Enteral Feeding
POLICY

Policy Name: Enteral Feeding	Issue Date: September 2026	Version No: 2
Status: Approved	Next Review Date: September 2028	Page **1** of **11**

Policy Control/Monitoring

Approved by: **(Position in Organisation)** **Date (dd/mm/yyyy):**	Director of Education 04/09/2026
Accountability: **(Position in Organisation)**	Clinical Nurse Manager
Revision Cycle:	2 Years
Brief details of amendments made	Made site specific sections Included blended diets and consent Included appendix for documentation of feeds

Equality Impact Assessment

The Foundation's commitment is to create a positive culture of respect for all staff and service users and to identify, remove or minimise risks of unlawful discrimination and disadvantage in its policies, functions and activities. As part of its development this document has been assessed in line with The Foundation's equality impact assessment procedure.

Version Control Tracker

Version Number	Date
v1	March 26
v2	September 26

1. Introduction

As part of its responsibility to health and safety Percy Hedley Foundation (PHF) recognises it has a duty of care and must take all reasonable steps to ensure those who require enteral feeding and receiving care and support within our services are appropriately supported and able to participate fully in their lives and maintain and improve their health and wellbeing. This policy provides the framework we must have in place to ensure this. It operates alongside other Foundation policies, particularly the PHF Health and Safety Policy and PHF Medicines Management Policy.

Within Foundation we acknowledge that when a feeding tube is used, there are risks of bacterial contamination of the feed and gastrostomy or jejunostomy site, which can lead to infection and associated complications. We also understand that research shows that poor handling of the feeding system is the main cause of bacterial contamination of sterile enteral feeds. We therefore recognise the importance of preventing contamination and infection by adhering to standard (universal) infection control precautions, which include:

- effective hand hygiene
- the wearing of appropriate protective clothing
- safe disposal of clinical waste
- decontamination of equipment and the environment
- the safe disposal of sharps.

2. Purpose

The aim of this policy is to ensure that people who receive care and support within Percy Hedley Foundation who require enteral feeding receive high-quality, safe care at all times. This policy will set standards for practice within our settings, in line with our organisational values and will reflect, where relevant nationally recognised best practice from agencies such as NHS England and National Institute for Health and Care Excellence (NICE).

3. Scope

This policy applies to:

- All staff working within education settings, including permanent, probationary, fixed-term, and agency staff.

- All staff working within adult services, including day services, Supported Living and Residential services.

4. Definitions

Enteral Feeding (EN) - This is a process whereby a nutritionally complete liquid feed is delivered directly into the stomach, duodenum, or jejunum via a nasogastric, gastrostomy or jejunostomy tube. It is an important technique in combating malnutrition, which can lead to weight loss, nutritional deficiency, impaired immune functions, decrease in cognitive function, depression and delayed rehabilitation.

Different types of tube can be used to give EN. The type of tube an individual has depends on their nutritional needs, how long they are likely to need the enteral feeding, how well their digestive system is working. The most common ways of giving enteral feeding are via:

Percutaneous endoscopic gastrostomy (PEG) feeding - the placing of a tube through a person's skin and into their stomach so they can be fed and given the fluids they need. The procedure requires a minor operation and is usually done after a sedative injection.

Nasogastric tube (NG tube) – a thin, flexible tube which is gently out into the nostrils, goes down the back of the throat, down the gullet (oesophagus) and into the stomach.

Nasojejunal (NJ) feeding tube – a thin tube is passed down the nose, into the stomach and into the jejunum (part of the small bowel).

Percutaneous endoscopic jejunostomy (PEJ) tube - A tube passed through the skin and muscle of the tummy (abdomen) into the middle of the small bowel (the jejunum) just below the stomach.

Gastro-jejunal feeding tube (G-Jet)? - a combination of a gastro PEG and a JEJ. It allows someone to be fed into their small bowel, whilst venting the stomach at the same time.

Radiologically inserted gastrostomy (RIG) tube - is a radiologically inserted gastrostomy tube. It is very similar to a PEG tube, but it is put in using x-ray as a guide.

5. Principles

Individual preferences and Consent

The decision to insert an enteral feeding tube will be made by clinicians with the family and individual.

People who use our services and require enteral feeding will have regular nutritional monitoring, including his or her weight, which will also require consent.

People who use our services have a fundamental legal and ethical right to determine what happens to their own bodies and valid consent to treatment should therefore be obtained before being fed or having medication administered through a feeding tube. Such consent should be documented as set out in the Foundations Consent Policy.

An individual/family has the right to state if they would prefer a certain gender of staff to administer their feeds as it often requires the lifting of the student/service users top above their belly button.

Staff also have the right to refuse to administer feeds if they are uncomfortable with or are unable to lift a student/service users top due to religious or cultural reasons.

People who use our services and require enteral feeding will have regular nutritional monitoring, including his or her weight. If a student/service user does not consent to this being completed this should be documented on the appropriate systems for that site.

Where it is suspected that a person lacks the capacity to make an informed decision then staff should follow the Foundations Mental Capacity Act Policy and act in compliance with the Mental Capacity Act 2005, which provides a statutory framework to empower and protect vulnerable people who may not have the capacity to make their own decisions about specific treatments and/or care.

Staff should be aware that there are serious ethical and legal considerations relating to the use of enteral feeding and nutritional support that may not always be appropriate. Decisions on withholding or withdrawing nutrition support therefore require a consideration of both ethical and legal principles, both at common law and statute including the Human Rights Act 1998. When such decisions are being made, best practice guidance should be followed.

PEG feeding should only ever be employed if clinically indicated for the health of the person concerned and never for the convenience of others.

Administration of Feeds

Where PEG feeding is used as part of a care package the following applies.

1. Suitably trained, supervised and qualified members of care staff will only administer feeding via the feeding tube and will be responsible for its care, maintenance and cleanliness whilst the service user/student is in the foundations care.
2. Administration of feeds should be documented as good practice.
    a. In residential and adult day care services feeds should be documented on the appropriate system (Nourish).
    b. Across educational sites feeds should be documented on the appropriate paper form and handed into the nursing team for filing once complete. (See appendix 1)

A person with any feeding tube will have his or her feeding regimen calculated by an NHS Dietician. No changes to a feeding regimen should be made without consulting a Dietician, even to the volume of water flushes. It is the families/next of kin/individuals responsibility to ensure that any updates to the NHS plan are provided to the appropriate staff on site. This includes a new copy of their dietician plan in writing from the NHS.

Staff should carefully check the prescription for feed, dosages and water flushes and measure the required amount of feed. They should assemble all the necessary equipment, check to ensure the feed matches the prescription, and ensure the feed and other equipment is within expiry date. Application of feed should follow the individuals agreed NHS dietician plan and the Care and Management of Enteral Feeding Procedure, depending on the specific equipment used.

Certain students/service users require a blended diet to be administered via their PEG. Staff administering the feeds should check the consistency of the blended food to ensure it is able to pass through the PEG and not cause damage.

A strict hand hygiene technique (using liquid soap and/or alcohol-based hand gel) must always be used before and after handling the feeding tube, feed container or giving set, etc.

Staff should always wear clean non-sterile examination gloves prior to any manipulation of the enteral feeding system.

Care of a PEG site

The insertion site (stoma) should be observed daily for signs of infection (i.e. inflammation, redness, heat and purulent discharge).

• In residential/ISL settings a wound swab should be obtained for microbiological examination and the GP or Community Nurse informed.

• In Horizon's Day services and education settings, the parent, carer, or legal guardian should be informed and obtaining a wound swab advised/seeking medical advice will be advised.

Where rotation is required, the tube should be rotated 360° once per week to prevent the internal disk of the gastrostomy from becoming buried in the stomach lining. Where this procedure is necessary it should be clearly specified in the support plan. If required this should be communicated on a NHS plan or verbally from families before attending the site. Staff will receive additional training to support with this.

- Certain jejunostomy tubes and certain types of radiologically inserted gastrostomies must not be rotated.

Equipment and feeds should be opened in a clean environment and a no-touch technique should be adopted when preparing the feed during priming and connecting to the administration set/feeding tube.

Staff should never leave dirty equipment in a container as feed can block tubes and allow bacteria to grow. Equipment should be rinsed with cold water, washed with warm soapy water and then rinsed again to remove all traces of soap.

If a feeding tube is accidentally removed or deteriorates it will need to be replaced and the Nutricia Team called as a matter of urgency on 0345 7623607.

6. Monitoring and Compliance

Managers across all sites have a responsibility to ensure all staff have access to this policy. The policy will be reviewed by the Clinical Nurse Manager 2 yearly, unless legislation or best practice changes in which case it will be reviewed beforehand.

All staff should be made aware of this policy when completing PEG training.

Compliance with this policy will be conducted through random spot checks of PEG feeds being administered. These will be conducted by the nurses on site, or PEG champions across adult sites.

Where there is a error or concern regarding a staff members competence to administer PEG feeds, a review of their competencies will be completed to determine if they can continue to administer PEG feeds, require further training, or are asked not to continue providing PEG feeds.

Training requirements

Tube feeding and routine equipment care should be performed by suitably trained, competency assessed, supervised members of staff, in keeping with best practice guidance on accountability and delegated responsibility of heath care activities.

Training across sites will be delivered by different people as appropriate. The follow guidance outlines the structure for training across the different areas:

Education:

- Initial theory training will be delivered by the nurse on site.
- Competencies will be assessed by the nursing team once theory training has been completed.
- Staf will require to be signed off for both pump and bolus/gravity feeds.

Adults/Residential Services:

- Certain members of staff (identified by management) will attend the Nutricia train the trainer course.
- These staff members can then provide training to their teams and assess competencies of staff.
- The Clinical Nurse Manager will complete competency assessments on the train the trainers across the service.

Training presentation:

The training presentation will be created by the Clinical Nurse Manager and updated/cascaded if there are any changes.

All staff delivering enteral feeding training and competency assessments, which includes administration of medication via a feeding tube must be compliant with requirements in the Foundations Medicines Management Policy and Safe Handling of Medication Procedures.

All staff administering medication via a PEG must be compliant with the training requirements for administration of medicines detailed in the Foundations Medicines Management Policy and Safe Handling of Medication Procedures.

7. Associated Policies and References

PHF Health and Safety Policy

PHF Medicines Management Policy

PHF Safe Handling of Medication in Residential and ISL Settings

PHF Safe Handing of Medication in Horizons Adult Day Services

PHF Dysphagia Policy and Procedures

PHF Infection Prevention and Control (General Precautions) Policies

PHF Infection Prevention and Control (General Precautions) in Hedley Horizons Adult Day Services Procedures

PHF Infection Prevention and Control (General Precautions) in Residential and Independent Supported Living Procedures

PHF Mouthcare Policy

Croner. (2025). *Gastrostomy Care Feeding in Residential Care*. [Online]. Croner-i inform advise protect. Available at: https://app.croneri.co.uk/topics/nutrition-and-hydration/gastrostomy-care-peg-feeding-residential-ca [Accessed 27 January 2025].

CQC. (2023). *Enteral feeding and medication*. [Online]. CQC. Available at: https://www.cqc.org.uk/guidance-providers/adult-social-care/enteral-feeding-medicines-administration [Accessed 27 January 2025].

Macmillan. (2025). *Tube Feeding Into the Gut*. [Online]. Macmillan Cancer Support. Available at: https://www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer/nutritional-support/en [Accessed 27 January 2025].

NHS England. (July 2019). *Patient Safety*. [Online]. NHS England. Available at: https://www.england.nhs.uk/patient-safety/ [Accessed 6 February 2025].

NICE. (2006). *Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition*. [Online]. National Institute for Health and Care Excellence. Last Updated: 2017. Available at: https://www.nice.org.uk/guidance/cg32/chapter/Recommendations [Accessed 27 January 2025].

Appendix 1:

Daily Gastrostomy Record Form. Please use Y/N to indicate if feed/s was given as per feed plan.

Name of student/service user:

Term One	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					
Week 8					

Term Two	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					
Week 8					

Term Three	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					
Week 8					

Term Four	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					

Week 7					
Week 8					

Term Five	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					
Week 8					

Term Six	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					
Week 8					

Additional comments	
Date and Time	Comment