeding)
amount of water given before feed
amount of water given after feed
details of any oral care required
any other relevant information
signature
date

Oral Hygiene

Some young people with Nasogastrostomy/Gastrostomy/Jejunostomy tubes are also able to eat and drink orally and this should always be supported and encouraged by Forest Pulse staff.

It is very important to maintain good oral hygiene in young people who are fed using Nasogastrostomy/Gastrostomy/Jejunostomy tubes. Oral care may include cleaning teeth, refreshing mouth using 'oral' sponges to moisten mouth and lips with water or applying 'Vaseline' or lip salve to the young person's lips to prevent cracking. Forest Pulse staff will support any necessary oral hygiene routine specified by parents/carers on young person's 'Gastrostomy/Nasogastrostomy Feeding Protocol'.

Nasogastrostomy/Gastrostomy/Jejunostomy Feeding Equipment and storage

Parents/ carers will be expected to provide all necessary equipment and feed for Nasogastrostomy/Gastrostomy/Jejunostomy feeding. All equipment provided should be clean (or sterile if required) and ready for use. If any equipment/feed is missing (or felt by Forest Pulse staff to be unfit for use), parents/carers should be contacted to provide replacement equipment/feed. To prevent possible cross-contamination and infection, equipment which has been used previously should never be used with any other person.

Parents/carers will be expected to provide sufficient feed for duration of Forest Pulse activity. Unopened feed can be stored at room temperature. Once opened, feed should be labelled with young person's name, stored in the fridge and allowed to return to room temperature before use (feed should never be given cold straight from the fridge!). If a the young person is fed using a feeding pump and the pump is already primed ready for use by parents/carers, staff will assume the feed has been open for less than 24 hours kept chilled and is suitable/safe to use. **Parents are responsible for ensuring this.** The expiry date of feed should always be checked (and never used if out of date). Unused feed will be disposed of appropriately at the end of the activity.

All equipment used for intermittent Nasogastrostomy/Gastrostomy/Jejunostomy feeding should be rinsed after each feed. All equipment should be stored in clean storage containers or sandwich bags in the young person's bag to ensure their equipment is not mistakenly used for any other young person (Single use sterile equipment will be disposed of after each feed in the normal refuse collection). All equipment should be returned home with the young person at the end of the activity.

Taking Care of a Gastrostomy/Jejunostomy:

- Always wash your hands and wear non-powdered gloves before handling gastrostomy/jejunostomy tube or stoma site. (Powdered gloves can irritate the stoma)
- The site around the button/tube, the 'stoma', needs to be checked to ensure it is clean, not inflamed, weeping or bleeding. If there are problems with the stoma, the parents/carers should be informed (particularly before swimming). The stoma can be cleaned gently using warm water and a clean soft cloth (not wet wipes). Dry thoroughly.
- **When using a 'feeding' set (which connects to the gastrostomy button), it must be flushed with water before each use to ensure air does not enter the young person's stomach to cause discomfort, retching and vomiting.**
- The tube must be flushed with water before and after feeds/medications.
- Do not put anything down a Gastrostomy/Jejunostomy tube other than feed, water and medications as prescribed and directed by parents/carers (*refer to Health and Safety policy – Administration of Medication Policy*).

Giving medication via Nasogastrostomy/Gastrostomy/Jejunostomy tubes

When administering medication, staff should refer to Health and Safety policy – Administration of Medication. Any medication administered by Nasogastrostomy/ Gastrostomy/ Jejunostomy tubes should be in liquid or dissolvable form.

Tubes should be flushed with 10-20 mls of water before and after administering medication. If administering more than one medication, the tube should be flushed with 10mls* cooled, boiled water between medications to prevent coagulation of medications in tubes (**unless different amount stipulated in protocol).

Tube Displacement

It is possible for any type of tube to become displaced and fall out. **Particular care needs to be taken with young people who are fed using a feeding pump over extended periods or young people who have a nasogastric tube, as there is always the potential risk of the tube being pulled by other young people.** All staff and volunteers working with these young people will be made aware of this potential risk by senior staff.

In the instance of a tube being displaced or falling out, parents/carers should be contacted immediately. If it is not possible to contact parents/carers the young person should be taken to the nearest hospital.

Forest Pulse staff should NEVER attempt to reinsert any types of tube.

General Hygiene

All staff should wash their hands thoroughly (refer to Health and Safety Policy – Hand Care) and wear non-powdered gloves. If there is seepage of body products (e.g. stomach contents) from tubes, which soils Forest Pulse staff, they must wash themselves thoroughly with plenty of warm, soapy water. If a young person is soiled by body products (e.g. stomach contents) from their tube, they should be washed with warm, soapy water, taking particular care to dry around the ‘stoma’ (if appropriate). Any soiled clothing should be removed, placed in a plastic bag and sent home with the young person.

Any spillage (refer to Health and Safety Policy – Handling Body Products) should be covered with sufficient disposable paper towels to absorb it. When absorption is complete, these should be placed in a suitable plastic bag, tied and placed in yellow bags and disposed of in a specialist bin for separate collection (if not available dispose of in normal refuse collection). The area should be thoroughly cleaned with disinfectant and left to dry.

Taking Care of a Gastrostomy/Jejunostomy:

- Always wash your hands and wear non-powdered gloves when handling gastrostomy/jejunostomy tube or stoma site.
- The site around the button/tube, the ‘stoma’, needs to be checked to ensure it is clean, not inflamed, weeping or bleeding. If there are problems with the stoma, the parents/carers should be informed (particularly before swimming). The stoma can be cleaned gently using warm water and a clean soft cloth (not wet wipes). Dry thoroughly.
- When using an extension set, it must be flushed with water before each use to ensure air does not enter the young person’s stomach to cause discomfort, retching and vomiting.
- The tube must be flushed with water before and after feeds/medications.
- Do not put anything down a Gastrostomy/Jejunostomy tube other than feed, water and medications as prescribed and directed by parents/carers (*refer to Health and Safety policy – Administration of Medication Policy*).
- Bolus feeding is not appropriate for Jejunostomy feeding as the Jejunostomy tube delivers feed directly into the small intestine, so cannot digest the volume of bolus feeds.

Venting a Nasogastrostomy/Gastrostomy tube (not suitable for Jejunostomy tubes)

Some young people may require ‘venting’ to release air from stomach. Venting is when air from the stomach is allowed to travel upwards along the feeding tube to release trapped air (as some young people are unable to release trapped air by ‘burping’). This might be at request of parent/carer, if young person appears uncomfortable or has a bloated stomach, or if air escapes from the feeding tube when the clamp is released.

1. Obtain all equipment needed (should be provided by parents/carers).

- Syringe – 60ml syringe
- Room temperature water
- Non-powdered gloves
- Individual feeding protocol

2. Staff member should ensure they are familiar with the individual young person’s Gastrostomy/Nasogastrostomy feeding protocol.

3. Explain procedure to young person. Ensure the young person is comfortable (at an angle of at least 30 degrees, never lying flat, to prevent reflux and vomiting).
4. Wash hands thoroughly and put on non-powdered gloves.
5. **If required**, attach 60ml syringe (without plunger) to feeding tube using porthole. Pour water into syringe, open white clamp and fill tube until water comes out of the end. Re-clamp tube. Remove syringe and close porthole.
6. **If required**, attach feeding tube to gastrostomy button. Open button, line up black lines on button and socket of feeding tube, push in socket of feeding tube gently. Rotate feeding tube in button (just over $\frac{3}{4}$ turn) until locked.
6. Attach 60ml syringe (without plunger) to feeding tube using porthole.
7. Holding the syringe lower than the young person's chest, unclamp the feeding tube. You may see bubbles travel up the feeding tube and be released into the open syringe.
8. When air has stopped travelling up the syringe, clamp the feeding tube and remove the syringe.
9. Close the port and disconnect the feeding tube.
10. Rinse the syringe and feeding tube to remove any residue of stomach contents left after venting. Return all equipment to young person's bag.

Flushing a Gastrostomy/Jejunostomy tube

Gastrostomy/Jejunostomy tubes need to be flushed regularly to prevent blockage. Room temperature water should always be used, to reduce the risk of infection and therefore damage to the tube. **Parents are asked to send in sterilised water if this is required.**

1. Obtain all equipment needed (should be provided by parents/carers).
 - Syringe – 60ml syringe
 - Room temperature water
 - Non-powdered gloves
 - Individual feeding protocol
2. Staff member should ensure they are familiar with the individual young person's Gastrostomy/Jejunostomy feeding protocol.
3. Explain procedure to young person. Ensure the young person is comfortable (at an angle of at least 30 degrees, never lying flat, to prevent reflux and vomiting).
4. Wash hands thoroughly and put on non-powdered gloves.
5. **If required**, attach 60ml syringe (without plunger) to feeding tube using porthole. Pour water into syringe, open white clamp and fill tube until water comes out of the end. Re-clamp tube. Remove syringe and close porthole.
6. **If required**, attach feeding tube to gastrostomy button. Open button, line up black lines on button and socket of feeding tube, push in socket of feeding tube gently. Rotate feeding tube in button (just over $\frac{3}{4}$ turn) until locked.
6. Attach 60ml syringe (without plunger) to feeding tube using porthole. Pour water into syringe to 'flush' tube (amount specified by parents/carers).
7. As appropriate, administer bolus feed / administer medication (*refer to Health and Safety policy – Administration of Medication Policy*) / connect to feeding pump for continuous feeding.

8. Remove syringe and close porthole.
9. **If required**, remove feeding tube by rotating feeding tube in button (just over $\frac{3}{4}$ turn) until black lines on button and feeding tube are aligned. Remove feeding tube and close button.
10. Rinse syringe before replacing equipment back in young person's bag.

Gastrostomy Feeding – Administering a Bolus Feed (gastrostomy feeding only)

1. Obtain all equipment needed (should be provided by parents/carers).
 - Syringe – 60ml syringe
 - Cooled boiled water
 - Feed (**check expiry date**)
 - Non-powered gloves
 - Individual feeding protocol
2. Staff member should ensure they are familiar with the individual young person's Gastrostomy feeding protocol.
3. Explain procedure to young person. Ensure the young person is comfortable (at an angle of at least 30 degrees, never lying flat, to prevent reflux and vomiting).
4. Wash hands thoroughly and put on non-powdered gloves.
5. Flush the feeding tube and attach to the gastrostomy button if necessary.
6. Attach syringe and vent tube if required (see above section 'Venting a Gastrostomy Tube'). If necessary, rinse syringe to remove any residue of stomach contents left after venting and detach, re-flush and reattach the feeding tube.
7. Attach a syringe for feeding, unclamp the feeding tube set and administer amount of cooled, boiled water to flush stated by parents/carers (minimum 10-20mls).
8. When the last of the water reaches the bottom of the syringe, administer the amount of feed stated by parents/carers (at room temperature). Ensure air does not enter the feeding tube between water and the feed. Do not give too quickly as this can cause discomfort and vomiting.
9. When the last of the feed reaches the bottom of the syringe, administer amount of cooled, boiled water to flush stated by parents/carers (minimum 10-20mls). Ensure air does not enter the feeding tube between the feed and the water.
10. Clamp the feeding tube, close the port and disconnect the feeding tube if necessary.
11. Try to ensure the young person remains in the same position, and avoids vigorous exercise, for half an hour to aid digestion and reduce possible discomfort.

Gastrostomy/Jejunostomy Feeding – Administering a Continuous Feed

This is done using a feeding pump. You will need to have training to use the appropriate feeding pump and feeding set.

1. Obtain all equipment needed (should be provided by parents/carers).
 - Feeding pump
 - Feeding set
 - Syringe - 60ml syringe

(smaller sizes cause too much pressure)
Cooled boiled water
Feed (**check expiry date**)
Non-powered gloves
Individual feeding protocol

2. Staff member should ensure they are familiar with the individual young person's Gastrostomy/Jejunostomy feeding protocol.
3. Explain procedure to young person. Ensure the young person is comfortable (at an angle of at least 30 degrees, never lying flat, to prevent reflux and vomiting).
4. Wash hands thoroughly and put on non-powdered gloves.
5. Run the feed through the feeding set and position it in the feeding pump ready to start feeding.
6. Flush the feeding tube and attach to the gastrostomy button if necessary.
7. Attach syringe and vent tube if required (see above section 'Venting a Gastrostomy Tube'). If necessary, rinse syringe to remove any residue of stomach contents left after venting and detach, re-flush and re-attach the feeding tube.
8. Attach syringe, unclamp the tube/extension set and administer amount of cooled, boiled water to flush stated by parents/carers (minimum 10-20mls). Re-clamp tube/extension set.
9. Disconnect the syringe and connect the end of the feeding set to tube/extension set.
10. Set the correct rate and volume of feed on the feeding pump (as stated by parent/carers on feeding protocol). Open the clamp on feeding tube and start the feed. **Closely monitor to ensure the feeding tube is not pulled by self or other young people and there are no problems with the feeding pump.**
11. At the end of the feed, switch off the feeding pump, clamp the feeding tube and disconnect the feeding set.
12. Open clamp on the feeding tube and flush with amount of water stipulated by parents/carers (minimum 10 ml). Re-clamp feeding tube, close the port and disconnect the feeding tube if necessary.
13. Try to ensure the young person remains in the same position for half an hour to aid digestion and reduce possible discomfort.
14. Some young people may require venting to release air from stomach. This might be at request of parent/carer, if young person appears uncomfortable, or if air escapes when clamp is released.

Nasogastric Feeding

There is a strong potential risk of displacement of the nasogastric tube which can occur through sneezing, coughing, vomiting or removal by self or other young people. If the tube becomes displaced, there is a risk of feed entering the young person's lungs. For this reason, it is essential that the position of the Nasogastric tube **MUST** be assessed prior to giving the young person a nasogastric feed.

If there is any doubt about the position of the Nasogastric tube, Forest Pulse staff should not use the tube and the parents/carers should be contacted.

Do not put anything down a nasogastric tube other than feed, cooled, boiled water and medications as prescribed and directed by parents/carers (*refer to Health and Safety policy – Administration of Medication Policy*)

Nasogastric tubes should be checked for correct placement before every use.

1. Obtain all equipment needed (should be provided by parents/carers).

Syringe - 20ml or 60ml syringe (smaller sizes cause too much pressure)

pH paper
Cooled boiled water
Non-powered gloves

2. Explain procedure to young person. Wash hands thoroughly and put on non-powdered gloves.
3. Check attachment of nasogastric tube to child's cheek. Ensure it is firmly secured (use 'Micropore' tape to secure if necessary). Look in the young person mouth (if possible) to ensure tube is not curled.
4. Insert 5mls of air into the tube using syringe. This is to push the tube away from the stomach wall, decreasing the risk of trauma and increasing the chance of obtaining an aspirate.
5. Using the same syringe, withdraw until aspirate is obtained making sure the resistance is not too great. Once you have obtained aspirate, follow instruction number 6 onwards.

- 5a. If unable to obtain aspirate:

- Change young person's position (lying left side will allow gastric contents to collect in the curve of the stomach.
- If appropriate, offer young person a drink and attempt to aspirate the nasogastric tube afterwards.
- Leave the young person for half an hour and then attempt to aspirate the tube again.

- 5b. If still unable to obtain aspirate, young person's parents/carers should be contacted. A nasogastric tube should never be used if you are unsure of its position.

6. Once aspirate has been obtained, it needs to be checked to see if the nasogastric tube is in the correct position. To access, look at the colour and consistency. An aspirate from the stomach will usually be yellow or clear and colourless and may contain streaks of mucus or feed.

7. The pH of the aspirate can now be measured. This should be done using pH paper provided by parent/carers.

- A young person who hasn't recently had a feed should have a pH reading of **pH 4 or below** and the tube can be assumed to be in the correct position.
- A young person receiving acid reducing medication should have a pH reading of **pH 5 or below** and the tube can be assumed to be in the correct position.

8. If the pH is above pH4 (or pH 5 if on acid reducing medication) the parents/carers should be contacted.

9. If doubt remains about the nasogastric tube position, **DO NOT USE AND CONTACT PARENTS/CARERS.**

10. Do not put anything down the nasogastric tube other than feed, cooled, boiled water and medications as prescribed and directed by parents/carers (refer to Health and Safety policy – Medication Policy).

Nasogastric Feeding – Administering a Bolus Feed

1. Obtain all equipment needed (should be provided by parents/carers).

Syringe - 20ml or 60ml syringe
(smaller sizes cause too much pressure)

pH paper
Cooled boiled water
Feed/medication to be given
Non-powered gloves
Feeding protocol

2. Staff member should ensure they are familiar with the individual young person's nasogastric feeding protocol.
3. Explain procedure to young person. Ensure the young person is comfortable (at an angle of at least 30 degrees, never lying flat, to prevent reflux and vomiting)
4. Wash hands thoroughly and put on non-powdered gloves.
5. Check the tube is in the correct position.
6. Attach a syringe for feeding, unclamp the tube and administer amount of water specified by parents/carers to flush (minimum 10 mls).
7. When the last of the water reaches the bottom of the syringe, administer the amount of feed/medication stated by parents/carers (at room temperature). Ensure air does not enter the tube between water and the feed.
Do not give too quickly as this can cause discomfort and vomiting. The feed flows with gravity so the higher the syringe is held, the faster the feed will flow.
8. When the last of the feed/medication reaches the bottom of the syringe, administer amount of cooled, boiled water to flush stated by parents/carers (minimum 10mls). Ensure air does not enter the tube between the feed and the water.
9. Clamp the tube, close the port and ensure the tube is safe and secured.
10. Try to ensure the young person remains in the same position for half an hour to aid digestion and reduce possible discomfort.

Nasogastric Feeding – Administering a Continuous Feed

This is done using a feeding pump. You will need to have training to use the appropriate feeding pump and feeding set.

1. Obtain all equipment needed (should be provided by parents/carers).
 - Feeding pump
 - Feeding set
 - Syringe - 20ml or 60ml syringe
(smaller sizes cause too much pressure)
 - pH paper
 - Cooled boiled water
 - Feed/medication to be given
 - Non-powered gloves
 - Feeding protocol
2. Staff member should ensure they are familiar with the individual young person's nasogastric feeding protocol.
3. Explain procedure to young person. Ensure the young person is comfortable, preferably in a semi upright position to prevent reflux and vomiting.
4. Wash hands thoroughly and put on non-powdered gloves.
5. Run the feed through the feeding set and position it in the feeding pump ready to start feeding.
6. **Check the nasogastric tube is in the correct position.**

7. Attach a syringe, unclamp the nasogastric tube and administer amount of cooled, boiled water to flush stated by parents/carers (minimum 10 mls). Re-clamp nasogastric tube.
8. Disconnect the syringe and connect the end of the feeding set to the nasogastric tube.
9. Set the correct rate and volume of feed on the feeding pump (as **stated in the protocol**). Open the clamp on nasogastric tube and start the feed. **Closely monitor to ensure the feeding tube is not pulled by self or other young people and there are no problems with the feeding pump.**
10. At the end of the feed, clamp the tube and disconnect the feeding set.
11. Open clamp on nasogastric tube and administer amount of cooled, boiled water to flush stated by parents/carers (minimum 10 mls). Re-clamp nasogastric tube, close the port and ensure the nasogastric tube is secure.

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