

## Introduction

Enteral feeding refers to the delivery of a nutritionally complete feed containing protein, carbohydrate, fat, water, minerals and vitamins directly into the stomach, duodenum or jejunum.

- People of all ages receive enteral feeding
- People can live very well on enteral feeding for as long as it is needed
- First described in early 1980's
- Early studies showed it to be an easy and safe technique when compared to other alternatives e.g. open gastrostomy
- It can be used for short periods of time and once the person is able to eat normally again it can be removed

## Avoid enteral feeding in

- Acutely ill patients
- Short life expectancy
- Bleeding disorders
- Hiatus hernia
- Ascites
- Total gastrectomy
- Obesity
- Liver disease

## Benefits of enteral feeding

- Well tolerated
- Improves nutritional status
- Ease of use
- Satisfactory use by home carers
- Low incidence of complications
- Reduces risk of aspiration pneumonia associated with swallowing disorders
- Cost effective

## Types of feeding

### Intermittent gravity feeding

- Usually given by bottle or bag
- Hooked to a feeding tube set
- Administered at specific times of the day

More than 10,000 people are tube fed in the community, which is double the number in hospital.

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### Purpose

- To promote health and well being
- To promote growth and development
- When patients cannot maintain adequate nutrition by oral intake

# Enteral Feeding

## Factsheet



### Continuous tube feeding

- Given by bottle, bag or pump
- Hooked to a feeding set
- Administered around the clock or at specific times over a set time

### Syringe Bolus tube feeding

- Given via a syringe
- Administered at specific times

## Types of tube

- Percutaneous Endoscopic Gastrostomy (PEG)
- Radiological Inserted Gastrostomy (RIG)
- Low profile or “button”
- Balloon Gastrostomy
- Percutaneous Endoscopic Jejunostomy (PEJ)

## Accidental tube removal

- Within 2 to 4 hours of a gastrostomy tube falling out, a gastrostomy tube of corresponding size can be inserted into the stoma and the balloon inflated
- Don't feed via the tube unless checked by a doctor to confirm position
- When using a jejunostomy tube, seek medical advice and assistance
- The retaining sutures must be checked daily to ensure they are intact

## Site care

- Clean site with soap and water
- Keep area clean and dry
- Prevention of Buried Bumper syndrome
- Observe the site for signs of infection, redness, smell, discharge
- Maintain moisture of the lips

## Report and document

- Abdominal distension (swollen tummy)
- Hard tummy
- Constipation or diarrhoea
- Flatulence
- Bloating or cramping feelings
- Temperature
- Wheezing or gurgling
- Altered behaviour

### When to stop feeding

- Nausea or vomiting
- Coughing or choking
- Difficulty breathing
- Abdominal pain
- Chest pain
- Feed observed in mouth



### Major complications

- Gastric perforation
- Gastrocolic fistula
- Internal leakage
- Dehiscence
- Peritonitis
- Aspiration pneumonia
- Subcutaneous abscess
- Buried bumper syndrome

### Minor Complications

- Tube problems e.g. blockage, dislodgement, external leakage
- Site infections