Appendix 3
Talking about blended diet: a conversation guide

This guide is an aid to conversation.
Blended diet does not require an individual risk assessment, and completing this guide is not a condition of going ahead. Use the parts that are useful, skip the rest, and make sure the conversation is recorded in the care record so that everyone involved knows what was decided and why.

Who was part of the conversation?

Name of the tube-fed person: _____

Date: _____

	Organisation or relationship
Family member or carer	
Dietitian	
Nurse	
Other	

Things worth talking through

These are prompts, not requirements. Note anything that matters for this person.
(see table on next page)

Topic	Prompts	Notes
What the person and family hope for	Comfort, symptoms, weight or growth, sharing family food, something else. What would count as success.	
The starting point	What is tolerated now, and what the person currently takes as food, nutrition and fluid. This is the baseline the plan will be measured against (Part 10).	
The feeding tube	Gastrostomy is the usual route, ideally 12Fr or above and balloon retained so it can be changed at home. Narrower tubes and other routes are considered individually (Part 3). What to do if the tube blocks or requires changing.	
Equipment and cost	A blender and any other equipment are bought by the family. A trial with pouches or a stick blender needs no outlay. Local sources of funding (Part 5).	
Giving the blend	Slow plunge bolus with a 60ml syringe, at the pace of a meal. Pumps designed for blends exist; no continuous feeding over more than two hours (Part 9).	
Food safety	Ordinary food hygiene is enough when followed. Wash hands. Cook as though to be eaten orally. Cool and refrigerate within two hours, use within two days. Reheating is not required for safety, except where a blend containing chilled ready-to-eat food is for someone more vulnerable to foodborne illness (Part 7).	

Topic	Prompts	Notes
Keeping the diet balanced	Adequacy depends on the food choices made by the person preparing the blend. A dietitian can advise on a daily recommendation for energy, macronutrients, fibre and fluid. They can advise on general healthy eating and dietary modification in the management of disease. The person preparing the blend makes the everyday food decisions (Part 6).	
Time and capacity	Who will plan, shop, prepare and store blends, and how much time they have. Whether that changes in term time, at work, or when a carer is away. Hybrid use is an option.	
Other settings	Whether school, respite, day service or residential care will give blends, who will train staff, and the back-up on a day a blend cannot be given for example if spilled or spoilt in transit (Part 11).	
Monitoring	What will be watched, by whom, and when the plan will next be looked at (Part 10). The signs of fullness or intolerance specific to this person.	

What we decided

The approach (Appendix 1), how it will start, and, if a trial has been agreed, how long it will run and how success will be assessed.

Who decided

Adults are presumed able to decide for themselves. For a child, the decision rests with those holding parental responsibility, weighting the child's own views by their understanding. Where an adult cannot make this decision, record the mental capacity legislation applying in that nation.

- ☐ The tube-fed person decided
- ☐ Parental responsibility
- ☐ Best interests decision (mental capacity legislation applying in this nation)
- ☐ Lasting power of attorney, health and welfare
- ☐ Other:

When we will look at this again