



**Western
Sussex
Hospitals
NHS
Foundation
Trust**

**Impact of dietitian led enteral
nutrition service development**

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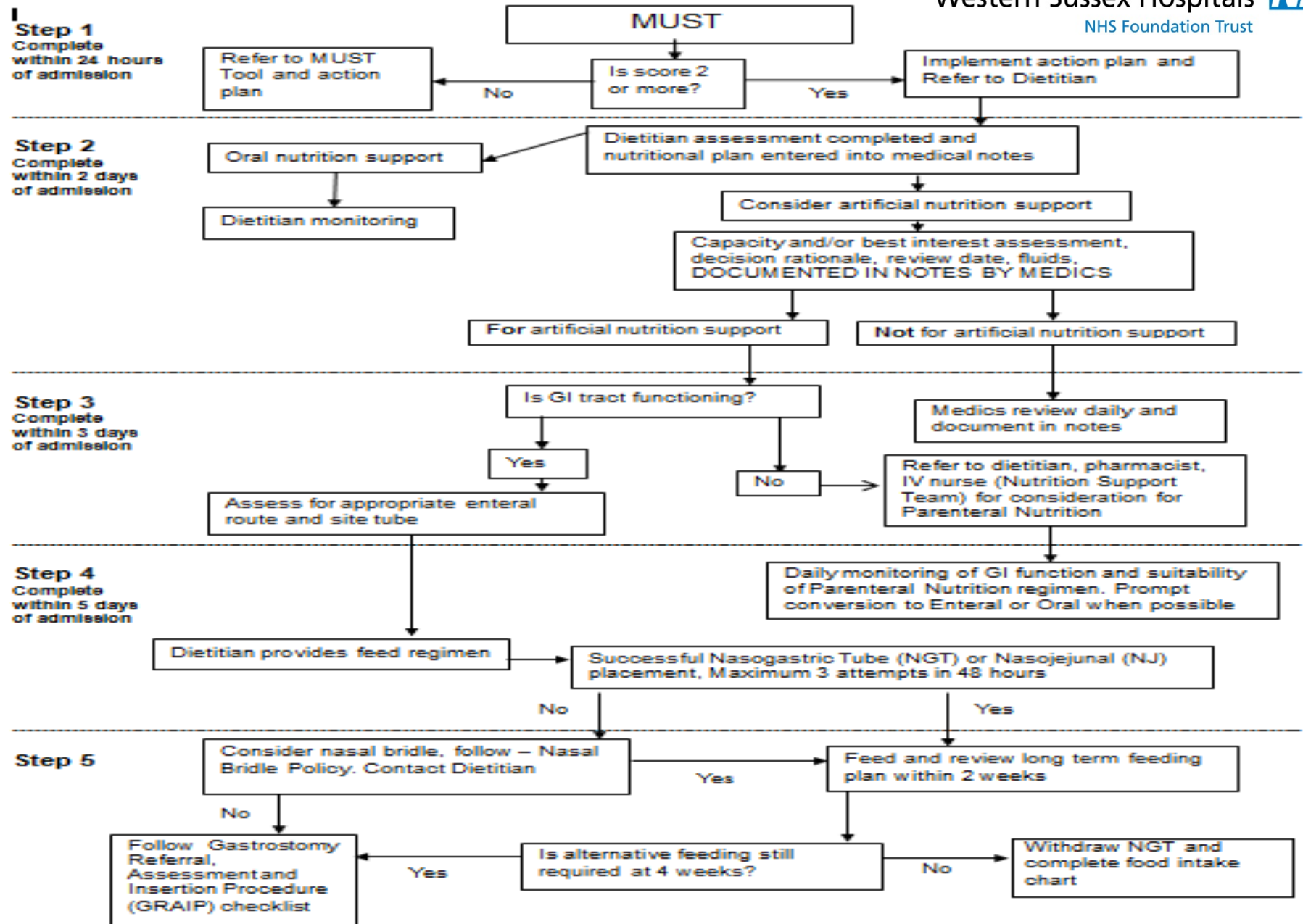
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Introduction

- Percutaneous endoscopic gastrostomy (PEG) audit outcomes
 - Major complication rate 31%
 - Inpatient mortality 28%
 - Extended time from decision for PEG to insertion
 - Improving MDT communication but poor documentation
- Dietitians Enteral Feeding Group set up

Nutrition Support Care Pathway for Adult Inpatients



GRAIP

- **Gastrostomy, Referral, Assessment and Insertion Procedure Checklist for Adults**
- Section for doctor, dietitian and nurse responsibilities
- Key areas
 - MDT decision making
 - Patient informed consent/capacity
 - Documentation
 - Review anticoagulants
 - Prophylactic antibiotics

Adult Patient Label

**GASTROSTOMY REFERRAL, ASSESSMENT AND
INSERTION PROCEDURE
(GRAIP)
CHECKLIST FOR ADULTS**

Checklist for all adults inpatients & outpatients being considered for insertion of a-
PEG- Percutaneous Endoscopic Gastrostomy or
RIG- Radiology Inserted Gastrostomy (Worthing only).

Complete this checklist during the decision making process,
pre- and post-placement of the gastrostomy and during discharge planning.

This document forms part of the Nutrition Support Care Pathway for Adult Inpatients.

All staff using this pathway must complete the details below

Print Name	Designation and Bleep no. or Contact no.	Full Signature	Initial

Doctor

Decision making and referral	Initial	Date
Discuss with MDT and document in clinical notes		
Complete consent form (if the patient lacks capacity, a form 4 must be completed prior to their arrival in endoscopy/radiology)		
Check Bloods (INR, U & Es, FBCs, LFTs and re-feeding bloods if necessary)		
Discuss stopping of anti-coagulants (e.g. warfarin) and anti-platelet agent (e.g. clopidogrel) with Endoscopist/Radiologist prior to booking procedure		
Complete PEG Request Form and send to endoscopy		

Prior to gastrostomy placement	Initial	Date
Refer to Pharmacy for review of medications if to be administered via feeding tube		
Prescribe re-feeding vitamins if considered at risk		
Prescribe post procedure analgesia		
Review patient on the day of procedure to ensure they are fit and clear of active respiratory compromise		

In endoscopy	Initial	Date
Give IV antibiotic at start of procedure- as per Western Sussex Hospitals Trust Antimicrobial formulary (Augmentin 1.2g stat or for Penicillin allergic individuals Gentamicin 240mg & Metronidazole 500mg)		

On ward post-insertion	Initial	Date
Review patient post gastrostomy insertion		

Nasal Bridles

- Introduced to all wards April 2014
- Retaining device for nasogastric tubes (NGT)
- To be considered if patient has pulled 3 or more NGT within 48 hours (Trust Guidelines)

Benefits

Solution to multiple NGT displacements

Preservation of difficult to place tubes e.g. tubes placed endoscopically

Avoids loss of nutrition

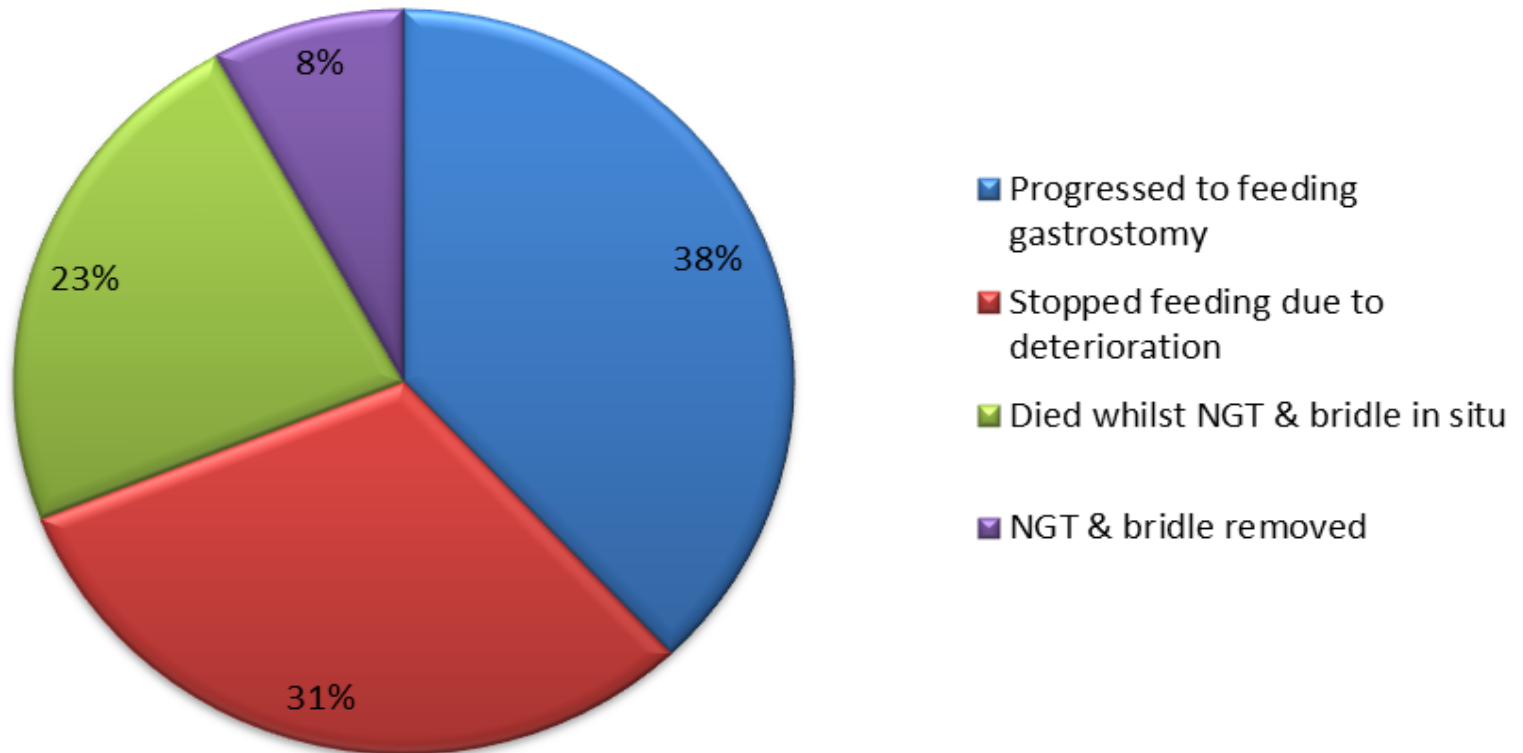
Affords time to determine the most appropriate nutrition support

Prevents premature gastrostomy placement or parenteral access

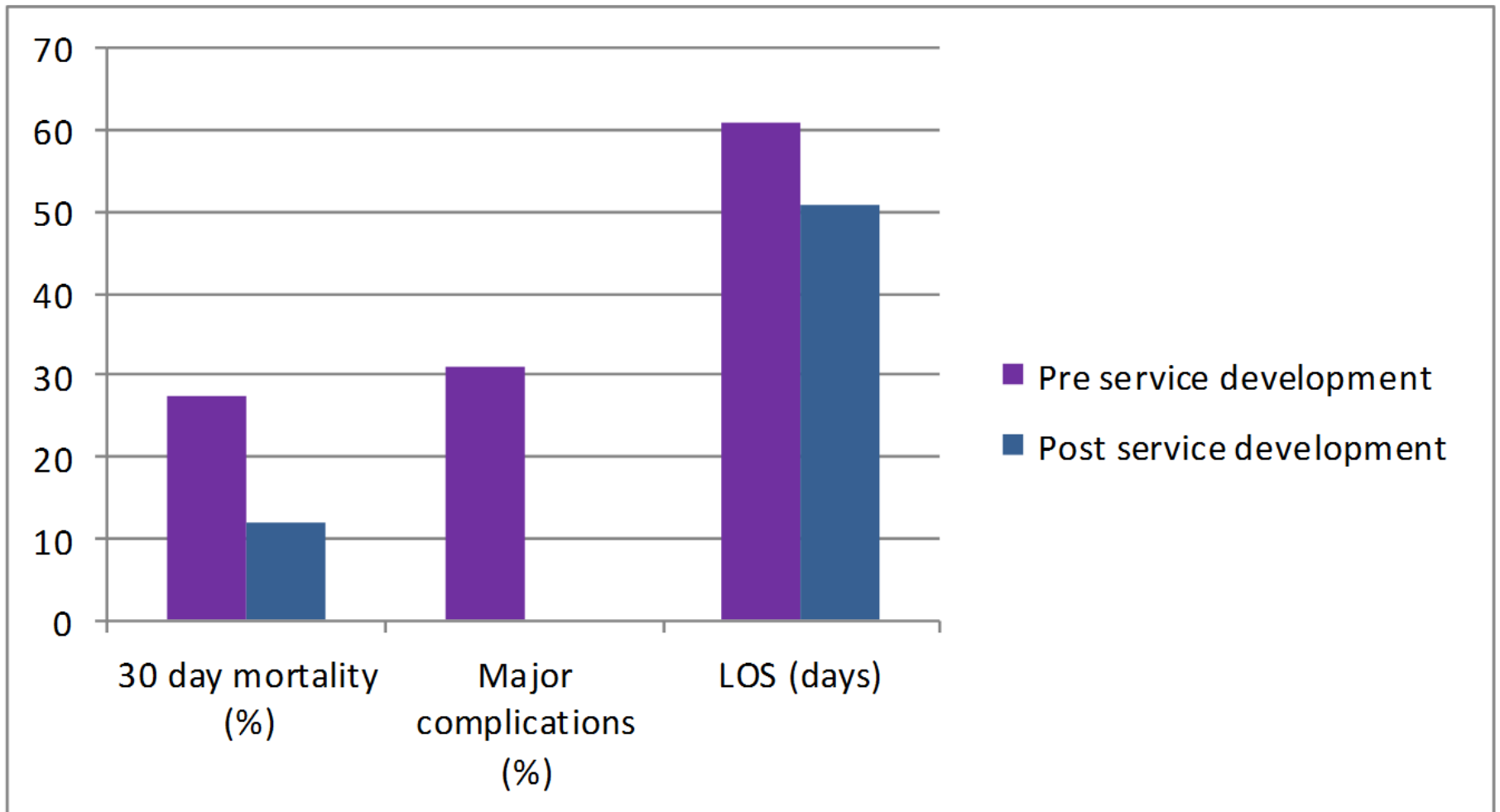
Outcomes

- Nasal bridle audit
April 14 – March 15
- PEG audit: indications and outcomes
September 14 – September 15

Outcome of Successful Nasal Bridle Placement



PEG Outcomes Pre and Post Service Development



Conclusion

- PEG placement outcomes improvement is multi-factorial
- **Nutrition Support Care Pathway**; timely decision making
- **Nasal bridles**; improved nutrition and patient selection for PEG
- **GRAIP**; improving MDT communication & documentation
- Dietitians integral to the effectiveness of enteral feeding service



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Thank you

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