Leicestershire Partnership NHS Trust

Administration of Blended Diet via gastrostomy device

The policy refers to the use of blended/liquidised family food for individuals with gastrostomy devices

Key Words:	PEG, liquidised, diet	
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Adopted by:	Trust Policy Committee	
Date this version was adopted:	7 May 2020	
Name of Author:	Anne Mensforth Nutrition and Dietetic Service Manager	
Name of responsible committee:	Nutrition and Pressure Ulcers Group	
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Target audience:	Registered Dietitians, Childrens community Nursing staff, Learning Disability nurses and school nurses	
Type of Policy	Clinical ✓	Non Clinical
Which Relevant CQC Fundamental Standards?	Regulation 9, Person centred care Regulation 12, Safe care and treatment, Regulation 14, Meeting nutritional and hydration needs	

CONTRIBUTION LIST

Key individuals involved in developing the document

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	8th January 2015	
2	26th January	Amendments made following comments from Clinical Effectiveness Group and FYPC Patient Experience, Safety and Risk Groups
3	17th July 2017	Amendments at anticipated timescale and following national meeting. Amended to reflect patient preference to continue blended diet despite advice to the contrary Requirement for Best Interests discussions added
4	12th September 2019	1) Policy title changed as Avanos now refer to administration of blended diet via their PEG and balloon retained tube, in addition to buttons. 2) Changes to text as above 3) Amendments made to reflect changes in the British Dietetic Association Position Statement July 2019 (Draft form at date of policy amendment)

For further information or advice - contact:
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Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

The Trusts commitment to equality means that this policy has been screened in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations.

A due regard review found the activity outlined in the document to be equality neutral because requests to change to blended diet via gastrostomy apply only to patients receiving this specific type of nutrition, and need to be considered on a clinical basis

Core Principles of the NHS Constitution – for further details please refer to the Development of Procedural Documents Policy

Definitions that apply to this Policy

Gastrostomy button	Low profile feeding device passing through the abdominal wall, through which enteral feed, fluid and liquid medication is administered into the stomach via a port accessed adjacent to the abdomen
Percutaneous endoscopic gastrostomy(PEG)	Feeding tube passing through the abdominal wall, through which enteral feed, fluid and liquid medication is administered into the stomach via a port accessed at the distal end of the tubing
Balloon retained gastrostomy tube	Balloon retained tube passing through the abdominal wall, through which enteral feed, fluid and liquid medication is administered into the stomach via a port accessed at the distal end of the tubing
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
Blended diet or liquidised diet	Household food and fluids blended/blended to a consistency whereby it can be administered via an enteral feeding device
Prescribed enteral feed	Commercially prepared prescribable formula of a nutritionally complete nature if sufficient volume is received
Bolus feed	Intermittent administration of a designated quantity of enteral feed
Pump assisted feeding	Administration of enteral feed using an enteral feed pump to control the rate of feeding
Anthropometry	Measurements of the body, usually for comparison with standards or to measure individual change over time

1.0 Summary

The document provides guidance for staff involved with patients/parents/carers wishing to receive or administer blended/liquidised diet (which will be referred to as blended diet throughout the document though the terms are interchangeable) via enteral feeding devices, in combination with, or in preference to the use of prescribed enteral feeds. Guidance is required in connection with decision-making around the potential for this feeding method to meet nutritional requirements, hygiene and infection control, patient safety requirements, and practical considerations on an individual basis. Currently this practice is likely to be used for children and young people, but may also be applicable to adults

2.0 Introduction

The use of sterile, ready to hang feeds is considered to be the gold standard treatment for patients requiring enteral nutrition, and alongside specialist advice the use of these products may contribute to reduced hospital admissions and length of stay. Prescribed feeds are usually nutritionally complete within a specified volume, and assuming good practice guidelines are followed, rarely cause tube blockages.
Despite this, there is growing interest in the use of blended diet via enteral feeding tubes as an alternative to commercially available prescribed enteral feeds in the UK (in line with other countries), with reported benefits from changing to this method of feeding including reduced vomiting and retching, improved bowel function, reduced dependence on medication, and improved general wellbeing and mood.

There has been little published evidence to inform and support safe practice in this field, though research is increasing; but the sharing of experiences via support groups and social media has raised the profile of this method of feeding, leading to increasing numbers of requests and enquiries relating to this. This is particularly the case for children and young adults, and there is recognition that some parents/carers are adopting this method of feeding irrespective of advice and support from health professionals.

The Enteral Plastic Safety Group does not endorse this method of enteral feeding practice, but states that any patient/carer wishing to make an informed choice to administer blended food via enteral feeding device should have an individualised risk assessment carried out in line with Trust policy

An increasing number of enteral feeding device manufacturers now endorse these for the administration of blended food. These include Avanos devices – Percutaneous Endoscopic Gastrostomy tube, balloon retained gastrostomy tube and low profile devices (button). The policy is not relevant to patients with devices feeding into the small bowel. Blended food is not sterile; feeding into the bowel bypasses the protective acidic environment of the stomach.

The British Dietetic Association (BDA) advises that, for the majority of individuals, the use of commercial formula remains the first line choice, does, but acknowledges the growing use of blended diet via gastrostomy, and the need to:

- Create a culture where tube-fed individuals and their families or carers feel able to openly and honestly discuss the feeding plan they follow with their dietitian
- Create a culture where dietitians feel supported professionally, to raise the topic of blended diet and offer this option as a mode of feeding where they deem it appropriate for physiological, social or emotional reasons

https://www.bda.uk.com/improvinghealth/healthprofessionals/policy_statements/policy_statement_-_blended_diet

The BDA also 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 gastrostomy device.

Tube fed individuals receive input from a range of healthcare and non-healthcare professionals, including Registered Dietitians and other Allied Health Professionals, Nurses, Nursing assistants, health visitors, school and nursery staff, and respite and care agency staff. Some staff are involved in an advisory capacity, others in the administration of feeds. Administration of blended diet via gastrostomy device requires staff to be competent in enteral feed administration.

There is a need for all staff to support patients/parents/carers in adopting and maintaining safe practice where they have made an informed decision to use this mode of feeding. For adult patients, a Best Interests meeting may be required where patients lack capacity to make the decision themselves. The capacity assessment and the outcome of the meeting should be documented in the patient record, and made available to all relevant staff.

Duties

Dietitians will:

- be aware that the use of blended diet may provide clinical benefit in certain patient groups
-
- undertake risk assessments for individuals or families wishing to change to blended diet via gastrostomy

- ensure that decisions are made in the best interests of the patient where mental capacity is in doubt. For adult patients, the dietitian will ascertain whether Power of Attorney or deputyship for health and welfare are in place.

- advise on maintaining adequate nutrition and hydration

- provide ongoing monitoring for individuals receiving blended diet, as for those receiving prescribed feeds

- direct individuals to advice on safe practice relating to hand hygiene, blended food preparation, storage, reheating of food and administration
- liaise with the relevant MDT regarding the change to blended diet
- provide a nutritional plan for staff involved in feed administration

Nursing staff, nursing assistants and other carers will:

- administer feeds (prescribed or blended family foods) in accordance with these guidelines and written nutritional plan provided by the Dietitian
- advise patients/parents/carers on safe practice relating to hand hygiene, blended food preparation, storage, reheating and administration, and support families in minimising infection control risks

3.0 Purpose

This guideline is intended to collate available information and evidence to support staff in

- responding to requests from patients/parents/carers receiving/managing enteral nutrition to wholly or partially change their prescribed enteral feed to blended diet
- ensuring patients/parents/carers fully understand the risks and disadvantages associated with this method of feeding, undertaking an individual risk assessment, and advising on mitigation where they wish to proceed
- promoting nutritional adequacy for patients receiving blended diet via gastrostomy
- providing patients/parents/carers with advice on safe processes for preparation, storage and administration of blended diet via gastrostomy.
- ensuring all decisions made by others on behalf of patients lacking mental capacity are made in the patient's best interests

The document has been developed to promote best practice and optimise patient safety where patients/parents/carers choose to use blended diet in preference to prescribed enteral feed products

4.0 Duties within the Organisation

4.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

4.2. Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

4.2.1 Divisional Directors and Heads of Service are responsible for ensuring all

relevant staff are aware of the policy and adhere to the principles and guidelines contained within it

4.2.2 Managers and Team leaders are responsible for ensuring all relevant staff are aware of the policy and adhere to the principles and guidelines contained within it

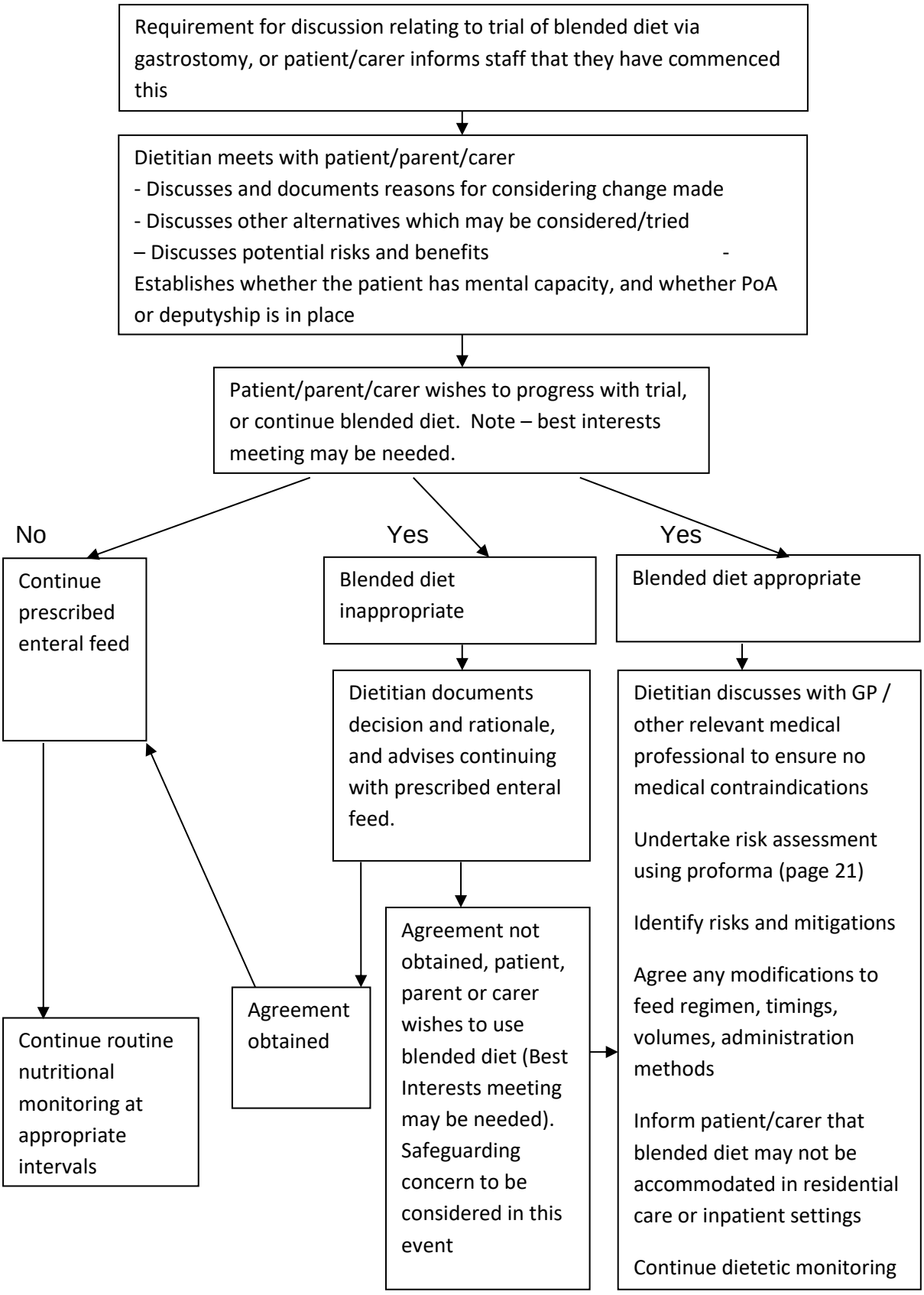
4.2.3 Responsibility of Staff – Staff involved in advising patients/parents/carers on the use of blended diet via gastrostomy device, or handling, administering or storing blended feeds, will ensure they are familiar with the content of the policy and associated procedural guidelines, and work in accordance with these

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given verbally and / or in writing. Someone could also give non-verbal consent as long as they fulfil the criteria to have capacity and are able to communicate their decision in some way. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if the impairment means that they cannot do one of the following;

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

5.0 Process to support consideration of the use of blended diet via enteral feeding device



5.1 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 protracted hanging times, and enteral feeding pumps are not calibrated for this purpose. It is therefore suggested that all feeds should be administered as boluses, using a syringe.

5.2 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, particularly if the blend is sieved. The impact of this on nutritional status is unknown.
For this reason, a combination of prescribed feed and blended food should be considered if symptom control can be achieved without withdrawing all prescribed feeds, or a vitamin and mineral supplement may be required. Reliance on a limited range of foods may be detrimental to overall nutritional status and intestinal microbial diversity.
Guidance from the dietitians will be based on the Food Standards Agency Eat Well Guide, with modifications to meet individual and clinical needs. Periodic analysis of overall dietary intake may be required, alongside anthropometric measurements.
Blood tests may be requested by the dietitian if there are specific concerns regarding an individual's nutritional intake.

5.3 Hygiene and infection prevention

It is necessary to ensure that blended food is suitable for consumption, and does not cause gastrointestinal upset due to contamination.
The potential for contamination during preparation, storage or subsequent handling of blended food has been widely acknowledged as a risk which must be mitigated through good food hygiene practice, as for regular family food.

5.3.1 Preparation

Research comparing microbial contamination of prescribed enteral feeds with blended food found counts to be significantly higher in blended foods, with counts rising to an unacceptably high level by 48 hours. This was attributed in part, to the utensils used during preparation of the blended food, particular sieves, therefore it is suggested that the practice of sieving is avoided. Prescribed enteral feeds are sterile on opening, and if handled appropriately remain sterile when administered. However, observation of the skills of carers preparing and administering modular enteral feeds in the home environment found that most carers performed poorly in respect of hand hygiene and clean preparation and handling of feeds, despite training.

5.3.2 Storage

Avoidance of storing blended foods (i.e. preparing and blending as close to administration as possible) will reduce risks associated with storage.

Where storage and reheating is required, the Food Safety guidelines published by the Chartered Institute of Environmental health should be adopted to minimise associated risks.

Procedural guidance on preparing, storing and reheating food is included – See Appendix 4.

Training

Staff involved in preparation and administration of blended diet via gastrostomy devices should undertake food hygiene training provided by the Trust

See appendix 1 for training template
There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as / role development training .

The course directory e- source link below will identify: who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

http://www.leicspart.nhs.uk/Library/AcademyCourseDirectory.pdf

A record of the event will be recorded on the Electronic Staff Record

Stakeholders and Consultation

See list of individuals to whom the policy has been circulated for comment

6. Monitoring Compliance and Effectiveness

The decision to use blended diet via in preference to prescribed enteral feeds, and the incidence of problems with gastrostomy devices and feed tolerance/gastro-intestinal problems will be documented in the relevant patients' dietetic and nursing records if applicable, as part of core record keeping.

7. Links to Standards/Performance Indicators

A description of how the procedural document links to Care Quality Commission (CQC) Outcomes (E.g. Outcome/Regulation number and domain) or other standards/performance indicators should be included (e.g. Essence of Care, National Patient Safety Advisor Agency notices, NICE guidance).

TARGET/STANDARDS	**KEY PERFORMANCE INDICATOR**
Nutritional outcomes	Patients will meet nutritional requirements – determined by appropriate anthropometry

CQC outcome 1 Respecting and involving people who use services	Patients understand the risks and benefits of this treatment in order to make an informed decision, and have a documented risk assessment

8. References and Associated Documentation

This policy was developed with reference to the following:

British Dietetic Association Policy Statement, May 2013. Accessed at: https://www.bda.uk.com/improvinghealth/healthprofessionals/blended_feeds

British Dietetic Association November 2019
The use of blended diet with enteral feeding tubes Accessed at: https://www.bda.uk.com/improvinghealth/healthprofessionals/policy_statements/policy_statement_-_blended_diet

British Dietetic Association Practice Toolkit (2015) Liquidised food via gastrostomy. Accessed at: https://www.bda.uk.com/professional/practice/liquidisedtoolkit

Brown, S, (2014) Blended food for Enteral Feeding via a gastrostomy. Nursing Children and Young People, November 26: 9

Chartered Institute of Environmental Health. Food Safety – First Principles. Accessed at http://cieh.org/

Coad, J. Et al (2016) Blended food for tube-fed children: a safe and realistic potion? A rapid review of the evidence. Accessed at http://adc.bmj.com

Food Standards Agency. Eat Well Plate. Accessed at http://www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx 12.9.2019

Klek, S, et al, J (2011) Parenter Enteral Nutr. May; 35(3):380 385

LPT (2016) Mental Capacity Act Policy. Accessed at http://www.leicspart.nhs.uk/Library/MentalCapacityActPolicyexpJul18.pdf

Madden, A M, et al. (2019) A laboratory based evaluation of tube blocking and microbial risks associated with one blended enteral feed recipe. J. Hum. Nutr. Diet, vol 32 p 667-675

NHS Choices (2012) How to Store Food Safely. Accessed at http://www.nhs.uk/Livewell/homehygiene/Pages/how-to-store-food-safely.aspx

NICE Clinical Guideline 139 Infection: Prevention and control of healthcare-associated infections in primary and community care (2012)

NICE Evidence Update 64. A summary of selected new evidence relevant to NICE clinical guideline 139 'Prevention and control of healthcare-associated infections in primary and community care (2012) Accessed at http://www.nice.org.uk/guidance/CG139

Pentiuk S. et al 2011. Pureed by gastrostomy tube diet improves gagging and retching in children with Fundoplication. JPEN 35 (3) 375-379

Philips, G. Patient and carer experience of blended diet via gastrostomy: a qualitative study' JHumNutrDiet 2018. 32 (3) 391-399

Santos V, Morais T. (2010) Nutritional quality and osmolality of home made enteral diets, and follow up of growth of severely disabled children receiving home enteral nutrition therapy. J Trop Pediatr 56 (2):127-128

Sullivan M, et al, 2004. Nutritional Analysis of blenderised enteral diets in the Philippines. Asia Pac J Clin Nutr 13 (4) 385-390

White S, Clark S, Torrence A, Bottrill P, Matthewson K. Evaluation of a blended normal food as an alternative for PEG fed patients. J Hum Nutr Diet 1999: 12:43-46

World Health Organisation (2007) Safe Preparation, Storage and Handling of Powdered Infant Formula. Guidelines. Accessed at http://www.who.int/foodsafety/publications/powdered-infant-formula/en/

Appendix 1

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training topic:	Food Hygiene Enteral tube feed administration training
Type of training:	☐ Mandatory (must be on mandatory training register) ✓ Role specific ☐ Personal development
Division(s) to which the training is applicable:	✓ Adult Learning Disability Services ✓ Adult Mental Health Services ✓ Community Health Services ☐ Enabling Services ✓ Families Young People Children ☐ Hosted Services
Staff groups who require the training:	*Please specify…* Diana community nursing service, Adult learning Disabilities and Adult mental health staff administering blended diet via gastrostomy device
Update requirement:	As per Trust Policy
Who is responsible for delivery of this training?	LPT Learning and Development team
Have resources been identified?	Training in existence
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	✓ Trust learning management system ✓ Enteral feed administration training to be recorded as relevant to individual services
How is this training going to be monitored?	

Appendix 2

Policy Monitoring Section

Criteria Number & Name:

Reference	Minimum Requirements	Self assessment evidence	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	Children and young people changing from prescribed enteral feed to blended diet will have a risk assessment completed		Records to be reviewed	Anne Mensforth, Dietetic Manager	Once only
	Incidents reported which relate to this cohort will be reviewed		Safeguard system	FYPC patient experience, safety and risk group	Quarterly

Reference	Minimum Requirements	Self assessment evidence	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance

Appendix 3

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay.
The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	✓
Respond to different needs of different sectors of the population	✓
Work continuously to improve quality services and to minimise errors	☐
Support and value its staff	✓
Work together with others to ensure a seamless service for patients	☐
Help keep people healthy and work to reduce health inequalities	✓
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐

Appendix 4

Due Regard Screening Template

Section 1	
Name of activity/proposal	Blended food administration via gastrostomy device for children and young people
Date Screening commenced	1.4.15
Directorate / Service carrying out the assessment	Nutrition and Dietetic Service, FYPC
Name and role of person undertaking this Due Regard (Equality Analysis)	Anne Mensforth
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: To respond appropriately to requests from families wishing to adopt this method of enteral feeding, taking individual preferences into account	
OBJECTIVES: To ensure good practice and safe care where families wish to use this feeding method	

Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age	n/a
Disability	n/a
Gender reassignment	n/a
Marriage & Civil Partnership	n/a
Pregnancy & Maternity	n/a
Race	n/a
Religion and Belief	n/a
Sex	n/a
Sexual Orientation	n/a
Other equality groups?	n/a

Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		✓ No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Appropriateness of this method of feeding will relate to clinical factors rather than protected characteristics			
Signed by reviewer/assessor	Anne Mensforth	**Date**	1.4.15
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	Anne Mensforth	**Date**	1.4.15

Appendix 5

Guidelines for preparation, storage and reheating blended feeds

Considerations for this do not differ from those relating to food for oral consumption

It is recommended that patients/parents/carers complete on-line food hygiene training

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.
- 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

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 clean container with a lid
- Blended food should not remain at room temperature for more than 90 minutes before refrigerating
- Blended food not used within 90 minutes may be refrigerated (below 5^0C) and used within 24 hours of preparation
- Blended food may be frozen (below -18^0C) for up to 1 month

Reheating

Feeds containing meat, poultry or previously cooked foods

Remove feed from fridge, transfer to a suitable container, and microwave until 'steaming hot' or 'piping hot' throughout (or if using a thermometer, a minimum of 70^0C for at least 2 minutes). Allow to cool to body temperature (37^0C) or below before feeding

Feeds not containing meat, poultry or previously cooked foods

Option 1 – remove feed from fridge and stand on work surface for 30 minutes to allow this to come to room temperature (WHO 2007)

Option 2 – remove feed from fridge and place the container in a jug of hot water for no more than 10 minutes. Shake or stir before feeding

Defrosting

Frozen food should be thawed in the fridge below 5^0C, reheated in accordance with information above, and used within 24 hours of removing from the freezer

Appendix 6

Leicestershire Home Enteral Nutrition Service

Blended diet via gastrostomy device - risk assessment

Name…….. NHS number…….. DOB……

Prior to completing the risk assessment it should be confirmed that the patient/parent/carer has a full understanding of the implications and requirements of this method of feeding

RISK	DETAILS	MITIGATIONS	DISCUSSED
Nutritional risk	Nutritional risk relates to: - The need to dilute blended food in order to achieve a suitable solution for administration. This will result in the need for larger volumes of feed in order to provide sufficient nutrition - Blended feeds may have a lower energy content than commercial formula - The nutritional content of blended meals is not accurately known	Liaison is required on an individual basis. It may be beneficial to use a combination of commercial formula and blended food, at least initially. Tolerance of volume should be closely monitored. Close monitoring of growth should be undertaken Information regarding suitable energy dense supplementation should be provided as appropriate to the individual Analysis of food diaries to enable assessment of nutrient intake may be needed, to identify any potential deficiencies or excesses of vitamins, minerals or macro or micronutrients. Supplementation may be required. This should be assessed on an individual basis	
Specific risks identified Actions identified to reduce risk			

RISK	DETAILS	MITIGATIONS	DISCUSSED
Infection	Risk could arise from: - Inappropriately or undercooked foods - inappropriate storage of feeds - poor hand hygiene - particles of food remaining in the tube after feeds - poor cleanliness of equipment used	 Ensure awareness of food safety guidance, and recommend on-line food hygiene training Ensure patient/family is aware of appropriate storage conditions and disposal requirements of prepared feeds Feeds should be labelled with the date and time of preparing if sent to school/nursery or other setting Promote good hand hygiene Ensure tube is flushed immediately after all feeds Ensure liquidiser/blender, and any other equipment is of a design which can easily be cleaned thoroughly	
Specific risks identified Actions identified to reduce risk			

RISK	DETAILS	MITIGATIONS	DISCUSSED
Feed administration	Risk relates to: - thicker consistency of blended meals a) It is unlikely that gravity bolus feeding will be practical b) Pump feeding is not recommended Pumps are not calibrated for this consistency of feed. Blended meals may not remain in suspension for a prolonged period of time Increased infection risk from prolonged 'hanging' time Potential uneven or over-heating of feed, if feeds are warmed	Administration using syringe with plunger will be needed (caution relating to the pressure applied) If feed is warmed/reheated, ensure the temperature does not exceed hand temperature when administered, and the food is re-mixed after warming	
Specific risks identified Actions identified to reduce risk			

RISK	DETAILS	MITIGATIONS	DISCUSSED
Tube blockage	Risk could arise from: - Food being incompletely blended - Attempts to administer a solution which is too thick	Ensure feed is completely smooth Flush tube immediately after all feeds Ensure feed is adequately diluted to a suitable consistency	
Specific risks identified Actions identified to reduce risk			

RISK	DETAILS	MITIGATIONS	DISCUSSED
Tube/device condition	Certain devices are not approved by the manufacturers for the administration of blended feeds. Earlier deterioration of devices or associated equipment could result Inability to clear a blockage in a PEG-type device may necessitate hospital admission to replace the tube	The patient or family member should be made aware of this The condition of the tube should be reviewed regularly by dietitian, nurse or doctor	
Specific risk identified Actions identified to reduce risk			

Recommendations/summary

Dietitian ……. Date……

Patient/parent/family……. Date…….

To be filed in dietetic records and the records of other services involved, as applicable

Appendix 7 DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**Administration of Blended Diet via gastrostomy device**	
Completed by:	**Anne Mensforth**	
Job title	**Clinical Dietetic Manager**	**Date 1.10.19**

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	**No**	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	
Date of approval	