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| Health Support Plan – Enteral Feeding | | |
| Participant Name: |  | |
| Allied Health Professional Name: |  | |
| Date of Assessment: |  | |
| Recommended Review Date (annual): |  | |
| Upon review have changes been made to this plan? | | Yes No |
| Allied Health Professional Signature: |  | |
| Support Procedure for PEG feeding  A mealtime preparation and delivery plan is developed and overseen by a health practitioner. (eg. dietician, speech pathologist, OT) | | |
| **Correct feeding position**   * Never give feeds while lying flat * Sit in a chair or lie with your head raised to at least 30 degrees or on three pillows. Try to remain in this elevated position after feeding e.g. for 30-60 minutes after a feed.   **Caring for PEG feeding tube**  There are different types of feeding tubes. Each type will have its own way it needs to be looked after. Talk to your health carer about the care of your feeding tube such as:   * The correct position of the tube * How to care for the skin around the feeding tube * When the feeding tube should be changed   **Workers are to wash hands thoroughly, before using the feeding tubes and equipment.**   * The feeding process, is not a sterile environment, but it requires very high hygiene standards. It is not a requirement that workers wear gloves, but individual workers may choose to do so. * It is important to ensure the connection is clean and free from any leftover contents. To ensure this, wash tube out under running water, and then syringe through the tube, hot water * Ensure the correct position of the feeding tube before feeds start * Store the connection and plastic syringe, on a dish, in the fridge between use (if syringe is used) * The feeding bag and tubing, are disposed of, after each feeding session. * Double bag the feeding tube before disposal in bin * The connection and plastic bottle are kept and will be used for at least 3 months.   **Care of the PEG tube**   * PEGs can become encrusted with feed or medications, and colonised with bacteria or yeasts, if not flushed regularly   **Steps for Feeding**   1. Wash hands thoroughly 2. Straighten out the tubing feed 3. Pinch and open the stopper (pinching the tube prevents excess air entering the stomach when the stopper is removed) 4. Connect syringe/gravity drip bag to tube 5. Pour 20mls of lukewarm water into the syringe to check for blockage if needed 6. The water must flow smoothly. This will also moisten the tube so that foods will not stick 7. Tilt syringe/gravity drip bag slightly to let air escape if necessary 8. Fill syringe with feed or use gravity drip bag 9. Hold syringe/gravity drip bag upright to let feed flow into the stomach slowly, by gravity. Raising or lowering the syringe/gravity drip bag will cause the flow to go faster and slower respectively. It is not advisable to have a fast flow as this will distend the stomach quickly and may cause discomfort. 10. Gravity drip bag may have a stand to attach it to 11. After feeding, run 30 – 60 mls lukewarm water through the tube to flush it clear 12. Pinch tube and disconnect syringe/gravity drip bag from tube 13. Close the stopper 14. Rinse and dry syringes and keep in closed container   **Contact your supervisor / health carer:**   * If you notice redness, pain or swelling, or excess discharge around insertion site * If the feeding tube moves out of position * Leakage at the insertion site   For any required actions and escalation to ensure participant wellbeing: speak to your team leader or phone On Call 0417 156 239  **Complete Enteral PEG feeding Record Chart CCF-96:**   * date * feed times * amount of formula taken (volume) * stoma site * your signature * dates tubed changed if relevant | | |
| Likes and Dislikes: |  | |
| Allergies: |  | |
| Medication: |  | |
| Feed type (as per health practitioner directive):  Amount of feed/hour: |  | |
|  | | |
| How I like to be supported:   * monitor me while I feed * have access to a working phone in case of an emergency * provide first aid in the event of choking, coughing or having difficulty breathing while feeding and stop the feed immediately * other …… | | |
| Monitoring & recording requirements | | |
| CCF-96 Enteral PEG Feeding Record Chart  Medication forms  Carelink+ shift notes | | |
| Specific alerts or risks and their management: | | |
| **List alerts or risks (if relevant):**  **If required, please contact Emergency services on 000 or present to the nearest hospital.**  **If medical assistance is required, please contact:** | | |

Participant / Nominee Signature: Date:

**PARTICIPANT NAME**:

**PLAN DATE**:

# **Staff acknowledgement**

I have read and understood the Enteral Feeding plan for this participant.

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| **#** | **Worker Name** | **Worker Signature** | **Date** |
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