Care of the resident with a PEG Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as ‘we statements’, they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:

Safe environments

We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

Assessing needs

We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, well-being and communication needs with them.

Delivering evidence-based care and treatment

We plan and deliver people’s care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

Supporting people to live healthier lives

We support people to manage their health and well-being so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support.

Consent to care and treatment

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Kindness, compassion and dignity

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meet their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Independence, choice and control

We promote people’s independence, so they know their rights and have choice and control over their own care, treatment and well-being.

Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

Providing information

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Scope

This guidance is for care staff who have a responsibility for caring for residents requiring stoma care management.

The aim of this guideline is to assist staff in providing effective stoma care and, where necessary, perform effective stoma bag changes.

This policy sets out a clear framework for staff, and provides best practice guidance about supporting residents, both in maintaining independence with their own stoma care and, when required, to be managed by competent and capable staff.

This policy and procedure are provided for the regulated activity of accommodation for people with personal care and nursing.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

Whilst the majority of people using our service are able to meet their nutritional requirements orally, there is a group of individuals who require enteral feeding. This policy advises staff how to care for a resident with a PEG/RIG feeding tube, in situ.

Enteral tube feeding, refers to the delivery of a nutritionally complete food directly into the gastrointestinal tract via a tube. The tube can be placed in the stomach, duodenum, or jejunum via the nose or direct percutaneous route.

Within this scope only PEG/RIG feeding will be addressed as nasogastric tubing is only in place if the requirement for enteral feeding is under 4 weeks.

Key points

- Percutaneous endoscopic gastrostomy tube (PEG) and radiological inserted gastrostomy tube (RIG) Enteral feeding policy covers a healthcare delegated task which requires training and competency assessment from a named healthcare professional.
- Enteral tube feeding, refers to the delivery of a nutritionally complete food directly into the gastrointestinal tract via a tube
- PEG/RIG feeding is a delegated health care task and can only be undertaken by staff who have been trained, competency assessed and regularly supervised by a delegating healthcare professional e.g. District Nurse, Community Nutrition Team
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- All staff who have delegated authority from the healthcare professional will be recorded in the resident's care plan and training file.
- Staff must not undertake any activity that is outside of their competence or training, and this will be deemed gross misconduct if staff who are not trained undertake PEG or RIG feeding and are nor signed off by the delegating health care professional.

Conditions that may lead to a PEG or RIG system being required include:

- Stroke
- Head Injury
- Neurological disease
- Head or neck surgery resulting in the muscles involved in chewing and swallowing can become weak, slow and uncoordinated.

Minor complications:

- Skin infection - It is important that the skin around the PEG is kept clean and after washing, bathing etc should be dried
- Tubes can become blocked or displaced and sometimes need replacing in a hospital setting. The tube should never be removed by a staff member or the resident.
- Where there are any concerns regarding the PEG or RIG system, e.g. blockages, or the health of the resident then the member of staff must escalate their concerns immediately to the office, or if local policy direct to the healthcare professional managing the resident's health e.g. GP or healthcare professional managing the PEG/RIG.

The Policy

This policy is applicable to all staff, including managers, who support residents with nutrition and hydration through PEG or RIG feeding.

The organisation will ensure that it:

- has in place a fully assessed care plan, with regular reviews providing person centred care taking into account their preferences and needs in partnership with the multidisciplinary team managing their condition.

- will support residents who lack capacity to make decisions by following Mental Capacity Act 2005 and code of practice, and relevant guidance e.g. Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition

- ensures all staff have delegated responsibility from a suitable qualified and competent healthcare professional who will provide the requisite knowledge and training in the provision of PEG/RIG feeding with regular reviews of competence and supervision which is recorded in the resident's care plan and staff training file.

- Develops a robust infection control procedure, which is incorporated within the resident's care plan.

- Ensures staff have training in the safe management of the PEG/RIG device, be aware of complications and have an escalation plan in place to appropriate health care professional should any problems or concerns be encountered.

The Policy

EFH is committed to supporting residents to have as independent and normal life as possible, in spite of medical conditions which may make this difficult.

EFH will provide all staff involved with the care and support of residents with a PEG/RIG with the knowledge and training to provide safe, responsive, effective, caring and well lead care for the resident when supporting them with PEG/RIG feeding.

If EFH cannot safely and fully provide the assessed care and support required to meet the residents' needs, then EFH will not take on the responsibility for the PEG or RIG support and if necessary (and for the safety of the resident), will withdraw from the provision of care.

PEG/RIG feeding is a delegated health care task and can only be undertaken by staff who have been trained, competency assessed and regularly supervised by a delegating healthcare professional e.g. District Nurse.

All staff performing the delegated healthcare task from the named healthcare professional will be recorded in the resident's care plan and staff training file. Records will be kept of the delegating healthcare professional undertaking:

Training

- Competency Assessment
- Supervision and review of competency
- Sign off of staff who are able to support the resident.
- Staff must not undertake any activity that is outside of their competence or training. This will be deemed gross misconduct if staff who are not trained to undertake PEG/RIG feeding and are not signed off by the delegating health care professional as competent perform this task.

Indications

Conditions that may lead to a PEG/RIG system being required include:

- Stroke
- Head Injury
- Neurological disease
- Head or neck surgery resulting in the muscles involved in chewing and swallowing can become weak, slow and uncoordinated.

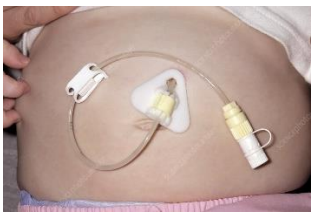
Some people will need their PEG tube for the rest of their lives, and in this case, surgeons may need to replace the tube after 1-2 years (this can often be done without the need for another operation).

In other cases, a PEG tube is only needed until the individual can eat and drink safely enough to maintain good health. The medical team, Speech & Language Therapist and Dietitian will all form part of the multidisciplinary team involved with the resident and making decisions regarding on going care.

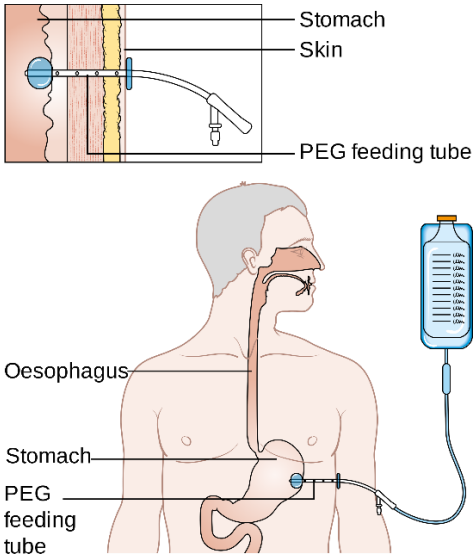
The PEG Tube feeding system

This will usually have been fitted in the hospital endoscopy unit. The tubing is attached from within by a small plastic disc on the stomach lining (internal bumper) to stop it slipping out and also a small plastic disc on the external abdominal (external bumper) wall to stop the tubing slipping in.

These are usually replaced every 2 years.



There are many types of enteral feeding tubes, but this image shows positioning of PEG



Concerns and complications of use

Minor complications:

Skin infection - It is important that the skin around the PEG is kept clean and after washing, bathing etc should be dried

Tubes can become blocked or displaced and sometimes need replacing. The tube should never be removed by a staff member or the resident, but concerns must be escalated to their GP or secondary care contact in charge of their enteral feeding.

See 'NHS PEG Feeding Patient Leaflet'. https://www.wsh.nhs.uk/CMS-Documents/Patient-leaflets/Endoscopy/6712-1-Patient-PEG-booklet-for-home.pdf

If a staff member encounters a problem, then the organisations escalation policy should be implemented, it is important this this is done without delay to avoid any distress or complications to the resident who may not be able to receive nutrition and fluids.

How to manage a blockage

Where directed by the delegating health care professional, training has been provided and competency assessed, and it is documented and agreed in the care plan, then staff may proceed, (if suitable when taking into account the resident health conditions) to agreed actions to manage a blockage.

This usually involves flushing with warm water or soda and using a push-pull technique on the plunger. This technique will be detailed within the care plan, and only staff who have been trained and signed of as competent by the health care professional delegating the healthcare task will undertake this practice.

It may take up to 30 minutes to unblock a tube. The care plan will include an agreed time to attempt unblocking, which will be agreed and documented within the resident's care plan by the delegating healthcare professional. Staff must not exceed this time as this may cause health complications, distress and delay intervention by a qualified healthcare professional.

No other fluids except those agreed within the care plan must be used to flush the tubing e.g. fruit juice or cola as these can cause curdling in the tube, potentially worsening the blockage.

In the event of the blockage not being able to be resolved within the agreed time, expert medical assistance should be sought.

Administration of feeds.

1. Explain procedure to resident.
2. Take the equipment to the resident's bedside or appropriate private space.
3. Prior to commencement of the feeding activity seek consent from the resident to proceed. Where the resident lacks capacity to consent, the staff will follow the Mental Capacity Act 2005 and associated code of practice.
4. Check the expiry dates on items to be used, e.g. administration set, feed, (60 ml ENfit reusable enteral syringes, coloured purple, are an example of enteral syringes used in community settings).
5. Hands must be washed with liquid soap and warm running water and thoroughly dried with paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable. Alcohol hand rub can be used if hands are visibly clean. (see Infection Prevention and Control Policy on Hand Hygiene)
6. Put on disposable gloves and apron.
7. Aseptic technique to be used, to connect administration system to enteral feeding tube.
8. Ensure appropriate resident positioning, i.e. upper body positioned at a minimum angle of 30o prior to and throughout the feeding period.
9. Before commencement of feeds, check to ensure the tube is in the correct position by performing an acidity test – this can be ascertained by using the litmus paper test or pH testing. 7. Close the clamp on the giving set.
10. Shake the bag/bottle, twist off the cap and without touching the spike, tightly screw on the giving set which will break the foil seal.
11. Hang the bag on the drip stand and prime the giving set, making sure there are no air bubbles.
12. Connect the giving set to the feeding tube.
13. Label the giving set with the date and time of use. Change every 24 hours thereafter.
14. Set the rate of administration as directed by the dietitian and press start.
15. At the end of a feed, slowly flush the feeding tube with a minimum of 30mls of water - freshly drawn tap water for residents who are not immunosuppressed or sterile water from a freshly opened container for residents who are immunosuppressed. Tubing should be flushed between intermittent feeds.
16. Hands must be washed thoroughly and dried.
17. After each feed record the amount of feed and number of flushes given.
18. Ensure the resident is comfortable, observe for signs of feeding intolerance.
19. Maintain residents upper body positioned at a minimum angle of 30o for one hour after feeding. Ensure they do not lay flat following feeding period.

Storage of feeds

1. All feeds should be stored according to the manufacturer's instructions.
2. Feeds should be stored unopened at room temperature, on a shelf off floor level away from the risk of contamination e.g. water splashes from sinks.
3. Feeds should not be stored near a heater or in direct sunlight.
4. Feeds should not be stored in the fridge, as when administered to a patient a cold feed can cause diarrhoea.
5. Adult Enteral Tube Feeding Guidelines for Clients in their own Homes or Care Homes

Cleaning and storage of enteral feeding equipment.

1. Feed containers and administration sets are single use items and should be disposed of at the end of the feeding session.
2. Single patient use enteral syringes should be:
3. Clearly marked with the resident's name, dated at first use and documented accordingly.
4. Cleaned after each use (as per manufacturer's instructions) – cleaning
5. should be carried out in a suitable sink, which is not used for personal care or routine hand hygiene
6. Single use enteral syringes should be disposed of after use.

Please see:

Enteral tube feeding

Each resident will have their own personally assessed PEG feed plan incorporated into their care plan, the assessment will have been prescribed by the health care team involved in their care, usually be the dietitian.

If all staff involved in the resident's care cannot be fully trained with the knowledge and skills to provide a safe, effective service, EFH will decline or withdraw this service.

Routine Care (2-3 weeks after insertion)

- Clean and dry the stoma site daily and observe for signs of leakage, infection, skin breakdown, soreness, movement of the tube in and out of the stomach and any change in measurement of tube length
- If complications in the skin surrounding the stoma occur, then the local Stoma Care Nurse should be contacted as soon as possible
- Once the stoma site has healed, normal daily cleansing can be resumed
- Two to three weeks after placement of the initial gastrostomy tube the fixation cover can be separated from the base plate to allow further cleaning. Allow to "air" dry
- Oral hygiene and cleaning of teeth will be encouraged twice daily. Artificial saliva or mouth washes may help if the mouth is dry. If the person using the service becomes bloated, or is uncomfortable because of flatulence, decompression may be necessary.

- This must be undertaken according to the individual person using the service care plan to allow escape of air using appropriate equipment according to the manufacturer's instructions. The methods for this will vary according to the type of tube in situ.

Seeking Feedback about communication

EFH will seek feedback from people, families, staff, involved professionals and volunteers about their experiences of care. We will seek feedback in person during conversations and via surveys and meetings. We will respond to feedback and tell people about changes and improvements we make as a result of their feedback.

References

CQC Enteral Feeding and Medications administration

file:///C:/Users/Abby.Ivey/AppData/Local/Temp/Temp1_for%20Abby.zip/%E2%80%A2%09https:/www.cqc.org.uk/guidance-providers/adult-social-care/enteral-feeding-medicines-administration

PEG Feeding

http://www.airedale-trust.nhs.uk/wp/wp-content/uploads/2018/10/PEG-Feeding-Patient-Information-Leaflet.pdf

Enteral Tube Feeding

https://www.infectionpreventioncontrol.co.uk/content/uploads/2020/01/DC-03-Enteral-tube-feeding-2020-Version-1.00.pdf

The Royal Marsden Hospital of Manual Clinical Nursing Procedures, Dougherty L Lister S (2020), Wiley-Blackwell

Review date	Next Review Date
October 2024	October 2027