Public – To be published on the Trust external website

Enteral Feeding Jejunostomy (JEJ): Procedure for Learning Disabilities Adult and Children

Ref: CLIN-0104-v1.1

Status: Approved
Document type: Procedure
Overarching Policy: N/A

Contents

1 Introduction

All people who use our service are entitled to have their Human Rights upheld by those providing their care. Considerations to ensure protection of human rights will form part of all care and interventions delivered under this procedure.

This procedure links to Our Journey To Change (OJTC) and has been developed with OJTC in mind.

This procedure is critical to the delivery of OJTC and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

- This procedure supports the Trust to co-create a great experience for all the people who use our services, their carer's and families from its diverse population by ensuring that nutrition and hydration is administered to the person in a safe and person-centred manner.
- This procedure supports the Trust to co-create a great experience for our colleagues by supporting a range of healthcare professionals through the process required to ensure safety is maintained in relation to the management of Jejunal Feeding Tubes.

2 Purpose

Following this procedure will help the Trust to:

- Define the standards in practice for the management of Jejunal feeding tubes to ensure all people who use our services, including adults and young people, receive safe, appropriate care.
- To ensure the safety of people who use our services, only appropriately trained staff can carry out the procedure.

3 Who this procedure applies to

This procedure applies to all staff directly responsible for supporting and administering to people who use our services, who receive nutrition, hydration and/or medication via Jejunal Feeding Tubes.

This document defines the standards which you must read, understand and be trained in before carrying out the administration of nutrition, hydration and / or medication via the Jejunum.

4 Related documents

This procedure also refers to:

- Consent to Examination or Treatment Policy (CLIN-0001)
- Mental Capacity Act 2005 Policy (Ref CLIN 0009)
- Hand Hygiene Procedure (IPC-0001-006)
- Medicines Overarching Framework (PHARM-0002)
- Royal Marsden Manual Online
- St Andrew's Nutrition Screening Instrument (SANSI)
- Enteral Feeding (PEG) Procedure (Adults) Ref CLIN-0077
- Guidelines for enteral feeding in adult hospital patients. Stroud, Duncan and Nightingale. 2003.

5 Procedure - Enteral Feeding

5.1 Enteral Feeding Definition

Enteral feeding is a process where nutrition and hydration are delivered directly into the stomach, duodenum or jejunum via a nasogastric, gastrostomy or jejunostomy tube. It aims to help meet the nutrition and hydration requirements of people who cannot meet their requirements orally.

A jejunostomy [JEJ] is a tube placed through the skin of the abdomen into the midsection of the small intestine bypassing the stomach. The tube delivers nutrition, hydration and medicines.

5.2 Indications for JEJ feeding tube.

A person-centred approach is required to ensure that the needs, wishes and preferences of the person using our services are addressed in any care plan.

Clinicians should adopt a Triangle of Care approach when a JEJ tube is indicated. That is, a therapeutic alliance between the person themselves, their carers' and the clinicians involved.

A JEJ is used when the need for enteral feeding is indicated however the person cannot tolerate gastric feeding. Placement of a JEJ would be done with the persons informed consent as part of a co-produced care plan. If the person were to lack the capacity to consent to such a decision, then the care could still be offered under the Mental Capacity Act via a Best Interests Decision.

Feeding into to jejunum reduces the risk of aspiration compared to feeding into the stomach. This is due to the stomach being bypassed resulting in lesser chance of reflux and also quicker absorption from the small intestine.

Some people have a PEG-J (Percutaneous Endoscopic Gastrostomy with a port into the jejunum). In. this instance, aspiration risk is increased compared to feeding directly into jejunum as, on occasion, the port can become displaced and move back into the stomach.

At the point of the decision and at each episode of care, clinicians should ensure supportive and transparent communication with the person so that they are fully informed and comfortable with the care they are about to receive.

The multi-disciplinary team (MDT) should discuss with medical staff the indication for enteral feeding via a JEJ tube, in consultation with the MDT at the local acute trust.

The decision-making process and rationale must be fully documented in the persons Electronic Patient Record (EPR).

5.3 Early detection of complications after Jejunostomy

Staff need to be aware of the following if the person using our services is within 72 hours (three days) of JEJ insertion.

All staff must be aware of the following warning signs that need urgent attention:

- Pain on feeding
- Prolonged or severe pain post Procedure
- Fresh bleeding
- External leakage of gastric contents

STOP feed, fluids or medication immediately and urgently refer to the hospital that performed the JEJ insertion.

Following scheduled and emergency replacement, the above warning signs apply, however consideration must be given to the persons individual, normal presentation. This should be documented within the EPR with strategies to follow, and include when to escalate and seek medical advice as part of their safety summary and safety plan.

5.4 Care of JEJ site

- For newly sited JEJs, specific directions will be given from the team who insert the JEJ regarding cleaning and observations; this should be documented on the EPR.
- **DO NOT** turn or rotate the JEJ tube.
- Mature JEJ sites should be cleaned daily during normal hygiene with soap and warm water. Use gauze to clean around the external bumper and ensure the area is dried thoroughly.

  The site should be observed for tenderness, irritation, redness or pressure, granulation, for the presence of any discharge or leakage and for any signs of slippage of the JEJ into the stomach.

  For more guidance, please read.

  The Royal Marsden: Jejunostomy Feeding Tube Care

Managing Complications

In the event of suspected infection, tube damage, tube blockage, over granulation, leakage, buried bumper, dislodged stoma, nausea, vomiting or bloating, medical advice should be sought by the nurse in charge.

5.5 If the JEJ tube falls out or is accidentally pulled out

NEVER ATTEMPT TO PLACE A NEW JEJ TUBE

Follow the steps below:

1. Place a clean gauze dressing over the stoma [hole] to prevent jejunum contents leaking onto the skin or clothes.
2. Contact local acute hospital for endoscopy, you will be directed to appropriate service.
3. Please Emphasise how quickly the stoma will heal over and that urgent assessment is required.
4. The MDT within acute services will decide on the safest/most appropriate process to replace the JEJ guidance.

5.6 Management of JEJ feeding

- Each person with a Jejunostomy tube will have their own bespoke feeding regimen produced by a Dietitian.
- The person using our services will be regularly reviewed by a Dietitian to ensure the regimen meets their nutrition and hydration requirements.
- If there are any concerns regarding a person's nutrition and/or hydration status, please

alert their dietitian immediately.
• The evidence base recommends that, during feeding, the person being at a minimum of thirty degrees during feeding and for an hour after.

5.7 Method of Feeding

The use of an electronic feeding pump is often the preferred method of administration; however feed can be given as a bolus. A person-centred approach will be used by the persons dietitian to ascertain which is method is most clinically appropriate. The method of administration will be agreed as part of the care plan and documented on the EPR.

All nutrition administered will be documented on the person's nutritional supplement chart.

Medication and flushes will be given via bolus.

- People should be positioned with their upper body as upright as the person is able to achieve, either lying or sitting. This needs to be to a minimum 30°, with or without the use of positional equipment, to avoid the risk of reflux/aspiration. This must be maintained during feeding plus one hour after completion.
  However: -
  If the person has been clinically assessed by the MDT as being unable to maintain these positional criteria then an exceptional care plan must be agreed by the MDT involved (MDT must include SLT, OT, Physio, Dietetics, Phys health nurses, as appropriate) in the persons care, recorded on the persons EPR and noted in their safety summary and safety plan.
- If the person, MDT and/or carers feel the hour wait post feed is impacting on their physical or mental health, an individualised Best Interest meeting should be convened with full MDT to conduct a risk assessment and discuss this is more detail.
- Please check the persons specific interventions and risk assessments for any positional limitations due to postural changes. If in doubt speak with Occupational Therapy / Physiotherapy colleagues.
- Use a new syringe for every intervention.
- Use sterile water to regularly flush the tube after feeds and when administering medication.
- Consideration needs to be given when a bed is used during feeding and a risk assessment conducted e.g. bed wedges, backrests, profiling beds.

5.8 Infection prevention and control

There are potential hazards associated with enteral feeding which can make it a source for the growth of micro-organisms. Liquid nutrients provide an ideal medium for bacteria and can cause cross contamination to the feeding system during the handling of the equipment.

The position of the JEJ means the stomach acid is bypassed. This acid would normally provide natural protection from contamination entering into the small intestine.

Therefore, it is extremely important to ensure that hands are washed and dried thoroughly before putting on PPE.

- ✓ Decontaminate hands thoroughly using soap and water or alcohol hand gel before and after handling equipment and the preparation process.
- ✓ Prepare equipment and opening of feed in a clean environment.
- ✓ A no-touch technique should be adopted when preparing the feed during priming and connecting to the administration set/feeding tube.
- ✓ Commercially produced, ready to hang feeds must be used as these are least likely to become contaminated in preparation and use.
- ✓ Cleaning of equipment (see 3.10 Care of the Equipment).

For further infection control guidance please refer to the following policies:

- Hand Hygiene Policy
- Infection Prevention and Control Policy
- Standard (Universal) Infection Prevention and Control Precautions.

5.9 Storage and care of feed

- All unopened feed packs can be stored in a cool dry place 5 – 25 ºc, away from direct sunlight. Unopened feed packs do not need storage in the refrigerator.
- Once opened, feed should be timed and dated before being stored in a refrigerator for up to 24 hours. After 24 hours it MUST be discarded.
- Allow feed to come to room temperature before administration.

5.10 Care of equipment

Equipment used for enteral feeding can be ordered from Cardea using Medical Device Template 4: Enteral Equipment.

After Each Use Do: -

- ✓ Rinse equipment with cold water

- ✓ Then wash with warm soapy water.
- ✓ Then rinse with warm water until all traces of soap are gone.
- ✓ Allow the equipment to dry on paper towels.
- ✓ Place equipment in a clean individually named container and cover with a lid when dry

Do Not: -

- × **Do Not** leave dirty equipment in a container as feed blocks equipment and allows bacteria to grow.
- × **Do Not** use boiling water, Milton or other sterilising solution as it damages the equipment.
- × **Do Not** wash equipment in a dishwasher as it also damages equipment.

5.11 Administering Medication via the Enteral Route

All medications need to be reviewed as bypassing the stomach can affect the absorption of some drugs and dosage may need to be altered. The correct preparation of medications, as far as possible is essential, i.e., liquid/soluble/dispersible.

To comply with the NPSA Alert 19, dedicated clearly labelled enteral/oral syringes MUST be used to flush enteral feeding tubes, administer enteral feed or administer enteral/oral medication.

A pharmacist must always be consulted if there is any doubt about administering a medicine via the enteral route.

All medication and supplements must be administered via bolus.

Only registered nurses can administer medication via a JEJ.

Refer to the Royal Marsden Manual Online for the 'Enteral Feeding Tubes: Administration of Medication Procedure'.

6 Definitions

Term	Definition
Aspiration	Food or fluid entering the lungs.
Bolus	Measured amount of feed and water given via JEJ tube over 15-20 minutes.
Continuous feeding	feeding over extended period using an electronic feeding

	pump.
EPR	Electronic Patient Record.
Exception	Where the data is out of the norm or unexpected, we take action to understand this.
Feed	Commercial ready to hang feed.
Gastrostomy or Percutaneous Endoscopic Gastrostomy (PEG)	The tube that goes into the stomach to facilitate feeding.
Intermittent feeding	Feeds are given a number of times during the day using a pump.
Pump set (also known as Giving Set)	Tubing that connects the PEG/PEJ tube to the feed.
Granulation tissue / over granulation	Pinkish red, slightly raised ring of newly growing healthy skin around stoma.
Jejunostomy or Percutaneous Endoscopic Jejunostomy (JEJ)	The insertion of a polyurethane tube through the abdominal wall into the Jejunum
Nasogastric tube	A narrow bore tube passed into the stomach via the nose.
Nutrients	Protein, fats, carbohydrates, fibre, vitamins minerals and water that are obtained from food.
Parenteral Feeding	The delivery of nutrition intravenously
Reflux	The movement of stomach contents up the oesophagus (food pipe).
Stoma	The opening in the abdomen to the stomach which the JEJ tube goes through.
Venting	Allowing stomach gases to escape through the JEJ tube.

7 How this procedure will be implemented

This policy will be published on the Trust Intranet and be included in the Trust wide policy update briefing. Where applicable, line managers will ensure staff are made aware of this policy and any procedural changes. No risks have been identified to being able to live the Trust values as a result of implementing this procedure.

All staff who are responsible for management of JEJ tubes including care of and administration of feeds will receive relevant training which includes a theoretical session provided by the Trust and complete 5 competency assessments witnessed by trained staff before being deemed competent to complete the task independently.

Further details can be accessed via the Trusts' Education and Training Department.

7.1 Training needs analysis.

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Registered Nurse	Face to Face	1 Day	2 Yearly Competence Check
Health Care Assistant or Health Care Support Worker or Band 3 and above.	Face to Face	1 Day	2 Yearly Competence Check
To remain competent the Clinician must be involved in JEJ care and administration regularly. Staff who do not use this skill within a 12-month period must re-train in order to implement this procedure again.			

8 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Ensure key requirements of the procedure are being followed.	Frequency = Monthly Method =Service Quality Assurance Tools Responsible = Team Leader	Results of the regular check and monitoring for assurance purposes undertaken by the service will be reviewed at the monthly Service Improvement Delivery Group meeting – with items being escalated by exception via the appropriate governance route.
2	Competence checks at 2 years.	Frequency = Monthly Method = Complete Appendix 3 of this procedure. Responsible = Team Leader	Regular checking and monitoring of the competency status of trained staff undertaken by the service will be reviewed at the monthly Service Improvement Delivery Group meeting – with items being escalated by exception via the appropriate governance route.

9 References

Birmingham Community Healthcare NHS Trust (2016) Enteral Tube Feeding in Adults; care of your Jejunostomy tube. Birmingham Community Healthcare NHS Trust. Birmingham.

British Association for Parenteral and Enteral Nutrition (2003) *British Association for Parenteral and Enteral Nutrition Administering Drugs via Enteral Feeding Tubes: A Practical Guide*. London: BAPEN.

Hull and East Yorkshire Hospitals (2018) Jejunostomy (JEJ) Feeding Tube Passport [online] available from https://www.hey.nhs.uk/patient-leaflet/jejunostomy-jej-feeding-tube-passport/ (Accessed 8/10/18)

National Institute for Health and Care Excellence (2006) *Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition*. London: NICE.

Sturrock, J., and Ledger, J (2014) After your Surgically Inserted Jejunostomy (JEJ) tube; Discharge information for adult patients. The Newcastle upon Tyne Hospitals NHS Foundation Trust

NPSA /2007/19 Promoting safer measurement and administration of liquid medicines via oral and other enteral routes. March 2007.

Elevate head of bed to at least 30 degrees or use an upright sitting **position** when administering **tube feeding**, water boluses or medications through **tube**.

https://www.myshepherdconnection.org/sci/Nutrition/tubefeeding

The following techniques, if effectively employed, will guarantee a minimum risk of aspiration: Head of bed elevation should be kept between 30-45°,

https://www.researchgate.net/publication/51440718_Care_of_the_Patient_With_Enteral_Tube_Feeding

Head-of-Bed Elevation

http://ccn.aacnjournals.org/content/32/3/71.full

Body positioning: Research recommends elevating the head of the bed to 30 - 45 to reduce risk of aspiration.

https://sitemanager.acsysinteractive.com/vSiteManager/ORMC/Public/Upload/Docs/Nursing/Nursing%20Web/Research/Evidence-Based%20Practice%20Change%20Enteral%20Feeding%20-%20Care%20&%20Maintenance.pdf

Metheny, N., Mills, A., Stewart, B. (2012). Monitoring for intolerance to gastric tube feedings: A national survey. *American Journal of Critical Care, 21*(2), 33-40.

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	07 August 2024
Next review date	07 August 2027
This document replaces	CLIN-0104-v1 Enteral Feeding Jejunostomy (JEJ): Procedure for Learning Disabilities Adults and Children
This document was approved by	Physical Health Fundamental Standards of Holistic Care Clinical Advisory Group
This document was approved	07 August 2024
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	19 October 2023
Document type	Public
FOI Clause (Private documents only)	n/a

Change record.

Version	Date	Amendment details	Status
1	30 October 2020	Reintroduced as procedure to replace reference to Royal Marsden guidelines	Withdrawn
1.1	07 August 2024	3 yearly reviews undertaken. Updated to current procedure template in line with OJTC. Updated best practice guidance around positioning, including addition of new appendix – 'Positioning during and post enteral feeding'. Equality Analysis Screening tool reviewed and updated.	Approved

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	All age procedure for administration of nutrition and hydration through a Jejunostomy.
Title	Enteral Feeding Jejunostomy (JEJ): Procedure for Learning Disabilities Adult and Children
Type	Procedure
Geographical area covered	Trustwide
Aims and objectives	To define the standards in practice for the management of enteral feeding tubes, ensuring all people who use our services, including adults and young people, receive safe, appropriate care. To ensure the safety of people who use our services, in that only appropriately trained staff can carry out the procedure.
Start date of Equality Analysis Screening	12/10/2023
End date of Equality Analysis Screening	19/10/2023

Section 2	Impacts
Who does the Procedure benefit?	IT ensures a quality, safe experience for those adults and children who have to receive their nutrition and hydration via enteral tubes.
Will the Procedure impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men and women) **NO** • **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO** • **Human Rights Implications NO** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	None identified.
Describe any positive impacts / Human Rights Implications	A positive impact is that it ensures that staff are fulfilling the human rights of those we care for in a person-centred and safe way.

Section 3	Research and involvement
What sources of information have you considered? (e.g., legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	NICE guidelines, Royal Marsden codes of practice and best practice guidance.
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	We've engaged with a broad range of staff and taken feedback on use of the procedure so far from carers. A working group has been established. The procedure was also taken to the Trusts Clinical Networks for comments before finalisation.
If you answered Yes above, describe the engagement and involvement that has taken place	Through discussion and feedback sessions and in MDT care reviews.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	No new training needs identified.
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	Y	
Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	

Are supporting documents referenced?	Y	
6. Training		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Y	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9. Approval		
Does the document identify which committee/group will approve it?	Y	
10. Publication		
Has the policy been reviewed for harm?	Y	
Does the document identify whether it is private or public?	Y	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	NA	
Do all hyperlinks have a meaningful description? (Do not use something generic like 'click here')	Y	

Appendix 3 – JEJ Competency Assessment

GUIDELINES FOR USE: -

- The staff member must have received an 'achieved' rating in all applicable steps of the procedure to be deemed competent, over 5 separate episodes of JEJ feeding.
- The staff member must not perform this skill unsupervised until they have been deemed competent in all steps of the procedure.
- The signed copy of this competency assessment must be stored with the staff member's personal file.
- From that date, competency must be re-assessed, using this form.

Competency Statement	**Evaluation Strategy**	
To apply and demonstrate theoretical knowledge and practical skills required to provide competent care of a person using our services, requiring enteral feeding.	Verbalise understanding. Satisfactory completion of criteria	
Assessment Method	1 = Observed	2 = Questions / Discussion

		Assessment method	**Achieved Y / N/ N/A**
1.	Explain the rationale for the JEJ tube and the indications for use		
2.	Demonstrate basic care of the JEJ tube and insertion site		
3.	Discuss the measures required to control the spread of infection		
4.	Correctly interpret the prescribed enteral feeding regime		
5.	Correctly identify any person-specific preparation prior to performing the procedure.		
6.	Correctly identify any person-specific considerations about positioning of the person.		
7.	Demonstrate the correct preparation and assembly of equipment.		
8.	Demonstrate the correct administration of enteral feeds by: ➢ Bolus ➢ Intermittent Feeding ➢ Continuous Feeding		
9.	Explain any potential complications, actions to be taken and preventative measures. [e.g., a tube is displaced]		
10.	Demonstrate the safe and appropriate administration of medications. **[if applicable]**		
11.	Correctly decontaminate or dispose of any enteral equipment used.		

12.	Complete the required documentation.		

	ASSESSOR [Print and sign]	STAFF MEMBER [Print and sign]	DATE
1			
2			
3			
4			
5			

COMMENTS

Appendix 4 - Positioning during and post enteral feeding.

To be completed by the care co-ordinator when person using our services is unable to maintain a 30-degree angle during and 1 hour post feed.

Name:		**Date of Birth**	
NHS N^{O}:		**Date of Assessment**	
Person Completing Name / Title			

Can the person Utilise the following to each 30 degrees? -	**Yes**	**No**	**Comments**
Back raise?			
Back lift?			
Sleep system?			
Can the person's anatomy support them?			

Consider the following to maintain position for 1 hour post feed and impact on person and care needs…	**Yes**	**No**	**Comments**
Need for postural care, personal care and physio?			
Quality of life – is the person indicating they want to change position?			
History of vomiting and chest infections?			
Consideration of the type, volume and speed of feed?			
Signs of distress for the person?			
Does this flow to home?			

Note areas identified that Impact maintaining 30 Degrees

If these hazards cannot be managed safely and if the person using our services lacks capacity, a Best Interest Meeting is to be arranged with the MDT.