Leicestershire Partnership
NHS Trust

Use of Blended Diets with Enteral Feeding Tubes

The policy refers to the use of blended/liquidised family food forindividuals with enteral feeding tubes

Key words: PEG, liquidised, diet, blended, gastrostomy, nasogastric

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Policy On A Page

SUMMARY & AIM

The document provides guidance for staff involved with patients or parents and carers wishing to use a blended diet via enteral feeding tubes, in combination with, or in preference to the use of prescribed enteral feeds. Guidance is required in connection with decision-making around the potential for this feeding method to meet nutritional requirements, hygiene and infection control, patient safety requirements, and practical considerations on an individual basis. Currently this practice is more commonly used for children and young people but may also be applicable to adults.

KEY REQUIREMENTS

This guideline is intended to collate available information and evidence to support staff in

- responding to requests from patients or parents and carers receiving or managing enteral nutrition to wholly or partially change their prescribed enteral feed to a blended diet.
- discussing the use of a blended diet where there are perceived benefits for the patient.
- ensuring patients or parents and carers fully understand the risks and disadvantages associated with this method of feeding, undertaking an individual shared decision-making assessment, and advising on mitigation where they wish to proceed.
- promoting nutritional adequacy for patients receiving blended diet via gastrostomy
- providing patients or parents and carers with advice on safe processes for preparation, storage and administration of blended diet via gastrostomy.
- ensuring all decisions made by others on behalf of patients lacking mental capacity are made in the patient's best interests.

TARGET AUDIENCE:

Any staff administering a blended diet via a gastrostomy tube.

TRAINING

Food Hygiene

Enteral tube feed administration training (Diana Nurses)

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1.0 Quick look summary

This policy provides guidance for staff involved with a blended diet via an enteral gastrostomy tube within Leicestershire Partnership Trust. The information enables decisions to be made around the use of a blended diet as well as practical advice.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1	8th January 2015	
2	26th January	Amendments made following comments from Clinical Effectiveness Group and FYPC Patient Experience, Safety and Risk Groups
3	17th July 2017	Amendments at anticipated timescale and following national meeting. Amended to reflect patient preference to continue blended diet despite advice to the contrary Requirement for Best Interests discussions added
4	12th September 2019	1) Policy title changed as Avanos now refer toadministration of blended diet via their PEGand balloon retained tube, in addition to buttons. 2) Changes to text as above Amendments made to reflect changes in the British Dietetic Association Position StatementJuly 2019 (Draft form at date of policy amendment)
5	7th August 2023	1. Amended title in line with BDA Blended diet toolkit (November 2021) 2. Updated background literature 3. Food hygiene guidance to be sought from Food Standards Agency Prescription enteral feed with food ingredients included
6	October 2024	Due for review. Reformatted on to current policy template. Amalgamation with SOP on use of blended diets.

For Further Information Contact: Senior dietitians, Home Enteral Nutrition Service team 0116 222 7161

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1.2 Key individuals involved in developing and consulting on the document

Key individuals involved in developing the document

Name	Designation
Gemma Phillips	Senior Dietitian (Home Enteral Nutrition Service)

Key Individuals involved for comments.

Name	Designation
Phil Roberts	Senior Dietitian, Home Enteral Nutrition Service
Claire Blakeman	Dietetic Manager Home Enteral Nutrition Service
Claire Woodhead	Diana Children's Community Nursing Team
Michelle Coulson	Senior Specialist Paediatric Dietitian, Home Enteral Nutrition Service
Tina Woodford	Diana Children's Community Nursing Team
	Trust Policy Group

1.3 Governance

Level 2 or 3 approving delivery group – Nutrition Steering Group

Level 1 Committee to ratify policy – Policy Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this policy.

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision;
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

2.0 Purpose and Introduction

Introduction

The use of prescribed enteral feed is considered best practice for patients requiring enteral nutrition and remains standard practice for individuals with enteral feeding tubes. Prescribed enteral feeds are usually nutritionally complete within a specified volume, and assuming good practice guidelines are followed, rarely cause tube blockages.

Despite this, there is growing interest in the use of blended diets via enteral feeding tubes as an alternative to, or used in combination with, prescribed enteral feeds in the UK (in line with other countries). There are reported benefits associated with the use of blended diets including reduced vomiting and retching, improved bowel function, reduced dependence

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on medication, and improved general wellbeing and mood. More recent research has shown a reduction in hospital attendance associated with the use of a blended diet for certain individuals. This is in addition to the social implications of involving family members with enteral feeding tubes in mealtimes.

Research into the use of blended diets is increasing although the evidence base remains small. Sharing of experiences via support groups and social media has raised the profile of this method of feeding, leading to increasing numbers of requests and enquiries relating to this. This is particularly the case for children and young adults, and there is recognition that some parents and main carers are adopting this method of feeding independently of advice and support from health professionals.

The Enteral Plastic Safety Group recommends that parents or carers wishing to use a blended diet should do so using a shared decision-making approach outlined in the British Dietetic Association (BDA) Blended Diet toolkit. This approach is to ensure that parents or carers have a good understanding of the benefits and possible consequences associated with using a blended diet so that they can make an informed decision.

Blended diets are used primarily in gastrostomy feeding. A mature gastrostomy stoma is recommended (8-12 weeks post placement) in the event that the tube needs to be replaced. A 12FG (or larger) tube is desirable; narrower gastrostomy tubes can be used although may require thinner blends.

The use of a blended diet via nasogastric tube is not advocated by the BDA due to increased pressure required to give blended foods though a fine bore tube which may cause the tube to split, risking aspiration if the split occurs above the epiglottis. Similarly, the BDA caution against using a blended diet for post pyloric feeding. The rationale for this is the bypassing of the acidic stomach environment which protects against infection. In addition, post pyloric feeding requires a slow rate and some research has suggested that the osmolality of blended foods may be too high for post pyloric feeding.

The BDA advises that, for the majority of individuals, the use of prescribed enteral feed remains the first line choice. It also acknowledges the growing use of blended diets for enteral feeding and the need to:

- Create a culture where tube-fed individuals and their families or carers feel able to openly and honestly discuss the feeding plan they follow with their dietitian.
- Create a culture where dietitians feel supported professionally to raise the topic of blended diet and offer this option as a mode of feeding where they deem it appropriate for physiological, social or emotional reasons.

The BDA also advises that Dietitians should continue to fulfil their duty of care to the patient or main carer; supporting them to ensure adequate nutrition is provided where they decide they wish to use a blended diet via an enteral feeding tube.

Tube fed individuals receive input from a range of healthcare and non-healthcare professionals, including registered dietitians and other allied health professionals, nurses, nursing assistants, health visitors, day centre, school and nursery staff, and respite and care agency staff. Some staff are involved to advise families about blended diets, others in the administration of feeds. Administration of blended diet via an enteral feeding tube requires staff to be competent in enteral feed administration.

There is a need for all staff to support patients or parents and carers in adopting and maintaining safe practice where they have made an informed decision to use this mode of feeding. For adult patients, a best interests meeting may be required where patients lack capacity to make the decision themselves. The capacity assessment and the outcome of the meeting should be documented in the electronic patient record and made available to all relevant staff.

Duties Dietitians will:

- be aware that the use of blended diet may provide clinical benefit in certain patient groups.
- assess and discuss ways to mitigate risks associated with a blended diet with individuals or families wishing to change to a blended diet via an enteral feeding tube.
- ensure that decisions are made in the best interests of the patient where mental capacity is in doubt. For adult patients, the dietitian will ascertain whether lasting power of attorney or deputyship for health and welfare are in place.
- advise on maintaining adequate nutrition and hydration.
- provide ongoing monitoring for individuals receiving blended diet, as for those receiving prescribed enteral feeds.
- direct individuals to advise on safe practice relating to hand hygiene, blended food preparation, storage, reheating of food and administration.
- liaise with the relevant MDT regarding the change to blended diet.
- provide a nutritional plan for staff involved in feed administration.

Nursing staff, nursing assistants and other carers will:

- administer feeds (prescribed or blended family foods) in accordance with these guidelines and written nutritional plan provided by the Dietitian.
- advise patients or parents and carers on safe practice relating to hand hygiene, blended food preparation, storage, reheating and administration, and support families in minimising infection control risks.

Purpose

This guideline is intended to collate available information and evidence to support staff in

- responding to requests from patients or parents and carers receiving or managing enteral nutrition to wholly or partially change their prescribed enteral feed to a blended diet.
- discussing the use of a blended diet where there are perceived benefits for the patient.
- ensuring patients or parents and carers fully understand the risks and disadvantages associated with this method of feeding, undertaking an individual shared decision-making assessment, and advising on mitigation where they wish to proceed.
- promoting nutritional adequacy for patients receiving blended diet via gastrostomy
- providing patients or parents and carers with advice on safe processes for preparation, storage and administration of blended diet via gastrostomy.
- ensuring all decisions made by others on behalf of patients lacking mental capacity are made in the patient's best interests.

The document has been developed to promote best practice and optimise patient safety where patients or parents and carers choose to use a blended diet in preference to prescribed enteral feed products exclusively.

3.0 Policy Requirements

Process to support consideration of the use of blended diet via enteral feeding tube

See Appendix 8

For advice on administration of blended diet via the gastrostomy please refer to Appendix 9.

Feed administration

The use of enteral feeding pumps to deliver blended foods is not supported by most manufacturers. Pump feeding of blended foods is also not recommended due to the risk of microbial contamination with protracted hanging times, and most enteral feeding pumps are not calibrated for this purpose. It is therefore suggested that all feeds should be administered as boluses, using an enteral syringe.

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Nutritional adequacy

Evidence suggests there is variation between the expected and actual macro and micronutrient content of blended feeds. The impact of this on nutritional status is unknown although likely similar to those taking an oral diet.

A combination of prescribed enteral feed and blended food can be considered if symptom control can be achieved without withdrawing all prescribed feeds. A vitamin and mineral supplement may be required and should be assessed on an individual basis. In addition, prescribed enteral feeds containing blended foods may be suitable. Reliance on a limited range of foods may be detrimental to overall nutritional status and intestinal microbial diversity.

Guidance from the dietitians will be based on the Food Standards Agency Eat Well Guide, with modifications to meet individual and clinical needs. It is recommended that foods from the 4 major food groups are included in the diet. Periodic analysis of overall dietary intake may be required, alongside anthropometric measurements.

Blood tests may be requested by the dietitian if there are specific concerns regarding an individual's nutritional intake.

Hygiene and infection prevention

It is necessary to ensure that blended food is suitable for consumption and does not cause gastrointestinal upset due to contamination.

The potential for contamination during preparation, storage or subsequent handling of blended food has been widely acknowledged as a risk which must be mitigated through good food hygiene practice, as for regular family food. Equipment used to prepare feeds should be cleaned and disinfected after use.

Preparation

Research comparing microbial contamination of prescribed enteral feeds with blended food found counts to be significantly higher in blended foods. Prescribed enteral feeds are sterile on opening, and if handled appropriately remain sterile when administered. Research assessing bacterial load of food blends lacks consensus with some studies showing that food blends contain bacteria in excess of the acceptable limits whilst others are largely within recommended ranges. It has been shown that food hygiene practices and refrigeration of food blends can reduce bacterial content and should therefore be considered.

Storage

Avoidance of storing blended foods (i.e. preparing and blending as close to administration as possible) will reduce risks associated with storage.

Where storage and reheating is required, the food safety guidelines published by the Food Standards Agency should be adopted to minimise associated risks.

Procedural guidance on preparing, storing and reheating food is included – See Appendix 5.

Training

Staff involved in preparation and administration of blended diet via gastrostomy devices should undertake food hygiene training provided by the Trust and Enteral tube feed administration training within paediatrics (as part of Diana Nurses training package)

See appendix 1 for training template and appendix 9 for further information.

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as / role development training.

The course directory e- source link below will identify: who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

http://www.leicspart.nhs.uk/Library/AcademyCourseDirectory.pdf

A record of the event will be recorded on the Electronic Staff Record

Definitions that apply to this policy:

Gastrostomy button	Low profile feeding device passing through the abdominal wall, through which enteral feed, fluid and liquid medication is administered into the stomach via a port accessed adjacent to the abdomen
Percutaneous endoscopic gastrostomy (PEG)	Feeding tube passing through the abdominal wall, through which enteral feed, fluid and liquid medication is administered into the stomach via a port accessed at the distal end of the tubing
Balloon retained gastrostomy tube	Balloon retained tube passing through the abdominal wall, through which enteral feed, fluid and liquid medication is administered into the stomach via a port accessed at the distal end of the tubing

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Nasogastric tube	Feeding tube passing through the nostril, nasopharynx and oesophagus to the stomach, through which enteral feed, fluid and liquid medication is administered via a port accessed at the distal end of the tubing
Blended diet or liquidised diet	Household food and fluids blended to a consistency whereby it can be administered via an enteral feeding tube
Prescribed enteral feed	Commercially prepared prescribable formula of a nutritionally complete nature if sufficient volume is received
Bolus feed	Intermittent administration of a designated quantity of enteral feed
Pump assisted feeding	Administration of enteral feed using an enteral feed pump to control the rate of feeding
Anthropometry	Measurements of the body, usually for comparison with standards or to measure individual change over time

4.0 Duties within the Organisation

Policy, Guideline or Procedure / Protocol Author - Responsibility for ensuring the nutrition and Hydration Steering Group identify learning and best practice to inform this Policy and update accordingly. To ensure the policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the Directorates and appropriate governance group.

Lead Director - The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively. Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

Directors, Heads of Service - Divisional Directors and Heads of Service are responsible for ensuring all relevant staff are aware of the policy and adhere to the principles and guidelines contained within it

Senior Managers, Matrons and Team Leads - Managers and Team leaders are responsible for ensuring all relevant staff are aware of the policy and adhere to the principles and guidelines contained within it

Staff - Staff involved in advising patients or parents and carers on the use of blended diet, or handling, administering or storing blended feeds, will ensure they are familiar with the content of the policy and associated procedural guidelines, and work in accordance with these

Responsibility of Clinical Staff - Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given verbally and / or in writing. Someone could also give non-verbal consent as long as they fulfil the criteria to have capacity and are able to communicate their decision in some way. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

5.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

6.0 Monitoring Compliance and Effectiveness

The decision to use blended diet via an enteral feeding tube in preference to the exclusive use of prescribed enteral feeds, and the incidence of problems with gastrostomy devices and feed tolerance/gastro- intestinal problems will be documented in the relevant patients' dietetic and nursing records if applicable, as part of core record keeping.

Monitoring tools must be built into all procedural documents in order that compliance and effectiveness can be demonstrated.

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Be realistic with the amount of monitoring you need to do and time scales

See also Appendix 7 for Policy Monitoring Section

Page / Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
	Nutritional Outcomes. Patients will meet nutritional requirements – determined by appropriate anthropometry	Dietetic review of nutritional intake and anthropometry as indicated.		
	CQC outcome 1 Respecting and involving people who use services. Patients understand the risks and benefits ofthis treatment in order to make an informed decision, and have a documented shared decision making proforma	Shared decision making proforma recorded on SystmOne for each individual opting for a blended diet. To be checked when aware an individual on a blended diet.		

7.0 References and Bibliography

This policy was developed with reference to the following:

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NICE Evidence Update 64. A summary of selected new evidence relevant to NICE clinical guideline 139 ‘Prevention and control of healthcare-associated infections in primary and community care (2012) Accessed at http://www.nice.org.uk/guidance/CG139

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8.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1 Training Needs Analysis

Training topic:	Food Hygiene Enteral tube feed administration training (from Diana Nurse Package)	
Type of training: (see study leave policy)	Role Specific	
Directorate to which the training is applicable:	Adult Mental Health* Community Health Services * Enabling Services * Families Young People Children / Learning Disability/ Autism Services Hosted Services *	
Staff groups who require the training:	Any staff administering a blended diet via a gastrostomy tube.	
Regularity of Update requirement:	As per Trust Policy	
Who is responsible for delivery of this training?	LPT Learning and Development team	
Have resources been identified?	Training in existence	
Has a training plan been agreed?	Yes	
Where will completion of this training be recorded?	Trust learning management system Enteral feed administration training to be recorded as relevant to individual services	
How is this training going to be monitored?		
Signed by Learning and Development Approval name and date		Date: November 2024

Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers Answer yes/no to all

Respond to different needs of different sectors of the population - yes

Work continuously to improve quality services and to minimise errors - yes

Support and value its staff - yes

Work together with others to ensure a seamless service for patients - yes

Help keep people healthy and work to reduce health inequalities- yes

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance - yes

Appendix 3 Due Regard Screening Template

Section 1	
Name of activity/proposal	Blended food administration via enteral feeding tube
Date Screening commenced	1.4.15
Directorate / Service carrying out the assessment	Nutrition and Dietetic Service, FYPC
Name and role of person undertaking this Due Regard (Equality Analysis)	Anne Mensforth
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: To respond appropriately to requests from families wishing to adopt this method ofenteral feeding, taking individual preferences into account and discussing the use of a blended diet where potential benefit has been identified.	
OBJECTIVES: To ensure good practice and safe care where families wish to use a blended diet	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	n/a
Disability	n/a
Gender reassignment	n/a
Marriage & Civil Partnership	n/a
Pregnancy & Maternity	n/a
Race	n/a
Religion and Belief	n/a
Sex	n/a
Sexual Orientation	n/a
Other equality groups?	n/a

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
Yes	No ✔
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4.

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Appropriateness of this method of feeding will relate to clinical factors rather than protected characteristics			
Signed by reviewer/assessor	Anne Mensforth	Date	1.4.24
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	Anne Mensforth	Date	1.4.24

Appendix 4 Data Privacy Impact Assessment Screening

<table>
<tr><td colspan="4">Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</td></tr>
<tr><td>Name of Document:</td><td colspan="3">Use of Blended Diets with Enteral Feeding Tubes</td></tr>
<tr><td>Completed by:</td><td colspan="3">Anne Mensforth</td></tr>
<tr><td>Job title</td><td colspan="2">Clinical Dietetic Manager</td><td>Date 1.10.19</td></tr>
<tr><td colspan="2">Screening Questions</td><td>Yes / No</td><td>Explanatory Note</td></tr>
<tr><td colspan="2">1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.</td><td>No</td><td></td></tr>
<tr><td colspan="2">2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.</td><td>No</td><td></td></tr>
<tr><td colspan="2">3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?</td><td>No</td><td></td></tr>
<tr><td colspan="2">4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?</td><td>No</td><td></td></tr>
<tr><td colspan="2">5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.</td><td>No</td><td></td></tr>
<tr><td colspan="2">6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?</td><td>No</td><td></td></tr>
<tr><td colspan="2">7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.</td><td>No</td><td></td></tr>
<tr><td colspan="2">8. Will the process require you to contact individuals in ways which they may find intrusive?</td><td>No</td><td></td></tr>
</table>

<table>
<tr><td colspan="2">If the answer to any of these questions is ‘Yes’ please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</td></tr>
<tr><td>Data Privacy approval name:</td><td></td></tr>
<tr><td>Date of approval</td><td></td></tr>
</table>

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Appendix 5 Guidelines for preparation, storage and reheating blended feeds

Considerations for this do not differ from those relating to food for oral consumption.

It is recommended that patients or parents and carers complete on-line food hygiene training

Preparation

- Good hand washing techniques must be adopted, and hands washed prior to handling food, equipment and between handling raw and ready to eat foods.
- Cooking equipment and blenders should be of a design which can be thoroughly cleaned. All equipment used must be thoroughly cleaned after use.
- Surfaces on which food is prepared must be clean. It is recommended that different boards are used for raw and ready-to-eat foods.
- Food must be stored appropriately to avoid deterioration prior to cooking or use.
- Avoid undercooking food prior to blending. A probe thermometer may be used to check that foods have been thoroughly cooked (a reading of 70 oC held for 2 minutes).
- Prepare blended food as close as possible to the time of administration.

Storage

If it is necessary to store food in the fridge for later administration, the following guidelines should be adopted:

- Store the food in a clean container with a lid.
- Blended food should not remain at room temperature for more than 90 minutes before refrigerating.
- Blended food not used within 90 minutes may be refrigerated (below 50C) and used within 24 hours of preparation.
- Blended food may be frozen (below -180C) for up to 1 month.
- Blended foods that are brought into hospital to be used via an enteral feeding tube must be labelled with the patient's name and used within 24 hours.

Reheating

Feeds containing meat, poultry or previously cooked foods.

Remove feed from fridge, transfer to a suitable container, and microwave until 'steaming hot' or 'piping hot' throughout (or if using a thermometer, a minimum of 700C for at least 2 minutes). Allow to cool to body temperature (370C) or below before feeding, as you would for foods taken by mouth.

Feeds not containing meat, poultry, previously cooked foods or blends containing foods that could be eaten cold.

Option 1 – remove feed from fridge and stand on work surface for 30 minutes to allow this to come to room temperature (WHO 2007)

Option 2 – remove feed from fridge and place the container in a jug of hot water for no more than 10 minutes. Shake or stir before feeding.

Defrosting
Frozen food should be thawed in the fridge below 50C, reheated in accordance with information above, and used within 24 hours of removing from the freezer.

Transporting
The transport of home prepared feeds should avoid excess temperature gains as this is associated with bacterial growth.

All time limits specified should be strictly adhered to.

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Appendix 6 Leicestershire Home Enteral Nutrition Service Blended diet shared decision making proforma

Name……………………………………………………………………………

NHS number………………………………………………………………….. DOB…………………………………………….

Prior to completing the proforma it should be confirmed that the patient/parent/carer has a full understanding of the implications and requirements of this method of feeding

RISK	DETAILS	MITIGATIONS	DISCUSSED
Nutritional risk	Nutritional risk relates to: - The need to dilute blended food in order to achieve a suitable solution for administration. This will result in the need for larger volumes of feed in order to provide sufficient nutrition - Blended feeds may have a lower energy content than commercial formula - The nutritional content of blended meals is not accurately known	Liaison is required on an individual basis. It may be beneficial to use a combination of commercial formula and blended food, at least initially. Tolerance of volume should be closely monitored. Close monitoring of growth should be undertaken Information regarding suitable energy dense supplementation should be provided as appropriate to the individual Analysis of food diaries to enable assessment of nutrient intake may be needed, to identify any potential deficiencies or excesses of vitamins, minerals or macro or micronutrients. Supplementation may be required. This should be assessed on an individual basis	
Specific risks identified Actions identified to reduce risk			

RISK	DETAILS	MITIGATIONS	DISCUSSED

Infection	Risk could arise from: - Inappropriately or undercooked foods - inappropriate storage of feeds - poor hand hygiene - particles of food remaining in the tube afterfeeds - poor cleanliness of equipment used	Ensure awareness of food safety guidance, and recommend on-line food hygiene training Ensure patient/family is aware of appropriate storage conditions and disposal requirements of prepared feeds Feeds should be labelled with the date and time of preparing ifsent to school/nursery or other setting Promote good hand hygiene Ensure tube is flushed immediately after all feeds Ensure blender, and any other equipment is of a design which can easily be cleaned thoroughly	
Specific risks identified Actions identified to reduce risk			

RISK	DETAILS	MITIGATIONS	DISCUSSED
Feed administration	Risk relates to: - thicker consistency of blended meals a) It is unlikely that gravity bolus feeding will be practical b) Pump feeding is not recommended Most pumps are not calibrated for this consistency of feed. Blended meals may not remain in suspension for a prolonged period of time Increased infection risk from prolonged 'hanging' time Potential uneven or over-heating of feed, if feeds are warmed	Administration using syringe with plunger will be needed (caution relating to the pressure applied) If feed is warmed/reheated, ensure the temperature does not exceed hand temperature when administered, and the food is re-mixed after warming	
Specific risks identified Actions identified to reduce risk			

RISK	DETAILS	MITIGATIONS	DISCUSSED
Tube blockage	Risk could arise from: - Food being incompletely blended - Attempts to administer a solution which is toothick	Ensure feed is completely smooth Flush tube immediately after all feeds Ensure foods are adequately diluted to a suitable consistency	
Specific risks identified Actions identified to reduce risk			

RISK	DETAILS	MITIGATIONS	DISCUSSED
Tube/device condition	Certain devices are not approved by the manufacturers for the administration of blended feeds. Earlier deterioration of devices or associated equipment could result Inability to clear a blockage in a PEG-type device may necessitate hospital admission to replace the tube	The patient or family member should be made aware of this The condition of the tube should be reviewed regularly by dietitian, nurse or doctor	
Specific risk identified Actions identified to reduce risk			

Recommendations/summary	To be completed as SystmOne Questionnaire or scanned into patient records.

Dietitian ………………………………………………………………………………… Date…………………………………………………

Patient/parent/family details …………………………………………..………………………………………………(send copy)

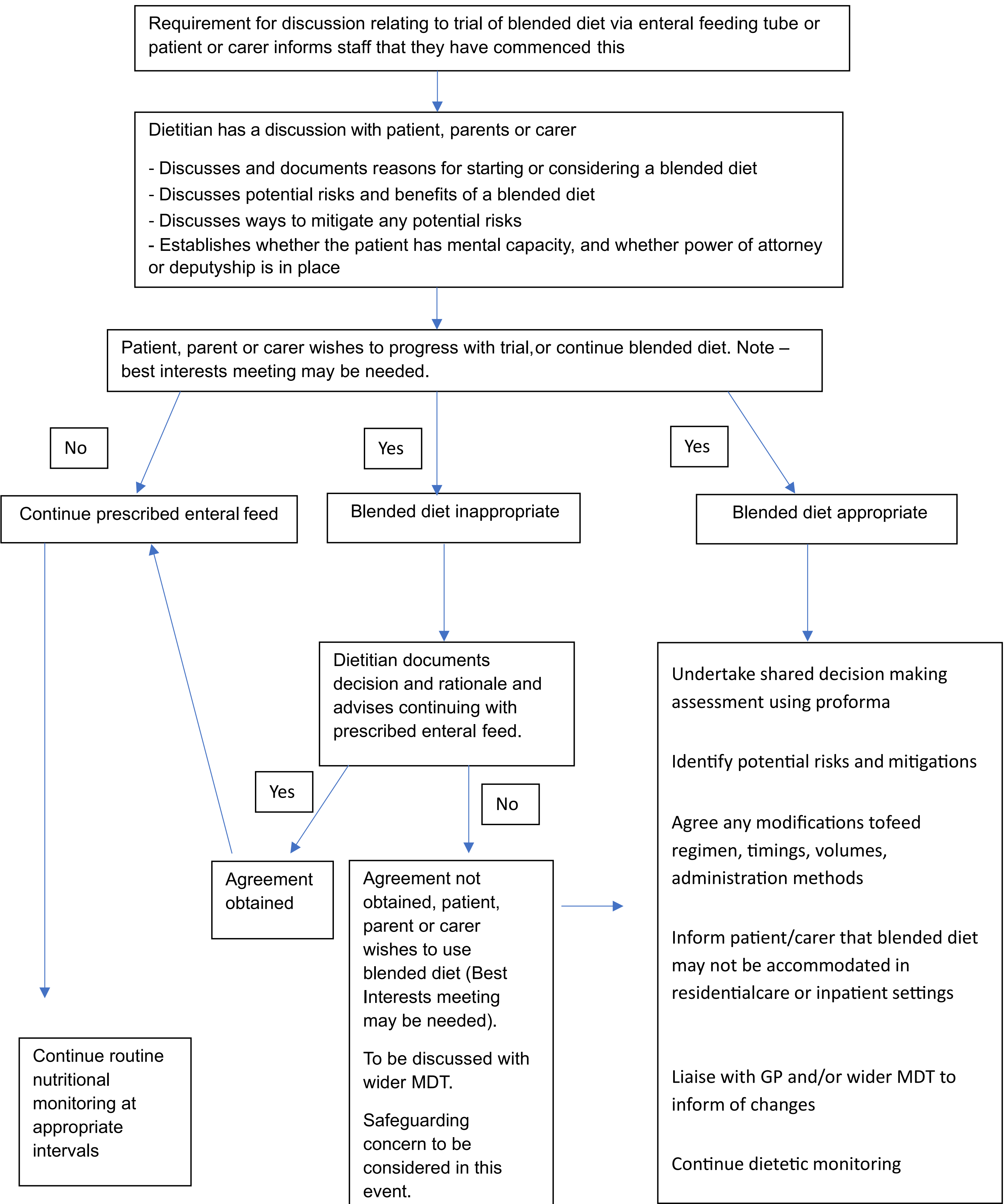
Appendix 7 Policy Monitoring Section

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shallbe responsible for developing and monitoring any action plans to ensure future compliance

Reference	Minimum Requirements	Self assessment evidence	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	Children and young people changing from prescribed enteral feed to blended diet will complete a shared decision making proforma		Records to be reviewed	Anne Mensforth, Dietetic Manager	Once only
	Incidents reported which relate to this cohort will be reviewed		Ulysses	FYPCLDA Quality and Safety Directorate Management Meeting	Quarterly

Appendix 8 Process to Support Consideration of the use of Blended Diet via Enteral Feeding Tube



Appendix 9 Administration of Blended Diet via Gastrostomy Tube

EATING AND DRINKING TO INCLUDE ADMINISTRATION OF BLENDED DIET VIA GASTROSTOMY TUBE. STANDARD OPERATING PROCEDURE FOR DIANA CHILDRENS COMMUNITY SERVICES.

For Completion by SOP Author	
Version	1
Document Author(s)	Katie Willetts Senior Nurse, Diana Childrens Community Services
Document Reviewer(s)	Emma Gilbert, Clinical Lead, Diana Childrens Community Service. Kelly Hackett, Operational Lead, Diana Childrens Community Service.

For Completion by Author	
Name of Responsible Committee	FYPCLD Senior Clinical Leadership Forum,
Issue Date	
Implementation Date	
Review date	

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INTRODUCTION

The number of children and young people with complex care needs or life limiting conditions is growing which has led to an inevitable increase in enteral feeding (children being fed via a feeding tube most commonly a Nasogastric or Gastrostomy tube). From experience it is evident that most children and young people in receipt of support from the Diana Continuing Care Team will receive their nutrition enterally however there may be some children who still enjoy tastes, drinks or full family meals. The service needs to ensure we support parents and carers with this and continue to offer this during care provided from the Continuing Care Team.

There is currently an increase in interest in the use of liquidised food (blended feeding) as an alternative to tube feeds, particularly for children. Understandably, parents wish for their child to have the same choices as a child who is orally fed. In November 2019, the British Dietetic Association (BDA) published a Policy Statement on the use of blended diets with enteral feeding tubes which advised that blended diet can be offered to tube fed individuals and their families as an option as part of patient centred individualised care[i]. More recently, a practice toolkit on the use of blended diets with enteral feeding tubes has been published to provide practical, best practice guidance for healthcare professionals working in the field of HETF[ii].

Children who are tube fed receive input from a variety of healthcare and non-healthcare professionals and there is a need for all involved to support parents/patients in adopting safe practice, as long as this is an informed choice about how best to provide complete nutrition whilst maintaining safe practice. LPT has a Policy Administration of Blended Diet via gastrostomy device (Nov 2022), the policy provides guidance for staff involved with patients, parents or carers wishing to receive or administer blended or liquidised diet via enteral feeding devices, in combination with, or in preference to the use of prescribed enteral feeds. It provides guidance in connection with decision-making around the potential for this feeding method to meet nutritional requirements, hygiene and infection control, patient safety requirements, and practical considerations for individuals.

PURPOSE

The purpose of this document is to

- Support staff within the Diana Childrens Community Services particularly Specialist Practitioners, Nursing Associates and Registered Nurses supporting the Continuing Health Care Packages to safely administer food and drink including a blended 'gastrostomy' diet to those children and young people whose families have chosen this method of nutrition.
- Support understanding, knowledge, and education regarding eating and drinking in children and young people.
- Support understanding, knowledge, and education of the process for the safe use of blended diet with enteral feeding tubes.
- To provide guidance on best practice for the preparation, storage, and administration of all food given to children and young people in receipt of the service to include blended diet via enteral feeding tubes.

SCOPE

- The SOP is applicable to;
    - All staff in the Continuing Care Team, Diana Childrens Community Services.
    - Staff in Diana School Nursing Teams.
    - Registered Nurses in Diana Childrens Community Services supporting the On-call provision.

ABBREVIATIONS & DEFINITIONS

CCT	Continuing Care Team
'GETTING TO KNOW'.	This is a term used by the Diana Children's Community Services The purpose of the 'Getting to Know' is to enable the Named Nurse and Key Workers to get an overview of the child's routine, nursing care and preferences that will be required during the service provision; as well as the home environment in which they will be working. It also allows the child and family time to get to know their key staff. It is intended to provide guidance to minimise the risk of a delay in service provision to the child and family, to support staff and child's safety and to identify essential competencies required for each individual child's care.

FYPC / LD	Families Young Peoples Children's and Learning Disability Division.
SYSTMONE	The electronic record keeping platform used by services in LPT.
NAMED NURSE	The lead practitioner responsible for identifying the nursing care required to maintain the health status of the child, developing care plans to reflect this care and agreeing these with the child and family. The Named Nurse will also identify the competency assessments required by the Key Workers, ensure these are completed and that appropriate care is provided by the key workers. The Named Nurse also provides support and guidance to both the Key Workers and the family regarding all aspects of the child's nursing care.
SP	Specialist Practitioner
KEY WORKER	Health Care Worker / Nursing Associate assigned to provide Continuing Care to a particular child and family.
RN	Registered Nurse
NA	Nursing Associate
GASTROSTOMY BUTTON	Low profile feeding device passing through the abdominal wall, through which enteral feed, fluid and liquid medication is administered into the stomach via a port accessed adjacent to the abdomen
PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG)	Feeding tube passing through the abdominal wall, through which enteral feed, fluid and liquid medication is administered into the stomach via a port accessed at the distal end of the tubing
BALLOON RETAINED GASTROSTOMY TUBE	Balloon retained tube passing through the abdominal wall, through which enteral feed, fluid and liquid medication is administered into the stomach via a port accessed at the distal end of the tubing
BLENDED DIET OR LIQUIDISED DIET	Household food and fluids blended/blended to a consistency whereby it can be administered via an enteral feeding device
PRESCRIBED ENTERAL FEEDS	Commercially prepared prescribable formula of a nutritionally complete nature if sufficient volume is received
BOLUS FEED	Intermittent administration of a designated quantity of enteral feed
PUMP ASSISTED FEEDING	Administration of enteral feed using an enteral feed pump to control the rate of feeding
SALT	Speech and Language Therapist

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DUTIES AND RESPONSIBILITIES

The Registered Nurses as Named Nurses need to fulfil the duties outlined in the process section of this document.

The CCT Clinical Lead needs to support Named Nurses in their role and support training and competence assessment for all staff.

RN's, NA's and SP's need to maintain their own competence. Highlight any concerns regarding their own competence with the Named Nurse or the on call Registered Nurse when they arise. All staff should keep the Named Nurses updated with any changes to the health status of the child or young person so that changes to care plans can be made and training and competence for staff updated if required.

PROCESS

Oral tastes and drinks including full diet offered orally:

Before Diana CCT staff can start the process of agreeing to support a child to eat and drink orally or offer tastes the following needs to be in place.

1. Evidence of a Risk Assessment from SALT if they are known to the child. If a SALT is not involved the Named Nurse will need to observe parents and carers feeding the child orally. If they observe that the child is distressed, is coughing or appears to be choking then they should ask the parents and carers to stop the feed, advise that they are concerned and refer to SALT colleagues for support.
2. The named nurse needs to be assured that safe practice relating to hand hygiene, food preparation, storage, reheating of food is being adhered to by parents and carers as CCT staff will be responsible for reheating and administration of the blended diet, this needs to be as safe as possible.
3. If the child is simply receiving 'tastes' or small amounts of food orally only then a nutritional plan from the dietitian providing instructions about the content, volume of enteral feeds and water for each 24 hour period will also be required. And assurance that weight management and nutrition will continue to be monitored by Dietetic services.
4. Agreement with parents or carers that they will label food to be reheated by CCT staff stating content and day prepared.
5. Named Nurses will be responsible alongside parents for developing individualised care plans for use by staff in the Diana Childrens Community services to instruct how to administer the nutritional requirements to individual children and young people. Dietetics plans should also be used where they are present.

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6. All staff providing support for eating and drinking need to have participated in this alongside parents and carers during the ‘Getting to Know’ process and all NA’s and SP’s need to be assessed using the LCAT assessment appx.

Blended Diet via Gastrostomy Tubes:

Before Diana CCT staff can start the process to agree to support blended diet administration and for training staff to administer a blended diet the following needs to be in place.

1. Evidence of the Risk Assessment completed by the Dietitian to approve use of blended diet.
2. Evidence that parents or carers have received advice on safe practice relating to hand hygiene, blended food preparation, storage, reheating of food and administration.
3. The named nurse needs to be assured that safe practice relating to hand hygiene, blended food preparation, storage, reheating of food and administration is being adhered to by parents and carers as CCT staff will be responsible for reheating and administration of the blended diet, this needs to be as safe as possible.
4. A nutritional plan from the dietitian providing instructions about the content, volume of feeds and water for each 24-hour period.
5. Assurance that weight management and nutrition will continue to be monitored by Dietetic services.
6. Agreement with parents or carers that they will label food to be reheated by CCT staff stating content and day prepared.
7. Named Nurses will be responsible alongside parents for developing individualised care plans for use by staff in the Diana Childrens Community services to instruct how to administer a blended diet to individual children and young people. Dietetics plans should also be used.
8. All staff providing support for administering blended diet need to have participated in this alongside parents and carers during the ‘Getting to Know’ process and all NA’s and SP’s need to be assessed using the LCAT assessment appx.

Administration of oral ‘tastes’, full diet and drinks.

All food stuffs and drinks will be provided by parents and carers.

All Diana service staff will have observed parents and carers during the ‘Getting to Know’ process and know how the child prefers to be fed or receive drinks as well as their likes and dislikes.

All food given and offered orally needs to be documented clearly in the care plan and handed over to the parent or carer at the end of the shift worked.

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Any concerns noted should be discussed with the parent and carer at hand over and the Named Nurse.
If children and young people become distressed while eating and drinking then this should stop, and the reasons sought. If it is felt, they are no longer swallowing well or tolerating this method of nutrition then support needs to be gained from other health care professionals being sure to involve the parents and carers in this.

Administration of a blended diet via gastrostomy tube.
Bolus feeding involves giving larger volumes over short time periods throughout the day and can mimic mealtimes. Bolus feeding can be delivered by gravity or by gentle pressure applied to a 60ml syringe or via an automated feeding pump. Within the UK, automated feeding pumps are not currently licensed for the administration of a blended diet, therefore the use is not advocated in healthcare settings or by health care personnel.

- A gravity bolus method can only be used with a thinner blend.
- A slow plunge method, using a 60ml enteral syringe using gentle pushes, is the method of choice with a thicker blend.
- The rate of administration will depend on the individual tolerance. It is a good idea to start slowly and increase the rate gradually. The duration of feed should normally take a similar length of time as an oral meal.
- Blends should only be kept at room temperature for one period of a maximum of 2 hours.
- Take time and observe the individual whilst administering the blend to ensure comfort and tolerance. If necessary, give a break and a small flush of water between the blend syringes.
- Where an automated feeding pump is indicated for the individual, this needs to be agreed on an individual basis following discussion with the family and multidisciplinary team and indicated within the Health Boards enteral feeding contract.
- The enteral feeding tube should be flushed with water before and after feeds (volume to be advised by dietitian as per feeding regime). Tap water can be used unless the individual is immunocompromised, in which case cooled boiled or sterile water should be used.
- The general principles for enteral feeding and use of gastrostomy tubes for feeding purposes identified in the LPT Clinical Guideline Enteral Nutrition (enteral tube feeding) in the community and community hospitals should be followed as the step-by-step guide to how to practically administer the feed.

Preparation

This will be done by parents or carers; however they should ensure they adopt good hand washing techniques, and hands washed prior to handling food or equipment. Cooking and liquidising equipment should be of a design which can be thoroughly cleaned. The surfaces on which food is prepared must be clean. Food must be stored appropriately to avoid deterioration prior to cooking or use. Avoid undercooking food prior to liquidizing. Prepare food as close as possible to the time of administration.

Reheating food and blended diet.

Feeds containing meat, poultry or previously cooked foods.
Remove feed from fridge, transfer to a suitable container, and microwave until 'steaming hot' or 'piping hot' throughout (or if using a thermometer, a minimum of 70°C for at least 2 minutes). Allow to cool to body temperature (37°C) or below before feeding.
This should be checked using the Therma 20 Thermometer with probe attached supplied by the Diana Childrens Community Service.

Feeds not containing meat, poultry or previously cooked foods.
Option 1 – remove feed from fridge and stand on work surface for 30 minutes to allow this to come to room temperature (WHO 2007)
Option 2 – remove feed from fridge and place the container in a jug of hot water for no more than 10 minutes. Shake or stir before feeding.
This should be checked using the Therma 20 Thermometer with probe attached supplied by the Diana Childrens Community Service. Food should be body temperature (37°C) or below before feeding.

Storage of prepared foods.

If it is necessary to store food in the fridge for later administration, the following guidelines should be adopted:
Store the food in a clean container with a lid.
Prepared food should not remain at room temperature for more than 90 minutes before refrigerating.
Any prepared food not used within 90 minutes may be refrigerated (below 5°C) and used within 24 hours of preparation. Food should be labelled stating content and day prepared.

Any prepared food may be frozen (below -18°C) for up to 1 month.

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Defrosting.
Frozen food should be thawed in the fridge below 5°C, reheated in accordance with information above, and used within 24 hours of removing from the freezer.

Safety Check.
Before parents or carers leave as part of the handover checking process, check the prepared food to be used with them, establish if it is frozen food, if it contains meat or poultry.

1. Remove feed to be reheated from fridge.
2. Check food label to ensure volume is correct and food is 'in date' and safe to use.

Food thermometers.
The Diana Childrens' Community Service will need to have access to food thermometers to check the temperature of heated and reheated foods as detailed in this SOP.

- To allow ready access for staff thermometers will need to be left in the child's own home.
- An agreement will need to be made on the Working Together Agreements used in the CCT team that are signed up to by both the service and parents and carers. This will need to include safe storage. Thermometers being readily available and should form part of the handover checks of all equipment to ensure it is present at each shift and in working order.
- Food thermometers have been purchased in-house by the service and will be the Therma 20 Thermometer with probe attached.

<u>Cleaning and decontamination of food thermometers.</u>
Thermometers need to be cleaned after use using EndBac Probe & Utensil Sanitising Wipes.
Thermometers need to be stored in the plastic lidded container provided and kept in a safe place in the family home.
Any thermometer removed from the family home will need to be cleaned as per LPT Cleaning and Decontamination Policy using Clinell Wipes unless it is felt to be contaminated with blood pr bodily fluids in which case Chlorclean will need to be used.

TRAINING REQUIREMENTS

Registered Nurses, Nursing Associates and Specialist Practitioners should be familiar with the LPT Policy Administration of Blended Diet via gastrostomy device and the BDA

Practice Toolkit: The Use of Blended Diet with Enteral Feeding Tubes. Namely the section relating to the Guidelines for preparation, storage, and reheating of blended feeds.

Undertake Food Hygiene Level 2.

All staff using medical devices will need to complete the 'safe use of medical equipment checklist'. This will be kept on file in the Diana children's community service.

Individualised care plans will assist SP's and NA's to administer oral or enteral feeds to children and young people.

SP's and NA's undertake Diana E Learning for enteral feeding as part of annual training. LCAT assessments will need to be competed for all elements delivered including blended diet. LCAT's relating to this SOP are included in the appendices for information.

All staff in the CCT service will complete the Basic Care Document during their probationary period.

All key workers and Named Nurses will spend the required 'Getting to Know' period with any child or young person they care for the purpose of getting to know the child's usual routine and to facilitate completion of relevant LCAT's.

When a new SOP or local Policy is authorised, or when an existing SOP or local Policy is revised staff should take time to read and fully understand the relevant documents, ensuring that they are able to implement when required. If clarification is needed, then staff should approach their line manager who will decide if additional training is required and that the training is documented in their training record.

.

REFERENCES AND ASSOCIATED DOCUMENTATION

i. British Dietetic Association. Policy Statement. *The Use of Blended Diet with Enteral Feeding Tubes*. 2019

ii. S. Durnan, A. Kennedy, D. Kennedy, R. Stanley, S. Donahoe, S. Thomas & L. Constable (2021) *Practice Toolkit: The Use of Blended Diet with Enteral Feeding Tubes*. British Dietetic Association.

VERSION HISTORY LOG

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

APPENDICES

The Leicester Clinical procedure Assessment Tool: Assessors Recording Form: GASTROSTOMY

Candidate's Name	Child's Name
Skill assessed: Administration of blended diet via a Gastrostomy Tube / Bolus/ syringe feed (Delete as appropriate)	Date

Competence Category	Gold Standard	Positive Features	Opportunities for improvement (Omissions)	Performance level or score
Communication and working with the patient and/or family	Introduction of self to child/young person, explanation of what's happening and why, communicating with child/young person throughout the procedure and after, reassurance provided if needed, and consent gained.			
Safety	Identification of child/young person. Identifies the importance of correct blend consistency and the importance of maintaining high standards of hygiene. Explain time in which blended diet must be administered after initial preparation or reheat if required. Information needed for the labelling of blended diet meals. Know when to bring to room temperature or			

	when reheating is required. Describe the processes for reheating or heating and identifies correct temperatures. Reads through care plan/dietician plan to ensure accuracy/ correct feed volume and flush. Visually checks the gastrostomy tube for damage and stoma site for signs of infection or skin breakdown, checks that the gastrostomy tube is sitting in the stoma correctly. Knows who to contact/ what to do in case of tube displacement or total displacement. Ensures child/young person is supervised throughout the feed and observed afterwards for any signs of coughing, choking or vomiting.			
Infection prevention	Washes hands prior to procedure, wears PPE, visually checks child's			

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	gastrostomy tube and stoma area for cleanliness or signs of skin breakdown, checks feed is in date and stored correctly, disposes of bolus feeding sets after one use and correctly cleans enteral syringes and stores them appropriately for next time, up to 7 days' use, leaves area clean and tidy after use, washes hands once PPE is removed.			
Procedural competence	Assesses child /young person, correctly for procedure i.e. health check. Prepares the child in correct position – seated. Selects all equipment correctly, bolus set for bolus feeding or 60ml syringes for syringe feeding. Can perform the task fluently, handles the equipment confidently, is able to answer questions about the task confidently. This includes the use of thermometer and apparatus for heating or reheating food stuffs.			

	Problem – solves appropriately.			
Team working	Aware of whom to contact should problems arise with the gastrostomy, Communicates/documents all information accurately and confidentially. Communicates with other caregivers or care establishments where the child may be moving on to. Leaves the area used tidy.			
Notes on overall performance (e.g. 2 or 3 strengths/weaknesses				
Specific strategies for improvement				
Assessors name	Assessors signature		Date	

The Leicester Clinical procedure Assessment Tool: Assessors Recording Form: Oral feeding.

Candidate's Name	Child's Name
Skill assessed: Administration of oral diet to include tastes and drinks.	Date

Competence Category	Gold Standard	Positive Features	Opportunities for improvement (Omissions)	Performance level or score
Communication and working with the patient and/or family	Introduction of self to child/young person, explanation of what's happening and why, communicating with child/young person throughout the procedure and after, reassurance provided if needed, and consent gained.			
Safety	Identification of child/young person. Identifies the importance of correct blend consistency and the importance of maintaining high standards of hygiene. Explain time in which diet must be administered after initial preparation or reheat if required. Information needed for the labelling of oral diet meals if prepared by			

	families. Know when to bring to room temperature or when reheating is required. Describe the processes for reheating or heating and identifies correct temperatures. Reads through care plan/dietician plan to ensure accuracy/ correct amounts. Knows who to contact/ what to do in case of concerns. Ensures child/young person is supervised throughout the feed and observed for any signs of coughing, choking or vomiting.			
Infection prevention	Washes hands prior to procedure, wears PPE as appropriate, checks feed is in date and stored correctly, leaves area clean and tidy after use, washes hands once PPE is removed.			

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Procedural competence	Assesses child /young person, correctly for procedure i.e. health check. Prepares the child in correct position – seated. Selects all equipment correctly. Can perform the task fluently, handles the equipment confidently, is able to answer questions about the task confidently. This includes the use of thermometer and apparatus for heating or reheating food stuffs. Problem – solves appropriately.			
Team working	Aware of whom to contact should problems arise. Communicates/documents all information accurately and confidentially. Communicates with other caregivers or care establishments where the child may be moving on to. Leaves the area used tidy.			

Notes on overall performance (e.g. 2 or 3 strengths/weaknesses			
Specific strategies for improvement			
Assessors name	Assessors signature	Date	

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BD feed plan for training.pdf

Signatures for relevant staff to sign
I confirm that I have read and consider myself to be sufficiently trained in the above Standard Operating Procedure with regards to my individual roles and responsibilities Signature of Trainee ………………………………………………………… Date ………………………
I confirm training in the above SOP was delivered as recorded above and that the trainee may be considered sufficiently trained in their roles and responsibilities Signature of Trainer …………………………………………………………… Date ……………………… .
Additional Notes & Signatures
Signature of Trainer (where appropriate) I confirm training in the above SOP was delivered as recorded above and that the trainee may be considered sufficiently trained in their roles and responsibilities Signature of Trainer …………………………………………………………… Date ……………………….

[i] British Dietetic Association. Policy Statement. *The Use of Blended Diet with Enteral Feeding Tubes*. 2019

[ii] S. Durnan, A. Kennedy, D. Kennedy, R. Stanley, S. Donahoe, S. Thomas & L. Constable (2021) *Practice Toolkit: The Use of Blended Diet with Enteral Feeding Tubes*. British Dietetic Association.