

PROCEDURE FOR ADMINISTRATION OF MEDICINES VIA ENTERAL FEEDING TUBES CHILDREN IN THE COMMUNITY

This has been adopted in full by The Solent Academies Trust

Purpose of Agreement	This document states the procedure for giving medicines via nasogastric tube, gastrostomy and jejunostomy to children in the community
Document Type	<input checked="" type="checkbox"/> SOP <input type="checkbox"/> Guideline
Version	1
Name of Approving Committees/Groups	Mary Rose Academy Full Governing Body
Operational Date	1st September 2016
Document Review Date	July 2020
Document Sponsor (Name & Job Title)	Mandy Rayani, Chief Nurse
Document Manager (Name & Job Title)	Jo Petch, Head of School in conjunction with Lois Pendlebury, Long Term Care Programme Lead, Children and Family Services
Document developed in consultation with	Special School Nursing, Children's Community Nurses, Interim Chief Pharmacist, Mary Rose Academy

Amendments Summary:

Amend No	Issued	Page	Subject	Action Date

Table of Contents

Item	Contents	Page
1	Introduction and Purpose	4
2	Scope and Definitions	4
3	Process and Requirements	4
4	Procedure	5
5	Roles and Responsibilities	7
6	Training	7
7	Equality and Diversity and mental capacity Act	7
8	Monitoring Effectiveness of the Procedure	7
9	Review	7
10	References/ Links to other documents	8

PROCEDURE FOR ADMINISTERING MEDICATION TO CHILDREN VIA ENTERAL FEEDING TUBES

1. INTRODUCTION & PURPOSE

- 1.1 This document has been prepared for administering medication to children in community settings (Mary Rose Academy) via enteral tubes, to ensure safe and consistent practice. Enteral tube administration of medication via feeding tubes placed either in the stomach or small intestine can provide systemic or local effect similar to oral administration depending on the position of the tube.

2. SCOPE & DEFINITIONS

2.1 SCOPE

This document applies to all directly and indirectly employed staff within Solent NHS Trust and has been adopted by The Solent Academies Trust including Mary Rose Academy

2.2 DEFINITIONS

A **medicine** may, for the purposes of this discussion be any substance which has been prescribed for that child other than feed or feed supplements.

A **gastrostomy** is a surgical opening into the stomach through the abdominal wall

A **jejunostomy** is the surgical opening through the skin at the front of the abdomen and the wall of the jejunum (part of the small intestine.)

A **jejunostomy tube (J-tube)** is a soft, plastic tube placed through the skin of the abdomen into the midsection of the small intestine, by passing the stomach for enteral feeding.

A **nasogastric tube** is a feeding tube that is passed through the nose and down through the nasopharynx and oesophagus into the stomach.

Community setting may be the child's own home, school or somewhere serving as one of these such as a residential short break provision or an outing or activity.

3. PROCESS/REQUIREMENTS

3.1 Considerations

- Oral and enteral tube administrations of medication are different and should not be confused.
- Some medications are not suitable for enteral administration e.g. liquid diazepam, which can be absorbed into the enteral tubing.
- Administration of crushed tablets or viscous suspensions should be avoided as they could block enteral tubes.
- If tablets are used, they should be crushed into a fine powder and dispersed in water or thoroughly dissolved in water.

- Sterile water is usually used in hospitals for flushing enteral tubes after administration of medication. Cooled boiled water or tap water is sometimes used in the community setting for children over the age of 1 year – refer to individual care guidelines.

3.2. **Equipment**

The following equipment should be prepared:

- Prescription chart or Medication Administration Record Chart
- Medication tray
- Medication
- Syringes – appropriate size for dispensing medication plus 50ml syringes (minimum size) for administration of medication and flush.
- Tablet divider/mortar and pestle/tablet crusher
- Sterile water (for dissolving medication and flush)
- PH paper
- Non-sterile gloves
- Apron

4 **PROCEDURE**

- 4.1 Refer to the manufacturer’s information leaflet for the medicine and liaise with the pharmacist if unsure that the medication supplied is suitable for enteral administration.
- 4.2 Prepare the medication without directly touching it with your hands
- 4.3 If the required volume of medication is too small to put in a 50ml syringe, liaise with a pharmacist regarding diluting the required amount of medication further with sterile water.
- 4.4 If the medication is viscous, liaise with the pharmacist regarding alternative preparations of the medication or dissolving the suspension further with water. Also consider flushing the tube with water half-way through administering the medication.
- 4.5 This is a clean procedure, requiring a hygienic hand wash, apron and gloves.
- 4.6 Administer the medicine following these steps

4.6.1 Nasogastric Tube (NGT)		
	Action	Rationale
1.	Check the tube is in the correct position prior to the feeding by testing aspirate with pH paper.	Professionals are responsible for establishing the correct gastric placement of NGTs prior to their use. This should be checked every time used while the tube is in situ to ensure there is no risk of aspiration.
2.	Flush the tube with 5-10ml of sterile water, depending on the length of the tube and the child’s individual protocol	TO ENSURE THAT THE TUBE IS CLEAR
3.	Administer the medication slowly.	To reduce the risk of aspiration

4.	Stop administering the medication if aspiration is suspected and inform the nurse in charge/responsible prescriber.	Aspiration may occur when a tube is not correctly placed in the stomach, allowing medication to enter the lungs. This may lead to serious respiratory tract infection.
5.	Flush the tube with 5-10ml of sterile water between medications, depending on the length of the tube and the child's individual protocol	To reduce risk of blockage
6.	Flush the tube with 5-10ml of sterile water after administration of medications depending on the length of the tube and the child's individual protocol.	To maintain the patency of the device and ensure that all of the medication in the feeding system goes into the child's stomach.

4.6.2	Gastrostomy	
	Action	Rationale
1.	Flush the tube with 10-20ml sterile water depending on the length of the tube and the child's individual protocol	To check that the tube is clear for administration of medication
2.	Administer the medication slowly.	To reduce risk of aspiration
3.	Stop administering the medication if aspiration is suspected and inform the nurse in charge and/or parent	To promote early detection and early action of the complications
4.	Flush the tube with 10-20ml of sterile water between medications depending on the length of the tube and the child's fluid protocol.	To reduce risk of tube blockage
5.	Flush the tube with 10-20ml of sterile water after administration of medications depending on the length of the tube and the child's protocol	To maintain the patency of the device and ensure that all of the medication in the feeding system goes into the child's stomach.

4.6.3	Jejunostomy	
	Action	Rationale
1.	Flush the J- tube with 10-20ml of sterile water depending on the length of the tube and the child's fluid balance.	To check that the tube is clear for administration of medication
2.	Administer the medication slowly.	To promote safe administration
3.	Stop administering the medication if aspiration is suspected and inform the nurse in charge and/or parent	To promote early detection and early action of the complications
4.	Flush the J- tube with 10-20ml of sterile water between medications, depending on the length of the tube and the child's individual protocol	To reduce risk of tube blockage
5.	Flush the J-tube with 10-20ml of sterile water after administration of medications	To maintain the patency of the device and ensure that all of the medication in

	depending on the length of the tube and the child's individual protocol	the feeding system goes into the child's jejunum.
--	---	---

5. ROLES & RESPONSIBILITIES

- 5.1 Each member of staff practising enteral feeding will need to ensure that they have:
- received a basic level of induction into the benefits and risks of enteral feeding.
 - received instruction on practising this procedure in relation to the specific devices and administration of medication.
 - been deemed competent to practise by a registered nurse with relevant clinical experience.

6. TRAINING

- 6.1 All managers or supervisors of staff practising paediatric enteral feeding and medication administration practice are accountable for ensuring that staff are aware of this procedure and training requirements. At Mary Rose this is the Head of School, Jo Petch
- 6.2 Managers must ensure that training and induction for the practice of enteral feeding and medication administration is made available and that competencies are reviewed on an annual basis. At Mary Rose this is Mel Walton, Assistant Headteacher
- 6.3 Annual updates should be made available with regard to paediatric enteral feeding for all staff practising this medication procedure. This can be combined with other updates re enteral feeding.

7. EQUALITY & DIVERSITY AND MENTAL CAPACITY ACT

- 7.1 This document applies to all children who require medication via enteral routes so in no way impacts negatively on equality or diversity (see Appendix 1).

8. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THE POLICY

- 8.1 This procedure will be evaluated after the first year and then biannually. This process will include review of any incidents related to paediatric enteral feeding, medications and staff compliance with this procedure.

9. REVIEW

- 9.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after twelve months and thereafter on a bi-annual basis.

10. REFERENCES AND LINKS TO OTHER DOCUMENTS

- 10.1 **References:**

GOSH (2012) **Great Ormond Street Manual of Children's Nursing Practices** Blackwell. London.

Herd, L. (2007) **Information for Carers and Young People with Gastrostomy**
Published by ACT.org.uk

National Patient Safety Agency (NPSA) (2011) Patient Safety Alert
NPSA/2011/PSA002 [Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants](#). London. [Accessed 22 July 2016].

Knox, T. and Davie, J. (2009). **Nasogastric tube feeding- which syringe size produces lower pressure and is safest to use?** *Nursing Times*, 105 (27): 24-26.

10.2 Links to other related documents:

Solent NHS Trust Hand Hygiene Policy

Solent NHS Trust Policy for Infection Prevention and Control Standard Precautions

Solent NHS Trust Privacy, Dignity and Respect Policy.

Solent NHS Trust Medicines Policy

Appendix 1 - Equality Impact Assessment

Step 1 – Scoping; identify the policies aims	Answer
1. What are the main aims and objectives of the policy?	This document states the procedure for giving medicines via nasogastric tube, gastrostomy and jejunostomy to children in the Solent Academies Trust
2. Who will be affected by it?	Community Children’s Nursing staff and Mary Rose school staff teams
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	To ensure consistency of practice in administration of medicines via the enteral route
4. What information do you already have on the equality impact of this policy?	The elements of this procedure cannot be applied differently to different groups or individuals
5. Are there demographic changes or trends locally to be considered?	No
6. What other information do you need?	None

Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the policy be used unlawfully against any group?		X	
2. Can any group benefit or be excluded?		X	Applies equally to all
3. Can any group be denied fair & equal access to or treatment as a result of this policy?		X	
4. Can this actively promote good relations with and between different groups?		X	
5. Have you carried out any consultation internally/externally with relevant individual groups?		X	
6. Have you used a variety of different methods of consultation/involvement		X	Not necessary
Mental Capacity Act implications			
7. Will this policy require a decision to be made by or about a service user? (Refer to the Mental Capacity Act policy for further information)		X	

If there is no negative impact – end the Impact Assessment here.