The Royal Wolverhampton NHS Trust

CP 45
Management of Enteral Feeding Tubes

Contents

1.0 Policy Statement (Purpose / Objectives of the policy)

This policy details the procedure for healthcare professionals (e.g., registered nurses, registered dietitians and doctors) to manage enteral tubes used for feeding to minimize the risk of harm and complications associated with them and to maintain their patency. This policy covers adults and children in hospital and community settings.

In adhering to this policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflicts of Interest Policy is to be considered the primary and overriding policy.

2.0 Definitions

Enteral feeding tube: a tube placed directly into the stomach or jejunum for feeding. There are several different types of tube and methods of placement.

Feeding Gastrostomy tube: a tube placed directly into the stomach for feeding. There are several different types of tube and methods of placement.

Balloon feeding gastrostomy tube: a **gastrostomy feeding tube** (see below) that is initially placed either surgically or radiologically into the stomach or the jejunum. A balloon gastrostomy tube can also be replaced through an existing stoma tract into the stomach or jejunum, either at the bedside, or radiologically. It is held in place with a water inflated balloon.

Capsule Monarch Tube is a gastrostomy feeding tube placed via an existing tract into the stomach or jejunum. It is held in place with an internal retention disc.

Button: a **low profile** feeding device (see below).

Fine bore nasogastric tube (NGT): a narrow feeding tube placed into the stomach via the nose with the aid of a guide wire.

Gastro-Jejunostomy Tube: A radiologically inserted tube, which is much longer internally than a balloon gastrostomy tube. It is placed through a tract into the stomach, and the feeding port extends into the jejunum.
It has a port within the stomach, usually used for drainage and a port that sits within the jejunum, usually used for enteral feeding. It is held in place with a water inflated balloon in the stomach.

Jejunostomy feeding tube: a tube placed directly into the small bowel for feeding. These are usually placed surgically, with either a balloon for retention or stitches and a cuff device.

Key Trainers: ward-based nurses trained by enteral clinical nurse specialists to deliver education and training in the insertion and reconfirmation and management of nasogastric tubes to their staff members at ward level. Key trainers are also able to sign staff off up to competent level.

Low profile device: a gastrostomy or jejunostomy that is flush to the skin. These are usually held in place by a water filled balloon.

NGT: nasogastric tube. A tube placed into the stomach via the nose. These tubes can be placed either at the bedside, via endoscopy, via radiology, with the help of an ear nose and throat specialist or in the operating theatre a part of other procedures.

NJT: nasojejunal tube. A tube placed into the jejunum via the nose. These tubes are placed via endoscopy.

NSSG: Nutrition Support Steering Group –a multi-professional group with the remit to establish and promote best practice in nutrition support for all patients under the care of the Trust who are at risk from, or who have developed, under-nutrition.

Orogastric tube: A tube placed via the mouth into the stomach.

PEG: percutaneous endoscopic **gastrostomy** tube placed into the stomach, held in place by an internal retention disc.

PEG-J: a PEG tube with an extension tube feeding into the jejunum.

RIG: radiological inserted gastrostomy tube. It is held in place with a water inflated balloon.

Trans-gastric Feeding Tube: a radiologically inserted jejunal feeding tube, which is much longer internally than a balloon gastrostomy tube. It is placed through a tract into the stomach, and the feeding port extends into the jejunum for enteral feeding. It is held in place with a water inflated balloon within the stomach.

3.0 Accountabilities

The NSSG is responsible for the content of the policy and monitoring compliance with it.

Nutrition nurses are responsible for delivering education and training to Key Trainers that have been identified by ward managers and for maintaining a register of key trainers. Updated training will be provided on an annual basis.

Senior sisters, locality and department managers are responsible for releasing staff to attend training and ensuring that key trainers have access to this policy and ensuring compliance with it. They are also responsible for maintaining a register of staff that have achieved competency in the insertion and management of NGTs. Competency documents are available within *NCP Nutritional Support 3 – Insertion of a nasogastric feeding tube (adults)* and *NCP Nutritional Support 3a - Reconfirmation and ongoing management of nasogastric and nasojejunal tubes (adults)*.

Enteral Clinical Nurse Specialists and dietitians are responsible for delivering education and training on induction to ward-based staff, key trainers and practice education facilitators, and for reviewing and updating the mandatory specific topic. A 6 monthly audit of PSA compliance will be carried out by the Enteral Clinical Nurse specialists, and individual ward results will be issued to ward managers, with results for each area being issues to the matron.

All registered practitioners (regardless of profession or level of seniority) who confirm NGT placement by x-ray MUST have achieved competency through the Royal Wolverhampton Trust theoretical and practical learning.

All registered practitioners who insert NGTs, must be signed off as competent in the "Insertion of nasogastric feeding tubes" competency, found within NCP Nutritional Support 3 – Insertion of a nasogastric feeding tube (adults). Medical staff will have their own competency documents to complete and maintain.

All registered practitioners responsible for the replacement of balloon gastrostomy and jejunostomy tubes, must be signed off as competent in the "Planned Replacement of a Balloon Gastrostomy/Jejunostomy Tube" competency available from the enteral nutrition team.

All registered practitioners who access enteral feeding tubes for the administration of nutrition, hydration and, or medication, must be signed off as "competent" in the "Reconfirmation and ongoing management of nasogastric and nasojejunal tubes" competency workbook, found within NCP Nutritional Support 3a – *Reconfirmation and ongoing management of a nasogastric or nasojejunal tubes (adults)*. Prior to completing the "Drug Administration Competency Workbook (Non-IV)". All registered practitioners who access NGTs must also complete NGT e-learning package on My Academy.

Medical Staff who interpret X-rays to confirm the position of NG tubes must complete e-learning assessment on the interpretation of the position of NG Tubes on X-ray via My Academy.

Individual members of staff have a responsibility to maintain their own clinical competence and knowledge.

4.0 Policy Detail

The policy dictates that the decision to commence or discontinue nutritional support is a medical decision which MUST be documented in the patient's medical notes following discussion with the patient and relevant health care professionals involved in the patient's care. Where the patient lacks capacity, the next of kin should be involved and a best interests decision must be reached. Where the patient lacks capacity and has no next of kin, an IMCA must be consulted.

Verification of the correct position following initial placement of nasogastric or orogastric tubes MUST be completed as recommended by the PSA (2005, 2007,

2011, 2013 and 2016).

- pH testing is used as the first line test method, with pH between 1 and 5.5 as the safe range.
- All pH readings MUST be confirmed and signed for by a second competent registered practitioner. It is vital that pH readings are undertaken in good lighting so as not to affect the interpretation of the colours seen on the pH indicator strip.
- X-ray is to be used as a second line confirmation if the pH aspirate has failed to confirm the position of the nasogastric tube, if no aspirate can be obtained, or if indicated by the patient's condition, such as, a new aspiration pneumonia.

Misplacement and use of a nasogastric or orogastric tube in the pleura or respiratory tract where the misplacement of the tube is not detected prior to commencement of feeding, flush or medication administration must be reported as a 'Never Event'.

The relevant section of the NG feeding tube Insertion Confirmation sticker WCA_2277_05.05.17 _4 **MUST** be completed at the time:

- A nasogastric tube for feeding is inserted,
- A radio-opaque tube, initially placed for gastric drainage is subsequently used for medication, hydration or nutrition, or
- A patient is transferred from another hospital or care facility with an NG feeding tube in situ.

Refer to NCP Nutritional Support 3 – Insertion of a nasogastric feeding tube (Adults).

Note: Nasogastric feeding tube insertion MUST NOT take place between the hours of 20:00hrs and 08:00hrs unless it is deemed to be clinically urgent. If a decision is made to place a feeding tube between 20:00hrs and 08:00hrs, the rationale for the decision MUST be recorded in the patient's medical and nursing notes.

Specific guidance is provided on the actions to be taken when reconfirming nasogastric tube position, particularly when the pH aspirate is persistently above 5.5 or staff are unable to obtain any aspirate. Refer to NCP Nutritional Support 3a – Reconfirmation and ongoing management of nasogastric or nasojejunal feeding tubes (Adults).

Note: All pH readings must be confirmed, documented, and signed for by two registered practitioners who are competent in the reconfirmation and ongoing management of a nasogastric feeding tube. This must be documented on the NG Insertion Confirmation Sticker (if aspirate obtained at the time of nasogastric tube insertion) or on the yellow NG/NJ Confirmation Chart if reconfirming the position of the nasogastric tube.

Note: It is vital that pH readings are undertaken in good lighting so as not to affect the interpretation of the colours seen on the pH indicator strip.

Gastrostomy feeding must be considered in people likely to need long-term (4 weeks or more) enteral tube feeding and a referral should be made to Enteral Multi-

Disciplinary team via the nutrition nurse service in a timely manner.

This policy provides guidance on management on a range of enteral feeding tubes. It also provides guidance on the safe and effective administration of enteral feed via a variety of routes in accordance with the Trust's Infection Prevention Control policies.

Trust specific procedures related to enteral feeding, and the care of enteral feeding tubes can be located in General Nursing Clinical Procedures under Nutrition via the Trust Intranet, or within Nutrition and Dietetics Guidance and Documents, or within the Adult Clinical procedures related to this policy can be accessed via ClinicalSkills.net online via Trust intranet.

Medical Guidelines under Gastroenterology.

NCP Nutritional support 1 Care of a low profile gastrostomy/ jejunostomy (button) device

NCP Nutritional support 2 Feeding via a low profile gastrostomy/ jejunostomy (button) device (Adults)

NCP Nutritional support 3 Insertion of a nasogastric feeding tube (Adults)

NCP Nutritional support 3a Reconfirmation and ongoing management of a nasogastric nasojejunal feeding tube (Adults) or

NCP Nutritional support 3b Administering medication via a nasogastric or nasojejunal feeding tube

NCP Nutritional support 3c Removal of a nasogastric or nasojejunal feeding tube

Percutaneous Endoscopic Gastrostomy – Management of Buried Bumper Syndrome

Identification and management of enteral feeding tubes

Management of complications following the insertion of a gastrostomy tube

Traction removal of a corflo gastrostomy tube

SNCP Nutrition 2. Planned replacement of a balloon gastrostomy tube

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Doe the implementation of this policy require additional manpower	No

4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

6.0 Equality Impact Assessment

The initial screening of this policy has not identified any adverse or negative factors that require a full equality impact assessment.

7.0 Maintenance

The policy will be reviewed after three years by the Enteral Clinical Nurse Specialists and discussed at the Nutrition Support Steering Group on behalf of the Medical Director, or earlier if there is a change in national recommendations or if deemed necessary by internal information.

8.0 Communication and Training

The policy is available through the intranet. Education is delivered at classroom and ward level for registered nurses by Enteral Clinical Nurse Specialists, Key Trainers or Practice Education Facilitators. Training is also available in the form of a 3 yearly mandatory e-learning package via My Academy.

It is the responsibility of registered nurses to ensure they remain up to date with their competencies and seek further education or support when required.

It is the responsibility of ward managers to maintain a record of competence and retain a copy of competency documents within staff personal files. Staff members should keep a copy of their competency for their portfolio.

Education around the management of enteral feeding is a core element of Trust Induction for nutrition support dietitians. It is also included in medical staff Trust Induction, as well as the foundation year training program. Attendance at training is monitored through the Trust's training database.

NGT training is mandatory for relevant specific areas. Other areas may not be required to complete this level of training, such as outpatient clinics, community areas.

Ward based key trainers will attend an annual update provided by the Enteral Clinical Nurse Specialists and be responsible for updating staff within their areas. Competency records are to be held by ward managers. Changes in policy are fed through divisional/speciality representatives on the NSSG.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
All relevant registered practitioners will have training on the insertion, confirmation and management of feeding tubes relevant to their clinical area, prior to undertaking the procedure	Head of Nutrition and Dietetics CNS Enteral Nutrition Senior Sisters Clinical Directors	Mandatory training database Training database of all Key trainers. Competency for all nursing staff involved in the insertion of NG tubes and or administration of nutrition, hydration or medication via enteral feeding tubes. Completion of Level 3 nutrition induction	monthly Yearly 6 monthly 6 monthly	Nutrition Support Steering Group
Insertion, reconfirmation and ongoing management of nasogastric tubes ~~is~~ follows PSA guidance	Matron responsible for Nutrition.	Enteral Clinical Nurse Specialists - Results to be fed back to ward managers and matrons who will disseminate to their staff.	6 Monthly	Nutrition Support Steering Group

10.0 References - Legal, professional or national guidelines must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

All references to appendices and attachments within the body of the document must be highlighted in blue and all hyperlinks inserted.

BAPEN (2020) Putting Patients at the Centre of Good Nutrition. Available at: https://www.bapen.org.uk/pdfs/ngsig/a-position-paper-on-nasogastric-tube-safety-v2.pdf

British Association Parenteral and Enteral Nutrition (2017) Administering Drugs via Enteral Feeding Tubes. Available at: https://www.bapen.org.uk/nutrition-support/enteral-nutrition/medications

British Association Parenteral and Enteral Nutrition (2018) Enteral Nutrition Access Routes and Tube Types. Available at: https://www.bapen.org.uk/nutrition-support/enteral-nutrition/access-routes-tube-types

British Association Parenteral and Enteral Nutrition (2012) Refeeding syndrome: Identification of those at risk – Decision Tree: Available at: http://www.bapen.org.uk/pdfs/decision-trees/refeeding-syndrome.pdf

ESPEN guideline on ethical aspects of artificial nutrition and hydration (2016). Available at: http://www.espen.org/files/ESPEN-Guidelines/3__ESPEN_guideline_on_ethical_aspects_of_artificial_nutrition_and_hydration.pdf

National Institute for Health and Care Excellence (2017) Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition (CG32). Available at: https://www.nice.org.uk/guidance/cg32

National Institute for Health and Care Excellence (2012) Nutrition support in adults. Available at: https://www.nice.org.uk/Guidance/QS24

National Institute for Health and Care Excellence (2017) Healthcare-associated infections: prevention and control in primary and community care (CG139). Available at: https://www.nice.org.uk/Guidance/CG139

National Institute for Health and Care Excellence (2020) Surgical site infections: prevention and treatment. Available at: Recommendations | Surgical site infections: prevention and treatment | Guidance | NICE

National Nutrition Nurse Group Good Practice Guideline (2016) Safe Insertion and Ongoing Care of Nasogastric (NG) Feeding Tubes in Adults. Available at: http://www.nnng.org.uk/wp-content/uploads/2016/06/NNNG-Nasogastric-tube-Insertion-and-Ongoing-Care-Practice-Final-Aprill-2016.pdf

National Patient Safety Alert (2007) “Promoting safer measurement and administration of liquid medicines via oral and other enteral routes”. Available at: NRLS | 0434 | Promoting safer use of injectable medicines Patient SAfety Alert

(vctms.co.uk)

National Patient Safety Alert (2010) Rapid Response Report - Early detection of complications after gastrostomy. Available at: https://media.gosh.nhs.uk/documents/NRLS-1214-Gastrostomy_RRR-2010.03.29-v1.pdf

NHS England (2013) Patient Safety Alert on Placement devices for Nasogastric Tube Insertion. Available at: psa-ng-tube.pdf (england.nhs.uk)

NHS England (2016) Patient Safety Alert. Nasogastric tube misplacement: continuing risk of death and severe harm. Available at: https://www.england.nhs.uk/wp-content/uploads/2019/12/Patient_Safety_Alert_Stage_2_-_NG_tube_resource_set.pdf

NHS England Patient Safety (2021) Never Events 2020/21. Available at: https://www.england.nhs.uk/wp-content/uploads/2021/05/Provisional-publication-NE-1-April-2020-31-March-2021.pdf

Nursing and Midwifery Council (2018) The Code Professional Standards of Practices and Behaviour for Nurses and Midwives. Available at: http://www.nmc.org.uk/standards/code/

Parenteral and Enteral Nutrition Group (2018) “A pocket Guide to Clinical Nutrition” 5th edition. Available at: www.peng.org.uk

The Royal Wolverhampton NHS Trust (2018) NCP Nutritional support 1 Care of a low profile gastrostomy/ jejunostomy (button) device. Available at: http://intranet.xrwh.nhs.uk/pdf/policies/ncp_ns1_policy.pdf

The Royal Wolverhampton NHS Trust (2021) NCP Nutritional support 2 Feeding via a low profile gastrostomy/ jejunostomy (button) device (Adults). Available at: http://intranet.xrwh.nhs.uk/pdf/policies/ncp_ns2_policy.pdf

The Royal Wolverhampton NHS Trust (2022) NCP Nutritional support 3 Insertion of a nasogastric feeding tube (Adults). Available at: http://intranet.xrwh.nhs.uk/pdf/policies/ncp_ns3_policy.pdf

The Royal Wolverhampton NHS Trust (2022) NCP Nutritional support 3a Reconfirmation and ongoing management of a nasogastric or nasojejunal feeding tube (Adults). Available at: ncp_ns3a_policy.pdf (xrwh.nhs.uk)

The Royal Wolverhampton NHS Trust (2022) NCP Nutritional support 3b Administering medication via a nasogastric or nasojejunal feeding tube. Available at: http://intranet.xrwh.nhs.uk/pdf/policies/ncp_ns3b_policy.pdf

The Royal Wolverhampton NHS Trust (2021) NCP Nutritional support 3c Removal of a nasogastric or nasojejunal feeding tube. Available at: http://intranet.xrwh.nhs.uk/pdf/policies/ncp_ns3c_policy.pdf

The Royal Wolverhampton NHS Trust (2019) Adult Medical Guidelines: Percutaneous Endoscopic Gastrostomy – Management of Buried Bumper Syndrome. Available at: http://intranet.xrwh.nhs.uk/pdf/policies/AdultMedicalGuidelines/Management_of_PEG_Tubes_With_Suspected_Buried_Bumper.pdf

The Royal Wolverhampton NHS Trust (2014) Nutrition Guidance and Documents: Identification and management of enteral feeding tubes. Available at: http://trustnet.xrwh.nhs.uk/departments-services/n/nutrition-and-dietetics/nutrition-guidance-and-documents/

The Royal Wolverhampton NHS Trust (2020) Management of complications following the insertion of a gastrostomy tube. Available at: http://intranet.xrwh.nhs.uk/pdf/policies/AdultMedicalGuidelines/DPROC_Gastro_25_Management_of_Complications_following_the_insertion_of_a_Gastrostomy_Tube.pdf

The Royal Wolverhampton NHS Trust (2021) Traction removal of a corflo gastrostomy tube. Available at: http://trustnet.xrwh.nhs.uk/departments-services/n/nutrition-and-dietetics/nutrition-guidance-and-documents/

The Royal Wolverhampton NHS Trust (2022) SNCP Nutrition 2. Planned replacement of a balloon gastrostomy tube. Available at: http://trustnet.xrwh.nhs.uk/departments-services/n/nutrition-and-dietetics/nutrition-guidance-and-documents/

The Royal Wolverhampton NHS Trust (2021) IP01 Hand Hygiene. Available at: http://intranet.xrwh.nhs.uk/pdf/policies/IP_01_Policy.pdf

The Royal Wolverhampton NHS Trust (2021) IP12 Standard Precautions for Infection Prevention. Available at: http://intranet.xrwh.nhs.uk/pdf/policies/IP_12_Policy_Printable_Version.pdf

Part A - Document Control

Policy number and Policy version: CP45 Version 6	**Policy Title**: Management of Enteral Feeding Tubes	**Status:** Final		**Author:** Enteral Clinical Nurse Specialist **Chief Officer Sponsor:** Chief Medical Office
Version / Amendment History	Version	Date	Author	Reason
	6	May 2022	Enteral Clinical Nurse Specialist	Review & update
	5	May 2019	CNS Enteral Nutrition	Review & update
	4.2	Jan 2018	CNS Enteral Nutrition	Review & update post NICE CG32
	4.1	Jan 2017	CNS Enteral Nutrition	Review & update post PSA Alert
	4	Feb 2016	CNS Enteral Nutrition	Review & update
	3	July 2011	Head of Nutrition and Dietetics	Review & update
	2	July 2008	Senior Dietitian	Review & update
	1	May 2006	Senior Dietitian	Introduction
Intended Recipients: Healthcare Professionals who manage patients with enteral tubes				
Consultation Group / Role Titles and Date: Nutrition Support Steering Group (NSSG) - May 2022				
Name and date of Trust level group where reviewed	Trust Policy Group – July 2022			
Name and date of final approval committee	Trust Management Committee – July 2022			
Date of Policy issue	July 2022			

Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	July 2025

Training and Dissemination: Trust Intranet, Local Induction & Mandatory Specific Training.

Publishing Requirements: Can this document be published on the Trust's public page:

Yes

If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines, as well as considering any redactions that will be required prior to publication.

To be read in conjunction with:

The Royal Wolverhampton NHS Trust (2018) NCP Nutritional support 1 Care of a low profile gastrostomy/ jejunostomy (button) device
http://intranet.xrwh.nhs.uk/pdf/policies/ncp_ns1_policy.pdf

The Royal Wolverhampton NHS Trust (2021) NCP Nutritional support 2 Feeding via a low profile gastrostomy/ jejunostomy (button) device (Adults)
http://intranet.xrwh.nhs.uk/pdf/policies/ncp_ns2_policy.pdf

The Royal Wolverhampton NHS Trust (2022) NCP Nutritional support 3 Insertion of a nasogastric feeding tube (Adults)
http://intranet.xrwh.nhs.uk/pdf/policies/ncp_ns3_policy.pdf

The Royal Wolverhampton NHS Trust (2022) NCP Nutritional support 3a Reconfirmation and ongoing management of a nasogastric or nasojejunal feeding tube (Adults) http://intranet.xrwh.nhs.uk/pdf/policies/ncp_ns3_policy.pdf

The Royal Wolverhampton NHS Trust (2022) NCP Nutritional support 3b Administering medication via a nasogastric or nasojejunal feeding tube http://intranet.xrwh.nhs.uk/pdf/policies/ncp_ns3b_policy.pdf

The Royal Wolverhampton NHS Trust (2021) NCP Nutritional support 3c Removal of a nasogastric or nasojejunal feeding tube
http://intranet.xrwh.nhs.uk/pdf/policies/ncp_ns3c_policy.pdf

The Royal Wolverhampton NHS Trust (2019) Adult Medical Guidelines: Percutaneous Endoscopic Gastrostomy – Management of Buried Bumper Syndrome
http://intranet.xrwh.nhs.uk/pdf/policies/AdultMedicalGuidelines/Management_of_PEG_Tubes_With_Suspected_Buried_Bumper.pdf

The Royal Wolverhampton NHS Trust (2014) Nutrition Guidance and Documents: Identification and management of enteral feeding tubes
http://trustnet.xrwh.nhs.uk/departments-services/n/nutrition-and-dietetics/nutrition-guidance-and-documents/

	The Royal Wolverhampton NHS Trust (2020) Management of complications following the insertion of a gastrostomy tube http://intranet.xrwh.nhs.uk/pdf/policies/AdultMedicalGuidelines/DPROC_Gastro_25_Management_of_Complications_following_the_insertion_of_a_Gastrostomy_Tube.pdf The Royal Wolverhampton NHS Trust (2021) Traction removal of a corflo gastrostomy tube http://trustnet.xrwh.nhs.uk/departments-services/n/nutrition-and-dietetics/nutrition-guidance-and-documents/ The Royal Wolverhampton NHS Trust (2022) SNCP Nutrition 1b. Planned replacement of a balloon gastrostomy tube. http://trustnet.xrwh.nhs.uk/departments-services/n/nutrition-and-dietetics/nutrition-guidance-and-documents/
Initial Equality Impact Assessment (all policies): **Impact assessment (as required):**	**Completed Yes** **NA**
Monitoring arrangements and Committee	Nutrition Support Steering Group (NSSG)

Document summary/key issues covered.

An overarching policy on the care and management of enteral feeding in adults and children in hospital and the community.

Guidance for Healthcare professionals involved in starting or stopping nutrition support.

Guidance on managing specific enteral feeding tubes, troubleshooting problems, safe discharge and care.

Guidance on competence for x-ray confirmation of NG tubes and specific actions to be undertaken on insertion, post insertion and repeat placement checks.

Guidance on actions to be taken when a radio-opaque NG tube initially placed for gastric drainage is subsequently used for short term enteral feeding.

Guidance on actions to be taken when a patient is transferred into RWT with a NG feeding tube in situ.

Key words for intranet searching purposes	CP45 Management of Enteral Feeding Tubes
High Risk Policy? **Definition:** • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.	**No**

Part B **Ratification Assurance Statement**

Name of document: CP45 – Management of Enteral Feeding Tubes

Name of author: Georgina Falagan-Garmon Job Title: Enteral Nutrition Nurse Specialist

I, Georgina, the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: G.Falagan-Garmon

Date: 18/03/2022

Name of Person Ratifying this document (Chief Officer or Nominee):
Job Title:
Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version: **CP45 V6**	**Policy Title:** **Management of Enteral Feeding Tubes**	
Reviewing Group	Policy Group	**Date reviewed: June 2022**
Implementation lead: Liz Walker – Enteral Clinical Nurse Specialist 01902 695336		

Implementation Issue to be considered (add additional issues where necessary)	**Action Summary**	**Action lead / s (Timescale for completion)**
Strategy; **Consider** (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	Competencies are already available on the trust intranet regarding the safe use of certain enteral feeding tubes.	Any staff who work with enteral feeding tubes are responsible for ensuring they obtain their competencies prior to accessing enteral feeding tubes. This should be actioned by ward managers/practice education facilitators when staff start in a role which requires them to access enteral feeding tubes.
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	Training is already provided by nutrition nurses, ward based key trainers and practice education facilitators. Mandatory training is on My academy for all staff who require	This should be actioned by ward managers/practice education facilitators when staff start in a role which requires them to access enteral feeding tubes.

	it.	
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record **MUST** be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	No new forms or leaflets developed. But changes to some forms may occur following the recent never event.	This is being looked into by Kathryn Robinson, head of nutrition and dietetics.
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	To all staff who access nasogastric feeding tubes. The main communication message is that pH checks now require two-registered practitioners to confirm and sign for all pH checks.	This has been rolled out via email, via teams training and via new updated nursing clinical practices – approved and published May 2022.
Financial cost implementation Consider Business case development	None	NA
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation	None	NA