

COMPETENCIES

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Communication

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Critical Thinking & Decision Making

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Accountability

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Teamwork & Collaboration

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Leadership

SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a client is travelling overseas with their Australian team of support worker/s.

DISCLAIMER

This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

BACKGROUND

- This guideline provides clarity around the roles of the support worker, service provider and Registered Nurse in the delivery of enteral feeding in the community. This must be undertaken as aligned to the Providers policies, the scope of practice and delegations of authority by APHRA and under the guidance of the Clients General Practitioner/ Specialist. This is important as clients in the community with a Nasogastric Tube (NG) / Percutaneous Endoscopic Gastrostomy- Jejunum or Duodenum (PEG) feeding tube in use as part of their clinical care needs are at significant danger of blockages, dislodgement, infection, allergic reaction, dehydration, weight gain/loss and poor chest health.
- Management of enteral feeding is an intervention to ensure that a client receives ongoing adequate nutrition to maintain health. Replacement of an enteral feeding tube e.g.: Nasogastric Tube (NG) / Percutaneous Endoscopic Gastrostomy- Jejunum or Duodenum (PEG) feeding tube is high risk and should only be done by a health practitioner/Registered Nurse.
- Furthermore, as client involvement and service direction has increased it is imperative to involve the client in all aspects of their service delivery and the direction of their services to their ability. It is further acknowledged that dignity of risk is an important part of this choice and control.

PURPOSE

This guideline is to assist:

- Service providers (organisations and individuals), clients, stakeholders and funders.
- The management of safe and acceptable enteral feeding in the community by support workers.

DESIRED OUTCOME

- To maintain a quality and safe standard of care.
- To reduce confusion as to when it is appropriate to use trained support workers to provide enteral feeding to clients in the community.
- To ensure the safe introduction of food via an enteral tube according to plan whilst monitoring rate and flow of feeding.
- To prevent infection.

DEFINITIONS & SUPPORTING INFORMATION

Support Worker - A paid person who assists people to perform tasks of daily living so as to participate in social, family and community activities in the person's home and their community. Support Workers have been commonly known in the past as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.

Service Provider - Organisation or person accountable for the delivery of supports to Clients.

Carer - a person that provides supports to the Client at no cost (generally family or friend).

Client means the service user, participant, user, care recipient, consumer or person receiving the nursing or support services.

Plan means a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to-day delivery of the services.

Registered Nurse means a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse.

Competent means having been trained and assessed by a Registered Nurse or enrolled nurse or approved assessor as competent to safely and appropriately perform a specified task.

Enteral Feeding means a method of supplying nutrients directly into the gastrointestinal tract. (Best & Hitchings, 2010; Burch, 2018; Evans & White, 2020; Kumpf & Tillman, 2012; Nawaz & Tulunay-Ugur, 2018; NSW Health, 2014; Smith, 2013)

Infection Control means infection prevention and control measures aim to ensure the protection of those who might be vulnerable to acquiring an infection both in the general community and while receiving care due to health problems, in a range of settings. The basic principle of infection prevention and control is hygiene.

Medication means any substance which is supplied by a pharmacist or doctor or dispensed by a pharmacist on the prescription of a doctor, or supplied directly by the doctor, and has a label attached to it. The term also includes any over the counter medication or natural therapy products.

GUIDELINE

Service Provider

- As a part of any support service delivered by support workers the service provider will:
 - Assess initial support needs with the client. Consider also their psychological needs and engage with the client to access specialist help/advice (if necessary)
 - Determine the areas of peg feeding care that the support worker may attend
 - Develop plans with identified outcomes, the person developing the plan with the client MUST be trained and deemed competent to develop a support plan
 - Provide written procedures to guide the support worker re the care of a client with a peg feed in relation to: -
 - escalation of unexpected issues such as weight gains or losses,
 - dehydration
 - allergic reactions
 - poor chest health
 - malfunction in the enteral tube (blockage/dislodgement/leak)
 - dysreflexia
 - infection control
- Identify education needs for support workers. Provide relevant competency-based education and assessment processes for the support worker/s to ensure they are competent to perform the prescribed duties, tasks, interventions and escalation in relation to incidents
- Provide clear indicators to identify potential or actual complications and the actions that staff are to follow in each case. Staff managing enteral feeding need to be competent in these processes for each individual.
- Provide access to infection control guidelines/policies and procedures in addition to adequate supplies of personal protective equipment (PPE) to assist the support worker in minimising the risk of infection when providing support to the client who has an enteral feeding tube
- The support plan for care and management of a peg feed should be clearly documented in the home and only changed following regular review by a medical practitioner or a Registered Nurse. Related policies and procedures should be made available to support workers
- Monitor, review, evaluate and adapt support plans as required for the service, with the involvement of the client
- It is recommended that support worker duties be delivered under the direction and supervision of a Registered Nurse
- Service by a Registered Nurse. A Registered Nurse is required to:
 - Change the enteral feeding tube within the specified timeframe, document and report any changes by exception

Support Workers

- Support workers may NOT:
 - Perform any duties that must be attended to by a Registered Nurse
- Support Workers may:
 - Perform any task on the plan, apart from those that must be performed by a Registered Nurse (or other suitably assessed person), after having completed competency training and being signed off as competent in the task by the service provider.
- Support workers must:
 - Follow the support plan as provided by the service provider
 - Report to their supervisor of any changes or variations for advice and guidance
 - Escalate any concerns to the service provider/Registered Nurse/ Specialist Health Professional /Doctor immediately
 - Not change or deviate from the plan
 - Identify, and report to their supervisor, any gaps in their ability to deliver the required service including difficulties in completing the tasks within the allocated time

Enteral Feeding

- Enteral nutrition support, also known as “enteral feeding” refers to the introduction of a nutritionally complete liquid formula directly into the stomach or small intestine via a tube.
- Enteral feeding must be prescribed by a Dietitian in consultation with the clients treating Doctor.
- Delivery of prescribed enteral feeding must only occur within the relevant scope of practice and delegation authority.
- Documentation of the prescribed enteral feeding is to be managed through Client Record, including the full regime and its daily administration.

- If clients are receiving supplementary oral intake, in addition to their enteral feeds, this must be undertaken under supervision of a Registered Nurse.
- Clients requiring enteral nutrition are to be assessed by a Medical Practitioner and reviewed regularly by Dietitian.
- Enteral feeds can be administered using a ready-to-hang feeding system ('closed system') or decanted ('open system') into a feeding bag or syringe. Pre-packaged, ready-to-use feeding formulae should be used in preference to those which require decanting, reconstituting or diluting. Use of pre-packaged, ready-to-use feeding formulae decreases bacterial contamination of the formula and has been demonstrated to be more cost-effective. Feeding regimes are either continuous or intermittent. Feeds are either delivered by bolus, gravity flow or using pump-control.
- Only equipment dedicated to enteral feeding is to be used, with an individual set of feeding equipment to be used for each client.
- A syringe is to be used to administer water (including for flushing), bolus enteral feed and medication, or to unblock the gastrostomy tube; smaller syringes are not to be used as the extra pressure from a smaller syringe could rupture the tube.

Enteral feeding must be prescribed by a Dietitian in consultation with the clients treating Doctor.

- Delivery of prescribed enteral feeding must only occur within the relevant scope of practice and delegation authority.
- Documentation of the prescribed enteral feeding is to be managed through Client Record, including the full regime and its daily administration.
- If clients are receiving supplementary oral intake, in addition to their enteral feeds, this must be undertaken under close supervision of a Registered Nurse.

Naso-Gastric Feeding

- The naso-gastric feeding tube is inserted through the nose and is advanced until it reaches the stomach. Different-sized tubes may be used. In certain cases the tube can be passed down the nose and advanced into the small bowel: this is called a naso-jejunum tube. There are various ways of administering the feed:
 - bolus administers the feed solution over a 15-20 minute period several times a day;
 - intermittent gravity drip administers the feed solution over 30-60 minutes several times a day;
 - continuous administers the feed solution over a period of between 8-24 hours.
- These methods may be used in combination and will involve the use of an enteral feeding pump or gravity drip. Each episode of delivery is tailored to individual needs.
- Using a 'clean procedure' the tube is connected to the bag of feed solution. The feed is then either pumped in or dripped by gravity.

Total Parental Nutrition

Total Parenteral Nutrition will be conducted as per procedural guidelines to minimise the risk of metabolic imbalances, infections and emboli. Procedures are implemented, maintained and evaluated.

- The client receiving Total Parenteral Nutrition should be under the continuing care of a dietitian.
- All Total Parenteral Nutrition solutions must be ordered in writing and signed by the client's medical practitioner.
- Strict aseptic technique must be observed at all times.
- A written protocol should be developed for monitoring the client's electrolytes, BSLs, temperature, urinalysis, weight and other observations as required.
- There will usually need to be liaison with a hospital or clinic for backup support.
- Total Parenteral Nutrition solutions should be ordered and stored according to local requirements.
- Total Parenteral Nutrition bags should be checked by two competent staff (or observer which may be the client) before administration.
- The Total Parenteral Nutrition solution should be administered by a volumetric pump at the prescribed rate. Regular monitoring of pump rate and volumes should occur.
- The Total Parenteral Nutrition solution and line should be changed every 24 hours to minimise risk of infection. This should occur as a set time every day.
- Mouth care should be undertaken regularly to prevent and detect breakdown of the mucosa.
- Each episode of delivery is tailored to individual needs.

Stoma Management

- Procedures are in place to ensure that stoma management is effectively planned, implemented and evaluated.
- Monitor skin around stoma for excoriation.

RESOURCE DOCUMENTS

- External ACIA Guidelines 002 – Care and Service Provision in the Community
- Australian Community Industry Standards ACIS
- NDIS Practice Standards: Skills descriptors
- Best, C., & Hitchings, H. (2010). Enteral tube feeding--from hospital to home. *Br J Nurs*, 19(3), 174, 176-179. <https://doi.org/10.12968/bjon.2010.19.3.46540>
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