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# P056 – Mealtime Management: External Feeding Policy

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## 1. Purpose

To maintain or improve a member's nutritional status, it may be necessary they require nutritional support. A member who requires enteral feeding is generally not able or is not allowed to eat food in adequate amounts to maintain their health, but their gastro-intestinal tract is functioning. Enteral nutrition is used in these circumstances to support the member to meet their nutritional requirements when their medical condition prevents them from maintaining adequate nutrition and hydration through oral diet alone.

District 360 is committed to ensuring all members are supported in appropriate ways, in a safe environment and in a way that recognizes their rights and needs. This policy aims to:

- Outline a process to support members who receive their nutrition through an approved tube feeding arrangement
- Consider members' privacy, dignity and personal safety through providing enteral feeding.
- Ensure support and practice considers the member's needs, limits clinical risks and is safe.
- Ensure members' nutritional and fluid requirements are met; and
- Prevent and treat disease-related malnutrition and complications.

## 2. Scope

This policy applies to all employees responsible for implementing or managing enteral feeding with members.

## 3. Policy

Supporting a member who is reliant on enteral feeding can be part of a Support Worker role. Typically, a person reliant on enteral feeding has more complex health issues and requires a higher intensity of support. This is increased when other factors are present, for example, behavior that frequently dislodges the feeding tube or the member has a high risk of choking (as determined by a physician or other suitable health care professional).

The policy is developed in line with the *NDIS Practice Standards: Skill descriptors 2018 – Enteral feeding and management*.

## 4. Definitions

**Enteral Nutrition** - The delivery of nutrition (macro and micronutrients) via the digestive tract, usually through a tube feeding process.

**Feeding tubes** (refer to Diagram 1.)

**Gastrointestinal** – The gastrointestinal tract (also called the GI tract) is a series of hollow organs that form a long continuous passage from our mouth to our anus. The organs that make up our GI tract are our mouth, oesophagus, stomach, small intestine, large intestine, rectum and anus.

**Percutaneous Endoscopic Gastrostomy (PEG)** - a procedure to surgically place a feeding tube from outside the abdominal wall directly into the stomach. These feeding tubes are often called PEG tubes. The tube allows the person to receive nutrition directly through their stomach. Most common where long term enteral feeding is required.

**Nasoduodenal** – similar to nasogastric (below) but the tube goes through the stomach and ends in the first part of the small intestine (duodenum).

**Nasogastric** - a medical process involving the insertion of a plastic tube through the nose, past the throat, and down into the stomach.

**Naso gastric tube** - A tube passed through the nose into the stomach, used to deliver enteral feed into the stomach. Used where short-term feeding is indicated.

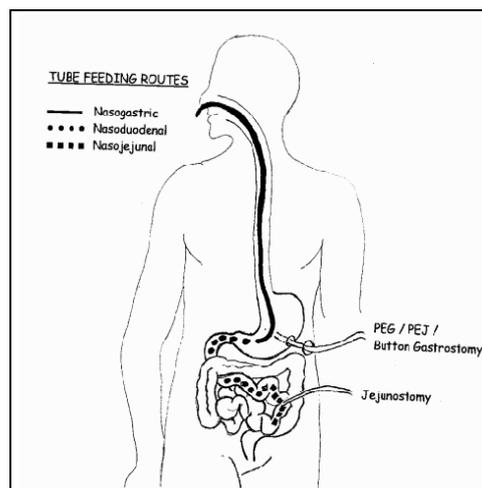
**Nasojejunal** – similar to above but the tube extends even further to the second portion of the small intestine (jejunum). Bypassing the stomach can be beneficial for those whose stomachs don't empty well, who have chronic vomiting, or who inhale or aspirate stomach contents into the lungs.

**Naso jejunal tube** - A tube passed through the nose into the stomach, used to deliver enteral feed beyond the stomach into the jejunum (first part of the small intestine). Used where short-term feeding is indicated.

**Percutaneous Gastro Jejunostomy (PEJ)**- An opening made from the external abdomen through to the jejunum, where a feeding device is placed to allowing direct feeding into the small bowel

The use of these systems for feeding is known as enteral feeding or enteral nutrition.

## Diagram 1.





Gastrostomy or PEG tubes are an established means of providing long term enteral nutrition.

The main goals of enteral feeding and management include:

- Maintaining body weight or facilitating weight gain where clinically appropriate
- Correcting nutritional deficiencies and maintaining adequate hydration
- Promoting growth in children with growth faltering
- Prevent deterioration and/or improve quality of life
- Maintaining and replacing hydration

A wide range of nutritional feeds are available. Each member’s personal feeding plan will outline the type and

brand of formula, its storage and shelf-life and the correct equipment for use.

## 5. Responsibilities

Summary of roles and responsibilities are

Roles	Responsibilities
	<ul style="list-style-type: none"> <li>• Monitors member progress through Quality Management and Supervision processes</li> <li>• Approves incidents and completes Reportable Incidents in line with NDIS Quality and safeguards processes.</li> </ul>
Health Practitioner (external to District 360)	<ul style="list-style-type: none"> <li>• Each member requiring enteral feeding, or their decision maker, will be involved in developing a feeding and management plan in conjunction with an appropriately qualified health practitioner. Health practitioners may include a Registered Nurse, Dietitian, Speech Pathologist, Pharmacist, Medical Specialist, General Practitioner or other practitioner deemed competent by appropriate medical training.</li> <li>• All member specific training will be delivered by an appropriately qualified health practitioner. Training plans must also allow for the provision of on-going training support to staff.</li> <li>• All enteral feeding tubes are put in place by a suitable medical professional.</li> <li>• A health practitioner must develop and oversee a feeding and management plan, in consultation with the member, that can be utilised by District 360 staff to guide support. The plan must include an Action Plan to address any incident or emergency in relation to the PEG, e.g. blockage, dislodgement, leak, infection, autonomic Dysreflexia (sudden onset of high blood pressure).</li> </ul>
Organisation	<ul style="list-style-type: none"> <li>• Ensures all staff required to assist with enteral feeding have the relevant Records are maintained by the administration team.</li> </ul>



## **6. Risk Management**

The *Training Plan* and the *Feeding and Management Plan* will include identified risks, incident management, actions and escalations. The plans will detail how to manage incidents, including how to manage emergencies such as PEG blockages, partial or complete dislodgement, infections or autonomic dysreflexia.

Staff must manage incidents as per District 360's *Incident Management Policy and Procedures*. Any Reportable Incidents must be notified through the *NDIS Quality and Safeguards Reportable Incident* process.

## **7. Performance Standards**

All elements of this policy must be adhered to, and any breach will be addressed in accordance with District 360's Code of Conduct policy.

## **8. Review of policy**

This policy will be reviewed on a three-yearly basis. However, if at any time the legislative, policy or funding environment is so altered that the policy is no longer appropriate in its current form, the policy shall be reviewed immediately and amended accordingly.

## **9. Other relevant District 360 Supports policies**

Staff, especially managers and supervisors, are encouraged to read this policy in conjunction with other relevant District 360 Supports policies, including;

- District 360's Safeguarding Human Rights Policy
- District 360's Code of Conduct Policy
- District 360's Enteral Feeding Management Procedures

## **10. Relevant Legislation and Standards**

- NDIS Act 2013
- United Nations Convention on the Rights of Persons with Disabilities 2007
- National Disability Insurance Scheme Guidelines 2018
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- NDIS Practice Standards: Skills descriptors (information for auditors and providers) 2018

## **11. More information**

If you have a query about this policy or need more information, please contact the management team at [info@district360.com.au](mailto:info@district360.com.au)



## 12. Review details

Approval Authority	Tanya Johnston
Responsible Officer	Agnes Simon
Approval Date	13 March 2022
Last updated Date	13 March 2022
Next Review Date*	13 March 2025
Last amended	

*\* Unless otherwise indicated, this procedure will still apply beyond the review date.*

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