

Practicalities of oral comfort feeding

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Objectives

- What is comfort feeding?
- Why consider it
- Who should be involved?
- Who makes the decisions?
- When do we decide?

Case study

'I'd love a cup of tea but you can't give me one because I have a learning disability so I'm Nil by Mouth'





Patient requires URGENT PEG due to aspiration Pneumonia. Unable to pass NG tube. Pulls out cannulas. Seen by Speech and Language team
Severe Risk of Aspiration.



Known information on assessment

- Peter is a 58 year old man. He has learning disability of unknown origin, epilepsy, .
- He lives a residential environment, has carers to support his daily activities including washing, dressing, feeding, drinking. Mobilises in a wheelchair.
- Happy man, communicates with yes / no, expresses happiness and sadness to those known to him
- Admitted to hospital with aspiration pneumonia.
- No previous hospital admissions in last 5 years.
- Known to SaLT in community has soft diet / Normal fluid



In hospital

- Treated with IV antibiotics and fluids
 - Difficult to maintain cannula due to Peter pulling out
- NBM from admission
- Referred for Speech and language assessment. (Day 2 of admission)
 - (seen Day 3) Poorly complies with help of carer
 - Risk of aspiration severe
- Referred to dietetics (Day 3 of admission)
 - (Seen day 4) For NG
 - Pulls tubes out over day 4-6
 - Becomes aggressive the more attempts made
 - Shouts 'No' when staff approach



- Referral made on day 7 of admission for PEG (seen day 8)
 - Consultant ward round states patient has no capacity therefore for Urgent PEG. No nutrition for a week. Nutrition Team to sort.
- Has a carer from his home, ward staff say is a weirdo who interferes.





Options

- NG
- PEG
- Feed at risk / comfort feeding
 - Risk of feeding V's other interventions
 - Harm V's Benefit
 - QOL





The pressure around decision making is underestimated by many!



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Spoke to Peter about the meeting with carer present.
Told him about the tubes
Talked about the Drip
Talked to him about his dog
Talked about having a cup of tea

NO!

NO!

YES!





HELP!



I've known him for 5 years but no one listens to me

Discharge, Complaint, CQC, GMC

Weirdo. Peter loves Tea and his Dog that's his life!

Can't he just eat

Sister. Peter will hate it and may pull it out

Indemnity insurance, home for basic needs. CQC

Doctors. Safety, PEG solves problem

Medics to decide

Home Manager. Can't manage tube. Move home

Blame NMC registration

SaLT. Risk severe as unable to objectively measure

Dietitian. Patient currently getting nothing

Ward nurses worried about Peter choking





Decision Time

Eat and drink at Risk

QOL

SaLT to decide on safest consistency

Medical team to complete Risk paperwork.

Paperwork to follow into community

Decision not set in stone *





Discharged home eating and drinking following advise from SaLT. Risks accepted by all involved.

Patient happy.

Interventions started pre discharge.

Full documentation re the whole process for future reference.



Practicalities

- Capacity
 - Involvement
- Options
 - All options follow process if policy present
- Judgements
 - Keep an open mind
- Time
 - Clock is ticking
- Documentation
 - Use Feeding paperwork or risk assess



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