Leicestershire Partnership NHS Trust

Use of Blended Diets with Enteral Feeding Tubes

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

Key Words:	PEG, liquidised, diet, blended, gastrostomy, nasogastric	
Version:	5	
Adopted by:	Nutrition and Pressure Ulcers Group	
Date this version was adopted:	August 2023	
Name of Author:	Gemma Phillips Senior Dietitian (Home Enteral Nutrition Service)	
Name of responsible committee:	Nutrition and Pressure Ulcers Group	
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Target audience:	Registered Dietitians, Children's Community Nursing staff, Learning Disability Nurses and School Nurses	
Type of Policy	Clinical ✓	Non Clinical

Which Relevant CQC Fundamental Standards?	Regulation 9, Person centred care Regulation 12, Safe care and treatment, Regulation 14, Meeting nutritional and hydration needs

CONTRIBUTION LIST

Key individuals involved in developing the document

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Contents

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 to administration of blended diet via their PEG and balloon retained tube, in addition to buttons. 2) Changes to text as above 3) Amendments made to reflect changes in the British Dietetic Association Position Statement July 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 4. Prescription enteral feed with food ingredients included

For further information or advice - contact:
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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.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

The Trusts commitment to equality means that this policy has been screened in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations.

A due regard review found the activity outlined in the document to be equality neutral because requests to change to blended diet via gastrostomy apply only to patients receiving this specific type of nutrition, and need to be considered on a clinical basis

Core Principles of the NHS Constitution – for further details please refer to the Development of Procedural Documents Policy

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
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

1.0 Summary

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.

2.0 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 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 theydecide 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.

3.0 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.

4.0 Duties within the Organisation

4.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

4.2. Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

4.2.1 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

4.2.2 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

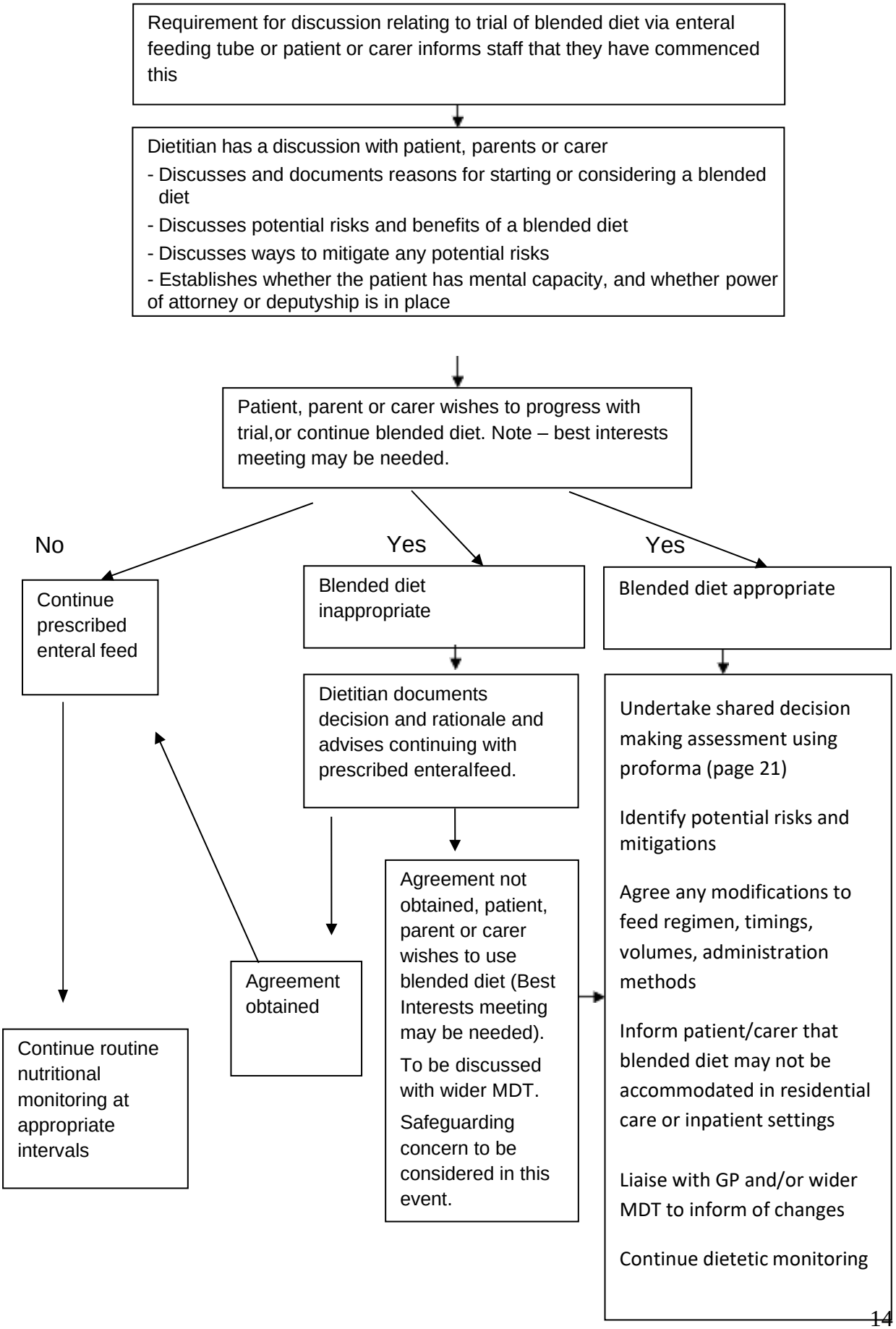
4.2.3 Responsibility of Staff – Staff involved in advising patients or parents and carers on the use of blended diet, or handling, administering or storing blended feeds, will ensure they are familiar with the content of the policy and associated procedural guidelines, and work in accordance with these

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.

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 the impairment means that 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

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



5.1 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.

5.2 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.

5.3 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.

5.3.1 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.

5.3.2 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 s afety 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

See appendix 1 for training template
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

Stakeholders and Consultation

See list of individuals to whom the policy has been circulated for comment

6. 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.

7. Links to Standards/Performance Indicators

A description of how the procedural document links to Care Quality Commission (CQC) Outcomes (E.g. Outcome/Regulation number and domain) or other standards/performance indicators should be included (e.g. Essence of Care, National Patient Safety Advisor Agency notices, NICE guidance).

TARGET/STANDARDS	**KEY PERFORMANC**E **INDICATO**R
Nutritional outcomes	Patients will meet nutritional requirements – determined by appropriate anthropometry

CQC outcome 1 Respecting and involving people who use services	Patients understand the risks and benefits of this treatment in order to make an informed decision, and have a documented shared decision making proforma

8. References and Associated Documentation

This policy was developed with reference to the following:

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British Dietetic Association Policy Statement, May 2013. Accessed at: https://www.bda.uk.com/improvinghealth/healthprofessionals/blended_feeds

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British Dietetic Association Practice Toolkit (2015) Liquidised food via gastrostomy. Accessed at: https://www.bda.uk.com/professional/practice/liquidisedtoolkit

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Chartered Institute of Environmental Health. Food Safety – First Principles. Accessed at http://cieh.org/

Coad, J. Et al (2016) Blended food for tube-fed children: a safe and realistic potion? A rapid review of the evidence. Accessed at http://adc.bmj.com

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Food Standards Agency. Eat Well Plate. Accessed at http://www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx 12.9.2019

Klek, S, et al, J (2011) Parenter Enteral Nutr. May; 35(3):380 385

LPT (2016) Mental Capacity Act Policy. Accessed at http://www.leicspart.nhs.uk/Library/MentalCapacityActPolicyexpJul18.pdf

Madden, A M, et al. (2019) A laboratory-based evaluation of tube blocking and microbial risks associated with one blended enteral feed recipe. J. Hum. Nutr. Diet, vol 32 p 667-675

Milton, D.L., Johnson, T.W., Johnson, K., Murphy, B., Carter, H., Hurt, R.T., Mundi, M.S., Epp, L., Spurlock, A.Y. and Hussey, J. (2020), Accepted Safe Food-Handling Procedures Minimizes Microbial Contamination of Home-Prepared Blenderized Tube-Feeding. Nutrition in Clinical Practice, 35: 479-486. https://doi.org/10.1002/ncp.10450

NHS Choices (2012) How to Store Food Safely. Accessed at http://www.nhs.uk/Livewell/homehygiene/Pages/how-to-store-food-safely.aspx

NICE Clinical Guideline 32: Nutrition Support for Adults: oral nutrition support, enteral tube feeding and parenteral nutrition (2006)

NICE Clinical Guideline 139 Infection: Prevention and control of healthcare-associated infections in primary and community care (2012)

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

Pentiuk S. et al 2011. Pureed by gastrostomy tube diet improves gagging and retching in children with Fundoplication. JPEN 35 (3) 375-379

Philips, G. Patient and carer experience of blended diet via gastrostomy: a qualitative study' JHumNutrDiet 2018. 32 (3) 391-399

Santos V, Morais T. (2010) Nutritional quality and osmolality of home made enteral diets, and follow up of growth of severely disabled children receiving home enteral nutrition therapy. J Trop Pediatr 56 (2):127-128

Sullivan M, et al, 2004. Nutritional Analysis of blenderised enteral diets in the Philippines. Asia Pac J Clin Nutr 13 (4) 385-390

White S, Clark S, Torrence A, Bottrill P, Matthewson K. Evaluation of a blended

normal food as an alternative for PEG fed patients. J Hum Nutr Diet 1999: 12:43-46

World Health Organisation (2007) Safe Preparation, Storage and Handling of Powdered Infant Formula. Guidelines. Accessed at http://www.who.int/foodsafety/publications/powdered-infant-formula/en/

Appendix 1

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training topic:	Food Hygiene Enteral tube feed administration training
Type of training:	☐ Mandatory (must be on mandatory training register) ✓ Role specific ☐ Personal development
Division(s) to which the training is applicable:	✓ Families, young people and children, learning disabilities and autism services ✓ Mental Health Services ✓ Community Health Services ✓ Enabling Services
Staff groups who require the training:	*Please specify…* Diana community nursing service, Adult learning Disabilities and Adult mental health staff administering blended diet via gastrostomy device
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?	

Appendix 2

Policy Monitoring Section
Criteria Number & Name:

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) shall be 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 3

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

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	✓
Respond to different needs of different sectors of the population	✓
Work continuously to improve quality services and to minimise errors	☐
Support and value its staff	✓
Work together with others to ensure a seamless service for patients	☐
Help keep people healthy and work to reduce health inequalities	✓
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐

Appendix 4

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 of enteral 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 <u>tick</u> 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**	1.4.15
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	Anne Mensforth	**Date**	1.4.15

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 ^{o}C 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 5^{0}C) and used within 24 hours of preparation.
- Blended food may be frozen (below -18^{0}C) 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 70^{0}C for at least 2 minutes). Allow to cool to body temperature (37^{0}C) 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 5^0C, reheated in accordance with information above, and used within 24 hours of removing from the freezer.

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 after feeds - 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 if sent 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 filed in dietetic records and the records of other services involved, as applicable

Dietitian …… Date……

Patient/parent/family…… Date…….

Appendix 7 DATA PRIVACY IMPACT ASSESSMENT SCREENING

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.			
Name of Document:	**Administration of Blended Diet via gastrostomy device**		
Completed by:	**Anne Mensforth**		
Job title	**Clinical Dietetic Manager**		**Date 1.10.19**
Screening Questions		**Yes / No**	**Explanatory Note**
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.		No	
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.		No	
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?		No	
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?		No	
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.		No	
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?		No	

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.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	**No**	
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.		
Data Privacy approval name:		
Date of approval		