



Essential steps to safe, clean care

Enteral feeding

Reducing healthcare-associated infections in Primary care trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care homes; Hospices; GP practices and Ambulance services.

Aim

To reduce the risk of infection associated with enteral feeding

Risk elements

- Preparation and storage of feeds
- Administration of feeds
- Care of insertion site and enteral feeding tube
- Preventing the spread of infection



Context

Enteral feeding means using the gastrointestinal tract for the delivery of nutrients, which includes eating food, consuming oral supplements and all types of tube feeding. This method of feeding has resulted in a range of different routes and systems for delivery of nutrition, and more patients are now being fed by home enteral feeding tubes in the community setting. The need for education and training in infection prevention and control is vital for the provision of the clean and safe care of all enteral feeding systems.

The National Institute for Health and Clinical Excellence found that 30% of feeds were contaminated with a variety of microorganisms, largely due to the poor preparation or poor administration of feeds, (NICE 2003). The research found that the rates of contamination were highest in home settings and thus reinforces the need to focus on infection prevention and control practices within the community setting.

These should be read in conjunction with Essential steps to safe, clean care: Preventing the spread of infection.

Risk elements and safety actions

The risk elements of the care process listed below are based on the NICE guidelines (NICE, 2003) The risk elements form the basis of reducing the risk of infection, and the safety action points indicate how the risk elements should be carried out.

The list of elements and safety action points are not meant to replace existing guidelines but to act as a simple method for improving the reliability of the clinical process. Where local guidance and policies already exist, their use in clinical practice can be assessed by using this intervention, or by tailoring the review tool to meet local needs.

The risk elements are divided into three distinct interventions:

- **Preparation and storage of feeds**
- **Administration of feeds**
- **Care of insertion site and enteral feeding tube**

Education of patients/clients, their carers and healthcare personnel should be integral to all risk elements.

These guidelines should be read in conjunction with the Essential steps to safe, clean care: Preventing the spread of infection.

Preparation and storage of feeds

- Feeds should be stored according to manufacturers' instructions and, where applicable, food hygiene legislation.





Administration of feeds

- Minimal handling and an aseptic non-touch technique should be used to connect the feed container administration system and enteral feeding tube.

Care of insertion site and enteral feeding tube

- The stoma should be washed daily with water and dried thoroughly.
- The enteral feeding tube should be flushed with fresh tap water before and after feeding or administering medications. Enteral feeding tubes for patients who are immunosuppressed should be flushed with either cooled freshly boiled water or sterile water from a freshly opened container.



Preventing the spread of infection

- Refer to the Essential steps to safe, clean care: Preventing the spread of infection.

Reference

National Institute for Health and Clinical Excellence (2003) Infection control. Prevention of healthcare associated infection in primary and community care. Department of Health, London. www.nice.org.uk/page.aspx?o=CG002

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Preventing the spread of infection

- Refer to the Essential steps to safe, clean care: Preventing the spread of infection.



Enteral feeding Review tool

Name:

Role (of person completing form):

Period of time review was conducted in:

Risk elements

Observations	Preparation and storage of feeds	Admin-istration of feeds	Care of insertion site and enteral feeding tube	Preventing the spread of infection	Have all elements been completed? Yes/No
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance for each risk element Target: 100%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How to use the review tool

Step 1 All staff have had the opportunity to look at the review tool and supporting evidence. They have had time to ask questions and understand why it is being used.

Step 2 A short period of time to conduct the series of observations is determined. The number of observations needed is determined by the team or individuals involved.

Step 3 Following direct patient/client contact or procedure, complete the review tool horizontally. Indicate 'yes' when a risk element has been performed or is considered not applicable and 'no' when it has not been performed.

Step 4 When each observation has been completed, identify whether all risk elements have been performed.

Step 5 The aim is for all risk elements to be completed within the care process. When this is not being achieved, score the risk elements vertically on the review tool. This will help to identify which risk elements are not being performed.

Step 6 Timely feedback should be given, and a change in actions or practice should be implemented to progress improvement. Refer to the risk elements and safety actions in the leaflet for evidence to support the change in action.

Number of yes scores ÷ Number of observations x 100 = % Compliance for each risk element

In this example another quick way to score is to allocate 20 points to every yes answer, which will give you a % compliance for each risk element.

Certificate



Name:

Has been observed during direct patient/service user care and has safely carried out the high risk elements in Enteral feeding

Signatory:

Employers name: