NICE National Institute for Health and Care Excellence

When and how to give enteral tube feeding

A NICE pathway brings together all NICE guidance, quality standards and materials to support implementation on a specific topic area. The pathways are interactive and designed to be used online. This pdf version gives you a single pathway diagram and uses numbering to link the boxes in the diagram to the associated recommendations.

To view the online version of this pathway visit:

http://pathways.nice.org.uk/pathways/nutrition-support-in-adults

Pathway last updated: 04 September 2014

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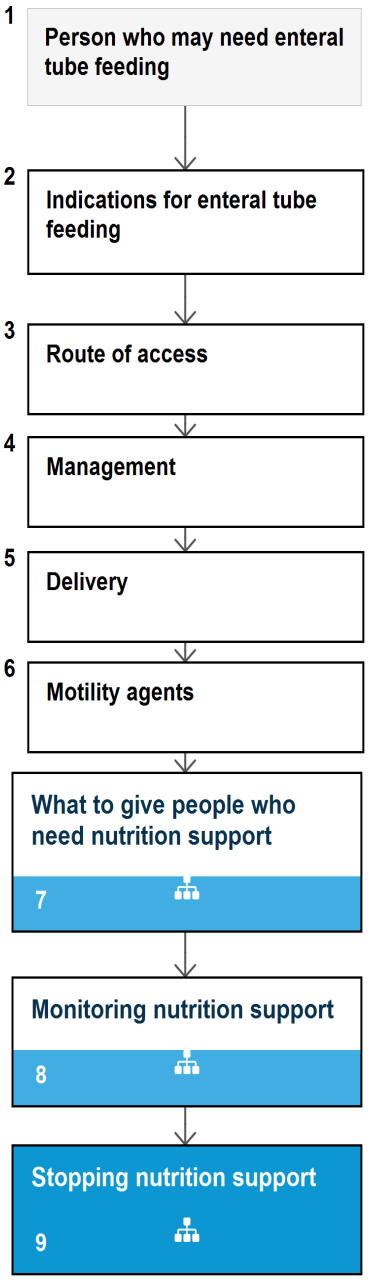

1 Person who may need enteral tube feeding

No additional information

2 Indications for enteral tube feeding

Healthcare professionals should consider enteral tube feeding in people who are malnourished or at risk of malnutrition and have:

- inadequate or unsafe oral intake, and
- a functional, accessible gastrointestinal tract.

Enteral tube feeding **should not be given** to people unless they meet these criteria or they are taking part in a clinical trial.

For information on definitions of people who are malnourished or at risk of malnutrition, see indications for nutrition support in this pathway.

Patients having surgery

Consider pre-operative enteral tube feeding for surgical patients who are malnourished, and meet the criteria above, and are due to undergo major abdominal procedures.

Do not give enteral tube feeding to general surgical patients within 48 hours of surgery unless they meet the criteria for when to consider enteral tube feeding (see above).

People with dysphagia

In the acute setting, for example following stroke, people unable to swallow safely or take sufficient energy and nutrients orally should have an initial 2–4 week trial of nasogastric enteral tube feeding. Healthcare professionals with relevant skills and training in the diagnosis, assessment and management of swallowing disorders should assess the prognosis and options for future nutrition support.

3 Route of access

Feed people in general medical, surgical and intensive care wards via a tube into the stomach unless there is upper gastrointestinal dysfunction.

In people with upper gastrointestinal dysfunction (or an inaccessible upper gastrointestinal tract) consider post-pyloric (duodenal or jejunal) feeding.

Consider gastrostomy for long-term (4 weeks or more) enteral tube feeding.

Percutaneous endoscopic gastrostomy (PEG) tubes placed without apparent complications can be used 4 hours after insertion.

4 Management

People requiring enteral tube feeding should have their tube inserted by healthcare professionals with the relevant skills and training.

Check the position of all nasogastric tubes after placement and before each use, using aspiration and pH graded paper (with X-ray if necessary) as advised by the National Patient Safety Agency in 2005. Local protocols should address the clinical criteria that permit enteral tube feeding. These criteria include how to proceed when the ability to make repeat checks of the tube position is limited by the inability to aspirate the tube, or the checking of pH is invalid because of gastric acid suppression.

Confirm initial placement of post-pyloric tubes with an abdominal X-ray (unless placed radiologically). Agreed protocols setting out the necessary clinical checks need to be in place before this procedure is carried out.

For information about support in the community, see support for person receiving enteral tube feeding in this pathway.

5 Delivery

Consider bolus or continuous delivery when feeding into the stomach. Take into account patient preference, convenience and drug administration.

Deliver continuously over 16–24 hours daily in intensive care patients having nasogastric enteral tube feeding. If insulin administration is needed, administer feeding continuously over 24 hours.

6 Motility agents

Consider a motility agent in intensive care patients who have delayed gastric emptying and who are not tolerating enteral tube feeding, unless there is a pharmacological cause that can be rectified or you suspect gastrointestinal obstruction.

Offer a motility agent in other patients in acute care who have delayed gastric emptying and who are not tolerating enteral tube feeding, unless there is a pharmacological cause that can be rectified or you suspect gastrointestinal obstruction.

Consider post-pyloric enteral tube feeding and/or parenteral nutrition if delayed gastric emptying is severely limiting feeding, despite the use of motility agents.

For more information on parenteral nutrition, see when and how to give parenteral nutrition in this pathway.

7 What to give people who need nutrition support

See Nutrition support in adults / What to give people who need nutrition support

8 Monitoring nutrition support

See Nutrition support in adults / Monitoring nutrition support

9 Stopping nutrition support

See nutrition support in adults / nutrition support in adults overview / stopping nutrition support

Glossary

Sources

Nutrition support in adults. NICE clinical guideline 32 (2006)

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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