CONTINUOUS ENTERAL FEEDING

PROCEDURE GUIDELINE

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<tr>
<th>DATE DEVELOPED</th>
<th>DATE EFFECTIVE</th>
<th>DATE FOR REVIEW</th>
<th>WRITTEN BY</th>
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<td>CNC K. B. LINDREA</td>
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DATE REVISED
23rd April 2014

DATE EFFECTIVE
12th May 2014

REVISED BY
CNS J. BLAeCK

APPLICABLE TO
Newborn Care Centre Staff – Nursing

IMPLICATIONS
To be included in nursing induction training. 15 staff to be randomly audited on the procedure for evidence of knowledge of the procedure.

DATE POSTED ON NCC WEBSITE
May 2014

APPROVED BY
Local Operations Committee and Newborn Care Centre Quality Committee on 12th May 2014

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ABBREVIATIONS & DEFINITIONS OF TERMS

<table>
<thead>
<tr>
<th>NCC</th>
<th>Newborn Care Centre</th>
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<tr>
<td>RN</td>
<td>Registered Nurse</td>
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<tr>
<td>EBM</td>
<td>Expressed Breast Milk</td>
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<td>RM</td>
<td>Registered Midwife/Midwives</td>
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<td>HMF</td>
<td>Human Milk Fortifier</td>
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<tr>
<td>MRN</td>
<td>Medical Record Number</td>
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INTRODUCTION
Naso/orogastric tubes are used primarily for initiation and progression of enteral feeding including oral medications and sometimes to for gastric decompression. Some neonates are prescribed a continuous gastric regimen until oral feeds are achieved and tolerated.

AIM:
To introduce continuous enteral feeding via syringe driver safely.
To guide the management of continuous enteral feeding.

EQUIPMENT
Syringe Driver
100 cm extension tubing (Nutrisafe 2 [PVC]).
5 mL (Nutrisafe) syringe for aspirating
20 mL or 50 ml syringe (Nutrisafe 2)
Universal pH Indicator paper
EBM / Formula/ EBM + HMF
PROCEDURE

1. Confirm the prescribed feeding regime with a senior staff. (See Rationale 1)

2. If EBM is used, identify and check the following details with another RN/RM/parent:
   - the name and MRN,
   - date and time the milk is defrosted or collected. (See Rationale 2)

3. Wash hands and collect equipment for the procedure. (See Rationale 3)

4. Use appropriate syringe to draw the correct volume of EBM/Formula for four (4) hours plus 1 ml for Priming when changing the extension tube.

5. Label milk syringe with the following information:-
   - Infant’s name and MRN
   - Type of feed
   - Date and time of commencement
   - 2 signatures (Carer & Checker) (See Rationale 4)

6. Insert the syringe into the syringe driver.

7. Check that the intragastric tube is well secured and labelled. (See Rationale 5)

8. Test intragastric tube position:
   - Aspirate milk residual (if appropriate) with a 5mL syringe for 0.1 - 0.2mL of gastric fluid for testing.
   - Apply gastric fluid to Universal pH Indicator paper – Check colour change on strip with the colour chart in the booklet or box. Proceed to start continuous feed if pH reading is 5.5 or below. (See Rationale 6)
   - Confirm the length of the IGT with recorded length on the addressograph attached to IGT. Marking on the IGT should be at the point it exits the nares.
   - Notify the doctor if vomiting occurs during continuous feeding or during aspiration for testing.

9. Attach the extension tubing to the IGT

10. Switch pump on. Set the infusion rate by using the arrows below the display screen and start the enteral infusion by pressing the green start button. (See Rationale 7)

Note: Testing IGT position is does not apply for Gastrostomy or Transpyloric tube.
11. Record the progressive total each hour on the chart. To check the progressive total press the “Delivery” button. This button is the third button on the right. At midnight clear your total and record the 24 hour total. This is done by switching the pump off and then on again.  (See Rationale 8)

12. Wash hands.  (See Rationale 3)

13. Rotate syringe every two hours.  (See Rationale 9)

Note:
- When the quota of milk in the syringe is completed, use a new syringe for the next quota.
- The extension tube is to be changed when the IGT is changed weekly.  (Verified with the Business Manager of Device Technologies, 9/5/2014)

RATIONALES
<table>
<thead>
<tr>
<th>Rationale</th>
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<tbody>
<tr>
<td>1</td>
<td>To verify the prescription</td>
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<td>2</td>
<td>To ensure the correct milk is being used. Fresh or defrosted EBM can be used within 24 hours. Feeds that require HMF are to be mixed with the EBM according to the HMF guideline (See Page B 8).</td>
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<tr>
<td>3</td>
<td>To adhere to the 5-Moments of Hand Hygiene.</td>
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<td>4</td>
<td>To provide documentation for checking.</td>
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<tr>
<td>5</td>
<td>To ensure that the IGT has not migrated and is safe to use.</td>
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<td>6</td>
<td>To obtain residual volume to assess absorption and also have a small specimen for testing. To check for right placement of the gastric tube</td>
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<tr>
<td>7</td>
<td>To set the correct rate and commence enteral infusion.</td>
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<tr>
<td>8</td>
<td>To keep an accurate fluid balance.</td>
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<tr>
<td>9</td>
<td>To minimise sedimentation and separation of milk</td>
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REFERENCES


Unomedical Sydney Australia, Unomedical Phthalate Free Gastroenterology Tubes, Consumer Information on www.unomedical.com.au