

Policy Statement

Use of Liquidised Food with Enteral Feeding Tubes

Summary

Purpose

The purpose of this statement is to:

- Provide a professional guidance overview for Dietitians who are working with patients/carers wishing to use liquidised food with enteral feeding tubes
- Help patients/carers to understand the concerns of their dietetic practitioner

The use of liquidised food via the enteral feeding route appears to be increasing in the UK but it is not supported by best practice guidance. Because of the difference between the wishes of the patient/carer and the professional guidance directing the Dietitian, there is the potential to cause some professional conflict.

The Dietitian has an over-riding duty of care to their patient. When working with patients and their carers they must be sensitive to the emotional needs and preferences of the carer, and these should be taken into account alongside the clinical needs of the patient.

The Dietitian must:

- Work in partnership with their patient and carers to ensure that they receive the individualised information they need to enable them to make an informed choice about using liquidised food.

- Perform a risk assessment to identify the potential for tube blockage, microbial contamination and compromising of nutritional stability
- Ensure that they protect themselves as an individual practitioner by following their Employers clinical governance, risk management frameworks and guidance.

The term liquidised food has been used throughout this document; alternative descriptions that are used include blenderised feeds, blenderized food, liquidised diet, blended diet and pureed table food.

Background

The aim of enteral tube feeding is to maximise the patient's nutritional status and to deliver their estimated nutritional requirements. In the UK it is normal clinical practice to use commercially prepared, nutritionally complete food formulations, in line with the enteral tube Manufacturers guidance, following a full dietetic assessment and review process.

Historically liquidised food, or recipes made up of milk, eggs and supplemental nutrients have been used. The development of nutritionally complete sterile formulations have resolved the incidence of microbial contamination, difficulty in achieving the necessary consistency, tube blockage, necessity to use large bore tubes, time required for preparation, and particularly, the great difficulty in achieving nutritional adequacy.

Use of liquidised food in enteral tube feeding is a growing practice in the US. This is partially driven by issues of cost associated with the lack of funding of commercial food formulations for certain population groups by healthcare insurers. There is also a desire by carers to have a more involved role with their relatives care or to reconnect with caring, by feeding home-made food. Commercial food formulations are perceived as 'medical' products and not as real food.

Much information on the use of liquidised food is readily available on the Internet including Facebook pages and support sites. The quality is variable and it is difficult to tell how reliable the source of the information is. Consideration must be given to whether the advice given takes into account the medical implications for the clinical condition of the individual intended to receive feeding in this way.

Recently in the UK, parents and carers of individuals with complex and long term conditions, and the patients themselves, have started to request advice on using liquidised food via their feeding tube. This poses professional challenges to the dietetic professional, and may be considered a retrograde step, when a wide range of convenient and nutritionally complete formulations, specifically fit for purpose are readily available. There is a cost element to the carer, for example in purchasing a suitable commercial blender and to the health service in terms of extra tubes and dietetic time to support the patient and carer which needs to be factored into the decision making process.

The Dietitian has a duty of care to the enteral tube fed patient under their care. In the case of a child the parents have a statutory duty of responsibility giving parents the right to have a say in their fundamental decisions in their children's lives, this includes healthcare¹. Brotherton and Abbott² concluded that Healthcare Professionals need to consider the perceptions of carers throughout decision making and provision of care because of the likelihood of differences in perception between parents and healthcare professionals. The Dietitian needs to be sensitive to the emotional needs and preferences of the carer and should take these needs into account alongside the clinical needs of the patient.

There is a national policy driver for patient involvement in decision making, which puts the patient at the centre of decision making. The English Department of Health expresses this as 'no decision without me'^{3,4}. The 2013 Berwick report on patient safety recommended '*Engage, empower, and hear patients and carers throughout the entire system and at all times*'⁵.

There is a particular need for a shared understanding between the patient/carer and Dietitian of the nature of the risks associated with the use of liquidised feeds. This includes the risks that the patient/carer can directly influence, such as microbial contamination and tube blockage, safe use of enteral feeding equipment and the risk of compromised nutritional status associated with this practice.

Detailed professional guidance, including a risk assessment template will be available to BDA members via the Parenteral and Enteral Specialist Group (PENG) section of the BDA website.

Recommendations

1. At the present time, The British Dietetic Association (BDA) does **not** recommend the administration of liquidised food via enteral feeding tube due to the risk to nutritional adequacy. Use of liquidised food also increases the likelihood of feeding tube blockage and increases the risk of gastric infection. The use of this mode of feeding poses particular risks to infants aged less than six months, jejunal fed patients or patients who are immuno-compromised.
2. The BDA endorses best practice by advocating the use of the licensed, evidence based, sterile food-formulations, which are specifically designed for enteral tube feeding and are safer in use.
3. When an individual, or their carer, is considering the use of liquidised food the Dietitian:
 - Has a duty of care to ensure the patient/carer has had all the individualised information they need to enable them to make a fully informed choice
 - The information must include making the patient/carer aware of the potential risks to health and the viability of their feeding tube

4. The Dietitian must ensure that the clinical team caring for the patient
 - Considers all alternative feeds and feeding strategies
 - Discusses, and fully documents, the reasons for the patient/ parent/ carer decision
 - Have endorsed the practice.
5. The BDA recognizes that some patients /carers may choose to use liquidised food having considered the information and advice given by the Dietitian. The expectation of the Dietitian is that they will continue to fulfil their duty of care towards the patient and will support the patient and carer in the decision they have made.
6. Under these circumstances the Dietitian must protect themselves as an individual practitioner by ensuring that they:
 - Work within their employers' clinical governance guidance
 - Work within their employers' risk management frameworks
7. The Dietitian responsible for devising the feeding regime must:
 - Carry out a full risk assessment to highlight and ameliorate the potential health risks that are specific to the individual patient. Consideration must be given both to the environment in which the liquidized food will be prepared and to the mode of delivery
 - Follow BDA recommendation to use a device that:
 1. Meets the Medicines and Healthcare Products Regulations (MHRH) recommended standard for use information (IFU) ⁶.
 2. Is endorsed for the administration of liquidized food by the Manufacturer⁷.
 - Use a validated risk assessment tool that is either specific for enteral feeding purposes or one that is endorsed by their employer.
 - Document the reasons for the patient/carers wishing to use liquidised food in the patient's medical, dietetic and any joint case notes, together with the outcome of any Multi Disciplinary Team (MDT) or Best Interests Meeting.

References

1. Children Act 1989 <http://www.legislation.gov.uk/ukpga/1989/41/section/3>
2. Brotherton A. and Abbott J. 2009, Clinical decision making and the provision of information in PEG feeding: an exploration of patients and their carers' perspective. Journal of Human Nutrition and Dietetics Vol. 22 (4): 302-309
3. Equity and Excellence: Liberating the NHS. Department of Health White Paper 2010. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf

4. Coulter A. and Collins A. making shared decision making a reality: No decision about me, without me. The Kings Fund 2011.
<http://www.kingsfund.org.uk/publications/making-shared-decision-making-reality>
5. The Berwick report on Patient Safety August 2013. A promise to learn– a commitment to act. Improving the Safety of Patients in England. National Advisory Group on the Safety of Patients in England.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf
6. Medicines and Healthcare Regulatory Agency (MHRA) <http://www.mhra.gov.uk/>
7. Vygon (uk) Ltd <http://www.vygon.co.uk/>

Further Information

BDA Paediatric Specialist Group c/o <http://www.bda.uk.com>

BDA Parenteral and Enteral Nutrition Group (PENG) <http://www.peng.org.uk/>

Food Standards Agency. www.food.gov.uk

PINNT (Patients on Intravenous and Nasogastric Nutrition Therapy) is a support group for patients receiving parenteral or enteral nutrition therapy www.pinnt.co.uk

This BDA Policy Statement was developed by the BDA Education and Professional Development Team in conjunction the BDA Parenteral and Enteral Nutrition Group, and the Paediatric Specialist Group, and Sian O’Shea, BDA Chairman.

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