

<b>Ref No:</b>	<b>2135</b>
<b>Title:</b>	<b>Liquidised Food through Enteral Feeding Tubes in the Community (Paediatric SOP)</b>
<b>Version No:</b>	1
<b>Originating Organisation:</b>	University Hospitals Bristol
<b>Date of Issue:</b>	8 January 2021
<b>Next Review Date:</b>	8 January 2024

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Clinical Standard Operating Procedure (SOP)

# LIQUIDISED FOOD THROUGH ENTERAL FEEDING TUBES IN THE COMMUNITY – HOME MANAGEMENT SERVICES (HMS)

<b>SETTING</b>	Community enteral feeding.
<b>FOR STAFF</b>	HMS Dietetic staff, Nutrition and Dietetic services
<b>PATIENTS</b>	Patients who are fed through an enteral feeding tube, their parents or carers who may wish to administer liquidised food through the tube

## STANDARD OPERATING PROCEDURE

### Background;

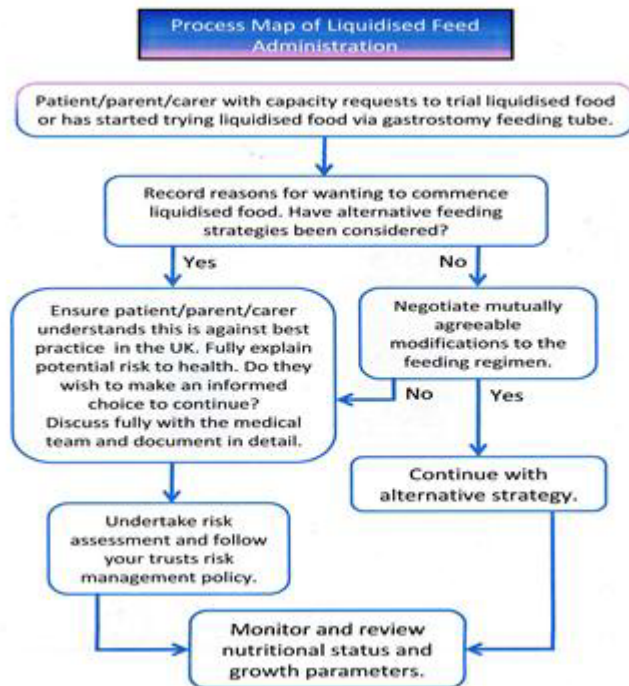
At the present time the British Dietetic Association (BDA), does **not** recommend the administration of liquidised food via enteral feeding tubes, due to the risk to nutritional adequacy, but does endorse best practise and advocates the use of licensed, evidence based, sterile food formulations which are specifically designed for enteral feeding.

The dietitian has a duty of care to ensure the patient/carer has had all the individualised information they need to enable them to make a fully informed choice. If patient/carer chose to use liquidised food, the expectation is that the dietitian will continue to fulfil their duty of care towards the patient.

The dietitian must protect themselves as an individual practitioner, by ensuring that they work within their employers' clinical governance guidance and risk management frameworks.

Enteral Plastic Safety Group Statement 2013 (Representing all device manufactures in the UK) reached a consensus to **not** endorse administering liquidised food by feeding tubes. In general, the manufacturer's guidance states that only enteral feeding products defined as foods for special medical purposes and water are administered via enteral feeding tubes, giving/extension sets and feeding pumps in the UK.

Any patient/ carer wishing to make an informed choice to administer liquidised food via their enteral feeding tube should have an individualised enteral feeding risk assessment carried out in line with their Trust or Clinical Commissioning Group risk assessment policy. The level of risk identified should form a written agreement by the relevant patient/carer/ clinician in line with local guidance.



If a patient/parent or carer expresses a wish to administer liquidised food through their feeding tube the HMS Dietitian will:

1.
  - Check administering liquidised food is not contra-indicated
  - Contra-indications include; Infants under six months of age, Jejunal feeding, immune-compromised where liquidised food is not advised.
  - Confirm type of feeding tube. Consideration should be given to the appropriateness of using liquidised food through small gauge feeding tubes, and dual lumen tubes.
  - Read British Dietetic Association Policy Statement. 2013.
2.
  - Gather the background as to why patient wishes to administer liquidised food.
  - What they are hoping for/outcomes. Discuss any alternative conventional strategies that could be tried.
  - Assess their current understanding/knowledge regarding administering liquidised food via feeding tube.
  - Make patient aware that Dietetic professional body does not promote Liquidised food as best practise, because there are several potential risks associated with it, but some patients do report significant benefits. We are able to provide support to make an informed decision. If patient wishes to proceed with liquidised food, Dietitian can support to help make process as safe as possible.
  - If patient wants to explore further, book home visit (minimum 1 hour).
3.
  - Explain why as a profession we would normally recommend commercially prepared nutritionally complete feeds.
  - Outline potential risks and benefits using the HMS Liquidised Food Risk Assessment Tool. (ref) Including details on how to reduce risks.
  - On completion of risk assessment, agree whether the risks can be managed and whether patient wants to proceed with liquidised food.
  - If unable to manage risks, agree course of action and if patient plans to proceed, Dietitian

to contact multidisciplinary team to highlight identified risks.

4.
  - Dietitian will highlight that hospitals; respite care; schools; nurseries; day centres etc. may not be able to support this practise. An additional risk assessment may be required in these settings. Reversion to commercially prepared feeds may be needed.
5.
  - Dietitian will outline practicalities of how to administer liquidised food.
  - Explain that current level of enteral feeding equipment provision would remain the same and parent/patient should contact HMS dietitian with any equipment problems.
  - Dietitian and patient to agree goals, time span and how to monitor outcomes.
  - Request completion of a food and symptom diary.
  - On commencement of liquidised food, recipes/food diary to be sent, for dietary analysis (email/post).
  - Dietitian to stock check commercially prepared feed, ensuring adequate supply should patient need to revert back. Check next delivery date and put feed on hold if appropriate.
  - Dietitian to follow up in 2 weeks. Ensure patient/carer has contact details and knows when to contact should any issues arise.
  - Dietitian to send copy of signed risk assessment pack to patient, multidisciplinary team and hospital.
  - Dietitian to put details into HMS liquidised food audit tool.
6.
  - Analyse recipes.
  - Give advice on altering blend, if appropriate, to meet requirements.
7.
  - Follow up visit.
  - Monitor anthropometrics, symptoms, blockage and any other problems.
  - Liaise with managing consultant about appropriate level of monitoring, including biochemistry. (Suggested best practise (1) is that those patients having no commercial formula should have bloods taken after 3 months)

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## RELATED DOCUMENTS

- 1) Liquidised Food via Gastrostomy Tube (Draft) Dietitians Interested in Special Children's Group (BDA) October 2014.
- 2) HMS Risk Assessment for giving Liquidised Foods via Gastrostomy Tube
- 3) The Use of Liquidised Food with Enteral Feeding Tubes. BDA policy statement. 2013.
- 4) The Enteral Plastics safety Group (EPSG) Statement. 2013
- 5) Risk Assessment Template for Enteral Tube Administration of Liquidised Diet. PENG. 2013
- 6) Process Map of Liquidised Feed Administration. BAPEN. 2013.

**SAFETY**

Standard risk assessment will be individualised for each patient.  
Contra-indications include; Infants under six months of age, Jejunal feeding, immuno-compromised.  
Incident forms will be completed for serious associated complications.

**QUERIES**

Contact Nicky Payne (HMS Senior Specialist Dietitian) or Julie Barker (HMS Team Leader) on 0117 3423367 [HMS@UHbristol.nhs.uk](mailto:HMS@UHbristol.nhs.uk)

## Document Control Information

*This is a controlled document and should not be altered in any way without the express permission of the author or their representative.*

*Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.*

*If printed, this document is only valid for the day of printing.*

*This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.*

<b>Ref No:</b>	2135		
<b>Document title:</b>	Liquidised food through enteral feeding tubes in the community (Paediatric SOP)		
<b>Purpose of document:</b>	Adopted guidance from University Hospitals Bristol		
<b>Date of issue:</b>	8 January 2021	<b>Next review date:</b>	8 January 2024
<b>Version:</b>	1	<b>Last review date:</b>	October 2020
<b>Author:</b>	Paediatric Specialist Dietitian		
<b>Directorate:</b>	Child Health		
<b>Equality Impact:</b>	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
<b>Committee(s) approving the document:</b>	Service Delivery Unit		
<b>Date approved:</b>	21 February 2017		
<b>Links or overlaps with other policies:</b>			

<b>Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.</b>	Yes <input type="checkbox"/>	
	<i>Please select</i>	
	Yes	No
<b>Does this document have implications regarding the Care Act?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have training implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Is this document a direct replacement for another?</b> <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

### Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
10 March 2017	1	New	Service Delivery Unit
5 April 2019	1	Review date extension	Paediatric Specialist Dietitian
8 January 2021	1	Date change	Paediatric Specialist Dietitian advised guidance was still used in clinical practice Consultant Paediatrician

## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on ICON.

<https://icon.torbayandsouthdevon.nhs.uk/areas/mental-capacity-act/Pages/default.aspx>

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

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**Rapid (E)quality Impact Assessment (EqIA)** *(for use when writing policies)*

<b>Policy Title (and number)</b>	<b>1634 SOP Liquidised Food through Enteral Feeding Tubes in the Community-Home Management Services (HMS)</b>		<b>Version and Date</b>	<b>1 October 2016</b>	
<b>Policy Author</b>	University Hospitals Bristol				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
<b>EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?</b> <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
<b>Age</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Disability</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Sexual Orientation</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Race</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Gender</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Religion/Belief (non)</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Gender Reassignment</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Pregnancy/ Maternity</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Marriage/ Civil Partnership</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
<b>VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion</b>					
Is inclusive language <sup>5</sup> used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible <sup>6</sup> ?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
<b>EXTERNAL FACTORS</b>					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
Response to increased public interest in administering blended diet for tube feeding.					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
British Dietetic Association PENG (Parental and Enteral Nutrition Group) BAPEN					
<b>ACTION PLAN: Please list all actions identified to address any impacts</b>					
<b>Action</b>	<b>Person responsible</b>		<b>Completion date</b>		
<b>AUTHORISATION:</b>					

**By signing below, I confirm that the named person responsible above is aware of the actions assigned to them**

<b>Name of person completing the form</b>	Paediatric Specialist Dietitian	<b>Signature</b>	
<b>Validated by (line manager)</b>	Head of Service	<b>Signature</b>	

**Please contact the Equalities team for guidance:**

For Devon CCG, please email [d-ccg.equalityanddiversity@nhs.net](mailto:d-ccg.equalityanddiversity@nhs.net) & [d-ccg.QEIA@nhs.net](mailto:d-ccg.QEIA@nhs.net)  
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pfd.sdhct@nhs.net](mailto:pfd.sdhct@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation.**

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

<sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

<sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

<sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated

<sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives

<sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format

<sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

## Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes  No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdfd@nhs.net](mailto:dataprotection.tsdfd@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.