

**Administration of Blended Food via Enteral tube to Paediatric Patients in  
the Community**

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<b>Directorate responsible for document:</b>	Children and Young People
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Policy Checklist

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## ***Introduction***

Naso-gastric and Gastrostomy feeds are used in a wide range of children, including children with developmental delay, with cystic fibrosis, or with neuro-muscular disabilities either exclusively or as supplementation.

In the United Kingdom (UK), the use of prescribed, sterile ready to hang feeds is the gold standard treatment for patients requiring enteral nutrition. The use of blended/liquidised (these terms are interchangeable, but for this document will be referred to as blended) food for enteral feeding is a growing practice in the UK, although has been common practice in the USA and many parts of Europe for a long time. In particular it is becoming popular with parents of children and young adults. Prescribed feeds are usually nutritionally complete within a specified volume, and assuming good practice guidelines are followed, rarely cause tube blockages.

The move towards blended diet has largely been driven by patient/parent choice and the desire for the parents to choose a more natural type of food and one they can be involved with providing. Formulated feeds do not suit every child/patient (1). Although published evidence is limited, parental and patient reporting of this method of feeding and shared experiences via support groups and social media has raised the profile of this method leading to increased numbers of requests to commence it. Reported benefits include reduced vomiting (2) and retching (3), improved bowel function, reduced dependence on medication, and improved general wellbeing and mood.

The Enteral Plastic Safety Group (EPS) suggested that due to increasing enquires from patients and clinicians regarding blended food, the EPSG recommends any patients / carers wishing to administer liquidised food via their enteral feeding device should do so with a shared decision making approach in line with Trust Policy.(4)

Manufacturers of low profile devices (buttons) state that their tubes are suitable for use with blended feeds under the advice of a dietitian. (5)

The British Dietetic Association (BDA) recommends that the Dietitian should lead multi-professional discussions in relation to the administration of blended diet via enteral tubes, in the best interests of the individual under their care. The BDA advises that Dietitians should continue to fulfil their duty of care to the patient or carer; supporting them to ensure adequate nutrition is provided where they decide they wish to use blended diet via an enteral tube considering the clinical needs of the patient. (6)

The recommendations in this document are based on the Practice Toolkit published by the BDA (1) and the Food Standards Agency; for aspects relating to food handling and storage

## ***Purpose and Aims***

This document aims to provide parents, healthcare, education and social care providers with guidance and recommendations on how to support parents, carers and staff in administering and maintaining a blended diet for a child or young person. It is hoped that by providing information in a structured and evidence based way, families will be able to make an informed choice thus reducing risk and increasing positive patient outcomes.

## ***Objectives of this Policy***

- Establish a safe means of introducing blended food into patient's homes and community settings when administered via an enteral feeding tube
- Ensure that the risks and disadvantages associated with this method of feeding are understood
- Ensure nutritional adequacy for patients receiving blended diet via their enteral feeding tube
- Provide advice on safe processes for preparation, storage and administration of blended diet
- Ensure all decisions made by others on behalf of patients lacking mental capacity are made in the patient's best interests

## ***Policy Statement***

The purpose of this policy is to:

- Create a culture where tube-fed individuals and their families and/or carers feel able to openly and honestly discuss the feeding plan they follow or plan to follow with Trust staff involved in their care.
- To support and guide Trust staff who care for patients using blended diet.

## ***Scope of Policy***

This policy applies to all children over 6 months old and young people who are fed a blended diet via a gastrostomy or low profile device into the stomach. It does not include those fed blended diet via a nasogastric tube or a jejunostomy.

## ***Responsibilities***

### Line Managers

Line managers are responsible for ensuring staff have a working knowledge of, and adhere to the guidance and are appropriately skilled to undertake the responsibilities therein. They are also responsible for agreeing the systems and processes that may be required to ensure implementation.

### Dietitians

The Dietitian has the responsibility to work in partnership with the patient and the carers to ensure they receive the individualised information they need to enable them to make an informed choice about using blended food.

On receiving a request to establish a blended diet through their feeding tube, the Dietitian will:

- Check administering blended diet is not contraindicated: infants under 6 months of age, jejunal feeding , immune compromised patient
- Gather background information as to why patient/parent/carer wishes to administer blended diet.
- Educate parents / carer on how the blended diet works.
- Complete shared decision making tool (see Appendix 1) and agree on mitigation of risks if patient plans to proceed. Circulate a copy of the risk assessment to the consultant, parents, Community Children's Nurse (CCN), General Practitioner and school.
- Guide the parents / carers on the nutritional adequacy of the blended diet including: ensuring the right balance of food groups, fluid requirements and the need for food fortification if necessary. It is not the Dietitian's role to devise recipes for the blended diet that the parents intend to give via the feeding tube.

### Registered Nurses

It is the responsibility of the Registered Nurses to:

- Liaise with Dietitian regarding equipment required
- Monitor growth at the request of the Dietitian and report any complications or problems with feed tolerance
- Liaise with other healthcare professionals involved with the child and make them aware of any concerns or issues with administration of blended diet or impact on the child / family
- Delegate care to Health Care Workers and carers (including non-Trust staff) following the children's nursing procedure for blended feed and associated competency (Appendix 2)
- Provide required training to Health Care Workers/Carers caring for children receiving blended diets
- Follow the CCN training process for Health Care Workers and Carers (Appendix 3)

### Parents / Carers

It is the responsibility of parents / carers to:

- Develop feeding plan in conjunction with the Dietitian and provide details to Dietitian for nutritional analysis
- Update Dietitian with any amendments
- Ensure that the feeding plan complies with any school /respite policies e.g. nut free
- Monitor tolerance, signs of infection, growth & report any concerns to Dietitian or Nurse
- Liaise with Nurses, Dietitian and Paediatrician regarding any potential complications from the blended diet

### ***Relevant Policies, Procedures and Guidance***

- Other related procedures are the Community Children's Nursing Procedures and Competency Assessment for Enteral Care.

## ***Equality & Human Rights Considerations***

This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Using Equality Commission's screening criteria; no significant equality implications have been identified. The policy will therefore not be subject to an equality impact assessment. This policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

### ***Sources of Advice & Further Information***

Further information and advice about the Blended Food via Enteral Tube policy can be obtained from the Paediatric Nutrition & Dietetic Service, Ground Floor Finance Building, Lurgan Hospital, BT66 8NX. Tel 028 375 61350 or email: [childrens.dietitian@southerntrust.hscni.net](mailto:childrens.dietitian@southerntrust.hscni.net).

## **Glossary/Definitions**

The following terms and acronyms are used within the document:

<b>°C</b>	Degree Centigrade
<b>CCN</b>	Community children's nursing
<b>IP&amp;C</b>	Infection Prevention and Control
<b>NHS</b>	National Health Service
<b>BLENDED DIET</b>	Blended diet or liquidised diet; household food and fluids blended/liquidised to a consistency whereby it can be administered via an enteral feeding device
<b>BDA</b>	The British Dietetic Association
<b>BGT</b>	Balloon Gastrostomy Tube
<b>DoB</b>	Date of Birth
<b>Fr</b>	French Unit - measurement refers to the external diameter of the tube, with 1Fr representing 0.33mm
<b>FSA</b>	Food Standards Agency
<b>GP</b>	General Practitioner
<b>PEF</b>	Prescribed enteral feed: Commercially prepared prescription formula of a nutritionally complete nature if sufficient volume is received
<b>PEG</b>	Percutaneous Endoscopic Gastrostomy
<b>NG</b>	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
<b>NICE</b>	National Institute for Health & Care Excellence
<b>RIG</b>	Radiologically Inserted Gastrostomy Tube
<b>UK</b>	United Kingdom (England, Scotland, Wales and Northern Ireland)

## **Methods of Administration**

### **Enteral tube choice**

- Low profile device (button) – these are the only tube type where the manufacturers advise that their tube may be used for blended feeds, under the advice of the dietitian. Should the device get an unresolvable blockage, although involving increased costs with the necessity of a tube change, it is relatively straight forward to resolve, however it still involves an additional medical procedure for the patient.
- Percutaneous Endoscopic Gastrostomy (PEG) – this tube may be used for blended feeds. However, as it could require a surgical procedure to change the tube if a blockage occurs, increased precautions to give a smooth thin feed are required while ensuring nutritional adequacy is still achieved. **12 French bore tube and above is required for the administration of blended diet.**
- Balloon Gastrostomy Tube (BGT) & Radiologically Inserted Gastrostomy Tube (RIG)- similar to a button, used more frequently in adults than children, but manufacturers do not endorse the use of blended feeds via the tube.
- Nasogastric Tube (NG) – as these tubes have a finer bore and thus smaller inside diameter of tube, if blended diet is administered, due to a thinner feed being required, this will increase risk of nutritional inadequacy. It is likely to require a greater reliance on the use of commercially prescribed feeds to meet nutritional requirements. Therefore blended diet is not recommended via nasogastric tube.
- Jejunal tube –this tube bypasses the stomach, the acidity of which helps to sterilise food and kill harmful bacteria. Blended diet is not appropriate since a sterile feed is required for this method of feeding. In addition, the stomach acts as a storage sack for food, when feeding directly into the jejunum feeds have to be administered by a pump at a slow continuous rate making it inappropriate to hang blended diet due to inappropriate storage of the food and risk of food poisoning.

### **Feed administration**

The use of enteral feeding pumps to deliver blended foods is not supported by any manufacturer. Pump feeding of blended foods is also not recommended due to the risk of microbial contamination with prolonged hanging times, and enteral feeding pumps are not calibrated for this purpose. It is therefore suggested that all feeds should be administered as boluses, via a syringe, using the push method rather than gravity. (1)

## **Nutritional adequacy**

Evidence suggests there is variation between the expected and actual macro and micronutrient content of blended feeds, with actual levels being lower than calculated. (9,10) The impact of this on nutritional status is unknown, therefore:

- A combination of prescribed feed and blended food should be considered
- A vitamin and mineral supplement may be required
- Avoid reliance on a limited range of foods
- Consideration of fluids used to thin feed is required to prevent dilution of nutrients and ensure requirements are met
- Nutritional analysis of detailed food diaries may be required
- More frequent anthropometry may be required initially
- Blood tests for micronutrients may be requested by the dietitian, this will usually be on initiation of blended feeds, 3 - 6 months after commencing blended diet and then on an annual basis.

## **Hygiene, preparation, food storage and infection prevention**

It is necessary to ensure that blended food is suitable for consumption:

- NICE guidance (2012) on preventing and reducing risks of infection in relation to enteral feeding emphasises the importance of effective hand decontamination prior to handling enteral feeds. (11) Hands should be washed frequently and regularly; for example between touching raw and cooked foods.
- NICE Guidance recommends a clean surface should be used
- Advice on hand hygiene, food preparation and storage should be provided in order to reduce risks of food borne infection.
- Ensure foods are kept at correct temperatures for correct length of time, research has shown that blended foods microbial counts rise to unacceptably high levels by 48 hours. Blended food should not be kept for longer than 24 hours in the fridge.
- Preparing and blending as close to administration time as possible will reduce the risks.
- High speed blenders are required to produce the correct consistency of feed, and sieving of feeds may also be necessary to prevent blockages of tubes.
- Food safety guidelines should be adopted as produced by the Food Standards Agency. (12)

Guidance on preparing, storing and reheating food is included – see Appendix 4

## References and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	British Dietetic Association (2022) Practice Toolkit Liquidised Food via Gastrostomy Tube	<a href="http://www.BDA.uk.com">www.BDA.uk.com</a>
2	Coad et al Blended foods for tube-fed children: a safe and realistic option? A rapid review of the evidence	Archives of Disease in Childhood 2016 Volume 102,(3) 274-278
3	Pentuik SP, O'Flaherty T, Santoro K, <i>et al.</i> Pureed by gastrostomy tube diet improves gagging and retching in children with fundoplication	Journal of Parenteral and Enteral Nutrition. 2011;35:375-379
4	Enteral Plastic Safety Group (EPSG) Statement – Liquidised Food October 2022	<a href="http://www.peng.org.uk">www.peng.org.uk</a>
5	Use of liquidised/pureed table food with the Vygon Mic-key range of enteral feeding tubes or AMT mini-button	<a href="http://www.vygon.co.uk">www.vygon.co.uk</a> <a href="http://www.appliedmedical.net/enteral/minione/balloon">www.appliedmedical.net/enteral/minione/balloon</a>
6	British Dietetic Association Policy Statement: Use of Liquidised Food with Enteral Feeding Tubes October 2013	<a href="http://www.BDA.uk.com">www.BDA.uk.com</a>
7	Hand Hygiene and Skin Care Policy (including scrubbing gowning and gloving)	Sharepoint
8	Standard Infection Control Precautions Policy	Sharepoint
9	Sullivan MM, <i>et al.</i> Nutritional analysis of blenderized enteral diets in the Phillipines.	Asia Pacific Journal of Clinical Nutrition 2004;13 (4): 385-390
10	Mokhalalati JK <i>et al.</i> Microbial, nutritional and physical quality of commercial and hospital prepared tube feedings in Saudi Arabia.	Saudi Medical Journal. 2004;25:331-341
11	NICE (National Institute for Health and Care Excellence) Clinical Guideline 139 Infection: Prevention and control of healthcare-associated infections in primary and community care (2012)	<a href="http://www.nice.org.uk">www.nice.org.uk</a>
12	Food Standards Agency advice on food safety and hygiene	<a href="http://www.food.gov.uk/food-safety">www.food.gov.uk/food-safety</a>

**Further Reading:**

1. Complete Tube Feeding: everything you need to know about tube feeding, tube nutrition and blended diets. Eric Aadhaar O’Gorman 21<sup>st</sup> March 2012
2. Parenteral and Enteral Nutrition Group of the BDA Risk Assessment Template for Enteral Tube Administration of Liquidised Diet. [www.peng.org.uk/publications-resources/resources-for-hcps.php](http://www.peng.org.uk/publications-resources/resources-for-hcps.php)

## Appendix 1: Shard Decision Making Tool

Date of Assessment:

It is important that you are fully aware of not only the benefits of blended diet, but also any considerations and what is entailed when commencing a blended diet so you can make an informed decision. These are discussed in more detail throughout this leaflet and should be discussed in person by you and your child's dietitian.

<b>Factor</b>	<b>Details</b>
Enteral feeding device / tube	<ul style="list-style-type: none"> <li>• Use of feeding device / tube (potentially outside manufacturers guidance)</li> <li>• Blockage of device by in appropriately blended food</li> <li>• Gastrostomy ideally &gt; 12 Fr</li> <li>• May require operation to replace blocked device</li> <li>• Not suitable to be given into the Jejunum</li> </ul>
<b>Equipment</b>	<ul style="list-style-type: none"> <li>• Cost of blender</li> <li>• Extra syringes may be required</li> <li>• Continuous feeding via a pump is not recommended</li> </ul>
<b>Food safety and hygiene</b>	<ul style="list-style-type: none"> <li>• Wash hands thoroughly</li> <li>• Food ingredients and blends stored and transported appropriately</li> <li>• Food prepared and cooked appropriately</li> <li>• All equipment cleaned after use</li> </ul>
<b>Dietary aspects</b>	<ul style="list-style-type: none"> <li>• Blended diet is based around healthy eating (unless specific dietary intervention)</li> <li>• Blends may have lower energy content than commercial enteral feeds so large volumes may be required</li> </ul>
<b>Blends in other settings</b>	<ul style="list-style-type: none"> <li>• Are other settings able to accommodate blended diet?</li> </ul>

**Outcome of Decision:**

## Appendix 2

### CHILDREN'S NURSING

#### PROCEDURE FOR BLENDED FEED/MEDICINES VIA A GASTROSTOMY DEVICE

*For the purpose of procedure(s) a generic term of 'child' will be used to describe all neonates, infants children and young people from 0 – 18*

#### Practice Point

This procedure covers the administration of a blended diet agreed between the parent/carer and dietitian.

Blended feeds should be stored in the fridge and used within 24 hours of preparation or defrosting.

Shop bought food such as pouches, stage one baby food jars and yoghurts should be sealed/unopened and in date. Store in fridge for no more than 24 hours once opened.

Blended feeds should be allowed to come to room temperature before administration but this should be no longer than 30 minutes.

If feeds are too thick follow Dietitians feeding plan to achieve the correct consistency for administration.

The duration of the feed should normally take a similar length of time as a meal, taking into consideration what is acceptable for the child, but is to be no longer than 30 minutes.

Some children may requiring venting of the tube to release trapped wind

#### Equipment:

Gloves

Blended feed at room temperature

60ml syringe for flush & feed

Extension set if required

Cool boiled water/Sterile water

<b>ACTION</b>	<b>RATIONALE</b>
Collect & prepare the equipment you need for feeding & giving medicines. Check feed: volume, time to be administered, expiry date, and at room temperature, shake well.	To facilitate efficient administration of blended enteral feed/medicines To ensure correct feed is given as per care plan
Explain to the child what you are going to do	To reassure child and gain compliance
Position child upright in chair or as he/she wishes, with head above the level of the stomach (at least a 30° angle).	To reduce the risk of aspiration

<b>ACTION</b>	<b>RATIONALE</b>
<p>Staff should look for any evidence of dislodgement of the gastrostomy device:</p> <ul style="list-style-type: none"> <li>• unusual leakage of stomach contents around site</li> <li>• unusual redness or swelling around site</li> <li>• parents report any vomiting since the previous feed</li> <li>• abdominal distension or pain</li> </ul>	<p>To ensure device is safe to use</p>
<p>If there are no signs of tube dislodgement staff may commence the feed/medicine</p>	<p>To ensure feed/medicine is delivered safely</p>
<p>Cleanse hands and put on gloves</p>	<p>To minimise the risk of infection</p>
<p>Administer flush using push-pause technique (prime extension set if required)</p>	<p>To establish tube patency administer fluid volume as prescribed</p>
<b>MEDICATION:</b>	
<p>Where medication has been prescribed each solution should be drawn up and administered following Medicines Administration Procedure.</p> <ul style="list-style-type: none"> <li>• attach extension set ( primed with water) if required</li> <li>• attach prepared medication syringe &amp; release the clamp</li> <li>• slowly give medication</li> <li>• clamp the tube again &amp; remove the medication syringe</li> <li>• attach the flush syringe and flush the prescribed volume of cooled boiled water/sterile water</li> <li>• repeat for each medication</li> <li>• the final flush volume should be given as prescribed</li> </ul> <p>Stop administration if any resistance is felt or child displays any signs of discomfort</p>	<p>To ensure safe administration of medicines</p>

ACTION	RATIONALE
<p><b>BOLUS BLENDED FEEDING:</b></p> <p>Use a 60ml syringe to draw up the blended food. Attach the syringe to the primed extension set.</p> <p>Gently apply pressure to administer the blended feed using the push-pause technique. Repeat this process until volume of feed is administered.</p> <p>If necessary give a small break and flush of water between syringes as per dietitian feeding plan.</p> <p>Discard any remaining feed.</p>	<p>To prepare for administration of feed.</p> <p>Ensure flow is not too fast as this may cause discomfort or vomiting.</p> <p>To prevent tube blockage.</p> <p>To avoid complications of contamination.</p>
<p>Blended feeds should be given over a specified period of time usually not less than 20 minutes.</p>	<p>To reduce the possibility of discomfort and vomiting.</p>
<p>Monitor for any signs of discomfort. Stop the feed if you feel the child is not managing well, e.g. coughing or retching, irritable. Try to ascertain what the difficulty is and relieve it before continuing.</p>	<p>To promote safety &amp; comfort during feeding.</p>
<p>When feed is complete, flush the tube as previously outlined.</p>	<p>To maintain patency of tube.</p>
<p>If Low Profile Gastrostomy Device, close clamp and remove extension set then close cap on gastrostomy device. For other devices e.g. Freka tubes close clamp, close feeding port and open clamp.</p>	<p>To prevent leakage.</p> <p>To minimise damage to the tubing.</p>
<p>Dispose of or wash syringes as appropriate. Dispose of gloves. Cleanse hands.</p>	<p>To reduce infection risk. Syringes for <b>Single Use Only</b> must be disposed of after use. Syringes for <b>Single Patient Use</b> may be washed in mild soapy water, air dried and reused or sterilised as appropriate.</p>
<p>If there are any concerns relating to administration of enteral feed, contact parent/Community Children's Nurse.</p>	<p>To promote safe and appropriate care and ensure good communication.</p>
<p>Document care given.</p>	<p>To ensure good communication &amp; comply with Trust Record Keeping policies.</p>

Name:

**HCN:  
CHILDREN'S NURSING  
Blended Feed via Gastrostomy**

**Knowledge (T) Taught (P) Practiced (A) Achieved (R) Review (S) Simulated**

**Taught** Theory and practice taught  
**Practice** The nurse observes practice and knowledge base  
**Achieved** Assessment process completed  
**Review** The nurse reviews practice and knowledge base  
**Simulated** The practice is imitated and knowledge base discussed

<b>Knowledge</b>						
<b>Date</b>						
Explain the criteria for positioning the child for enteral feeding						
Explain why infection control is important during tube feeding and identify possible points of contamination during the feed						
What do you need to check with regard to the feed before commencing?						
What observations should be made to ensure that the gastrostomy device is safe to use						
Explain the importance of priming extension set.						
Describe the storage of blended feeds.						
What should you observe while giving the feed?						
Discuss the steps in the event of tube misplacement dislodgement/blocking, vomiting or excess wind						
<b>Practical Skills</b>						
<b>Date</b>						
Demonstrate collection of equipment and preparation of child and feed						
Demonstrate checking of the position of the gastrostomy device						
Demonstrate setting up feed delivery						
Demonstrate priming the extension set if used and flushing						
Demonstrate venting if required						
Demonstrate giving the blended feed						
Demonstrate cleaning equipment						
Demonstrate record keeping						
<b>Nurses Signature</b>						
<b>Date</b>	<b>Comment</b>	<b>Action</b>	<b>Signature</b>	<b>Signature</b>		

			<b>Assessor</b>	<b>HCW/Carer</b>

**Health Care Worker/Carer**

I have received training and consider myself to have the necessary knowledge and skills in all of the above specific to this child.

Name:

Signature & Designation:

Date:

Signature & Designation:

Review Date:

Signature & Designation:

Review Date:

**Nurse**

\_\_\_\_\_ has been observed and has the necessary knowledge and skills required to carry out the task safely and effectively.

Signature & Designation:

Date:

Signature & Designation:

Review Date:

Signature & Designation:

Review Date:

### **TRAINING PROCESS FOR HEALTH CARE WORKERS AND CARERS**

- Theory and practice taught by Children's Services Training Co-ordinator or a Registered Children's Nurse.
- The Registered Children's Nurse observes and assesses practice and knowledge using the competency assessment tools within the document. A minimum of three supervised sessions is required for initial training.
- If competency has not been achieved after three supervised sessions the registered Children's Nurse in consultation with the HCW/Carer will develop and implement an action plan.
- The Registered Children's Nurse signs off the HCW/Carer as having the necessary knowledge and skills to carry out the task safely and effectively. The HCW/Carer signs to confirm that they have received training and have the necessary knowledge and skills required.
- Once the HCW/Carer has been deemed competent, ongoing supervision will take place as appropriate. The Registered Children's Nurse will review the HCW/Carer competency annually or more frequently if indicated.
- The HCW/Carer must inform the registered Children's Nurse immediately if they have any concerns regarding their competency.

**Any change in the provision of care will prompt immediate supervision and competency review**

## Appendix 4: Preparation, storage and reheating of a blended diet

### Guidelines for preparation, storage and reheating of a blended diet

The same principles of preparing food for oral consumption apply to the preparation of blended diet enteral feeds.

**It is recommended that patients/parents/carers complete on-line food hygiene training. This is readily available at minimal or no cost.**

**Guidelines included here are based on national food safety guidelines. Please refer to Food Standards Agency for further information, [www.food.gov.uk/food-safety](http://www.food.gov.uk/food-safety).**

### Preparation

- Good hand washing techniques must be adopted, and hands washed prior to handling food or equipment.
- Cooking and liquidising equipment should be of a design which can be thoroughly cleaned; manufactured instructions on cleaning blender should be followed.
- 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 liquidising.
- Prepare blended food as close as possible to the time of administration.
- A high powered blender (minimum 900W) is recommended for the preparation of blended diet e.g. Vitamix, Blendtec, NutriBullet. Basic jug blenders can cope with soft foods, but will limit choice and variety of foods offered.
- Until confident that the blender can produce a blend that is free from all lumps, it is recommended to additionally sieve the blend. For some blenders, it will be necessary to always sieve after blending with particular foods, e.g. certain types of meat, seeds, fruit with pips etc.
- Discuss with the Dietitian the most appropriate liquid to achieve the correct consistency of feed in order to best meet nutritional requirements.

### 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 labelled clean container with a lid on the top shelf of the fridge and not in the door of the fridge as opening and closing the door exposes the food to alternating temperatures. The blends should be situated above raw foods to avoid cross contamination.
- Cool food as rapidly as possible and store in the fridge as soon as is cool enough.
- Blended food should not remain at room temperature for more than 2 hours; it should be discarded after this time if not used.
- Blended food that will not be used immediately may be refrigerated ( 5 °C or below) for up to 24 hours after preparation.
- It is preferable to have a fridge thermometer to monitor the temperature of the fridge.
- Blended food may be frozen (below -18 °C) for up to 1 - 3 months.

## **Transport**

- Ideally, a temperature of 5°C should be maintained during transport.
- Transportation can be facilitated using a cool box or cool bag and ice packs.
- The transport time should be as limited as possible.

## **Reheating**

Meat and fish are both high protein and have a high water activity and therefore they are more likely to contain higher levels of microbes to start with. However, if the food ingredients used in the blend are cooked and chilled appropriately (i.e. at the right temperature for the right length of time, stored in the fridge for no longer than 24 hours) it can be assumed that they are safe to eat, in this case, reheating would not be necessary for safety reasons (FSA).

Instead, we recommend removing blended food from fridge and stand on work surface for 30 minutes to allow this to come to room temperature (WHO 2007).

## **Defrosting**

- If any food ingredient used in the blend has been frozen and then defrosted, the blend will need to be reheated.
- It needs to be heated through until it reached 70°C for at least 2 minutes (a food thermometer may be useful), or the food needs to be 'piping hot' or 'steaming hot throughout'. This is also important if a microwave is used for reheating.
- Allow to cool to body temperature (37°C) or below before feeding. Stir well before serving.
- Use defrosted feeds within 24 hours of removing from the freezer.
- **Defrosted blends or reheating blends will not be allowed during respite and school hours.**

## **Administering blends**

- Ensure syringes and other ancillaries used to administer blended diet are cleaned thoroughly in hot soapy water as per manufacturer's recommendations. Allow to air dry.
- Administer all blended diet via bolus method to prevent unnecessary hanging time.
- Flush tubes thoroughly pre and post feeds
- Ensure stoma site and gastrostomy are clean before and after administration of feeds