

Document Control

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Directorate Clinical Support and Specialist Services		Department Pharmacy	Team/Specialty Pharmacy
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1.1	Jan 2018	Draft	Reviewed and updated following guidance from GAIN and research on how to flush tubes, sent out for consultation
1.2	Mar 2018	Draft	Updated 5.1.9 with further clarification on role of pharmacist, 5.2.16 following comments by Stroke CNS, added information to 5.2.10 to advise staff to contact pharmacy for guidance on administration, amended document to make it clear it relates to enteral feeding tubes rather than just the enteral route, added information to 5.1.7 following feedback from pharmacy department.
2.0	Mar 2018	Final	Ratified at Drugs and Therapeutics Committee 16 th March 2018 and published on BOB.
2.1	May 2021	Draft	Addition of medicine policy for skilled not registered staff added to associated documentation. Addition of CQC guidance to enteral feeding and medicine administration within references. Addition of CQC guidance to gain consent for administration via enteral feeding tube. Addition of reference to covert administration of medicine SOP. Addition to reference to myNEWT guides. Addition of 'Adults' only with title of SOP. Addition of Enteral Feeding Policy into associated documentation.
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CONTENTS

Document Control	1
1. Background	3
2. Purpose	3
3. Scope	3
4. Location	4
5. Procedure	4
Prescribing of medication for the enteral feeding tube route	4
Administration of medication via the enteral feeding tube route	5
Documentation of medicine administration	6
Incident reporting	7
6. References	7
7. Associated Documentation	8

1. Background

- 1.1. The safe administration of medications via enteral feeding tubes has been highlighted as a concern (NPSA, 2007). Patients with enteral feeding tubes are at increased risk of medication error compared with those who are taking medications orally (Kelly et al, 2011). Staff require a good understanding of the safe prescribing and administration of medicines via the enteral feeding tube route to ensure patient safety and high quality care is not compromised.

2. Purpose

- 2.1. Identify the procedure for the prescribing and administration of medication via the enteral feeding tubes route for patients within an acute hospital, community hospital or other community setting.

3. Scope

- 3.1. This Standard Operating Procedure (SOP) relates to the following staff groups who may be involved in the prescribing and administration of medication via the enteral feeding tubes route:
- Registered healthcare professionals
 - Non-registered healthcare professionals who have been delegated the task of administration
 - Medical and non-medical prescribers
- 3.2. Staff undertaking this procedure must be able to demonstrate continued competence as per the NDHT [Policy on Assessment and Maintenance of Clinical and Medical Device Competence](#). Staff must also ensure that they follow the appropriate regulatory codes and standards for their profession, where appropriate (e.g. [NMC Code](#), 2015, [HCPC Standards of Conduct, performance and Ethics](#), 2016).

4. Location

- 4.1. This Standard Operating Procedure is provided by Northern Devon Healthcare Trust and can be implemented in all clinical areas where competent staff are available to undertake this role.

5. Procedure

Prescribing of medication for the enteral feeding tube route

- 5.1.1. All individuals who require the administration of medication via the enteral feeding tubes route will have been assessed by the multi-disciplinary team and in conjunction with the patient/carer. You should get consent to give medicines via an enteral feeding tube. Giving medicines this way is only covert administration if the person does not know they are being given the medicines
- 5.1.2. The prescribed medication will be required to meet the clinical need of the individual, and is not available in another formulation which is acceptable to the patient; there is therefore a need for it to be administered via the enteral feeding tubes route.
- 5.1.3. The prescribing of medication for the enteral feeding tubes route will be in accordance with the NDHCT [Medicines Policy](#), and in line with the [North and East Devon Joint Formulary](#).
- 5.1.4. The prescriber will complete the ratified Community or Hospital Prescription and Medication Administration record.
- 5.1.5. The prescription must stipulate the name of the medication, dose, strength and route of administration. There must be a review date.
- 5.1.6. The formulation of the medication must be considered and a liquid formulation is preferable.
- 5.1.7. If non-soluble tablets/capsules are the only available formulation the prescriber must indicate the method of preparation required for the administration of the drug. The alteration of medication formulations by crushing, opening or mixing, and then administering through an enteral feeding tube is not covered by the majority of drug product licenses, meaning that prescribing/administration will be "off license" (BAPEN, 2004). Guidance within the NDHT [Unlicensed Medicines Policy](#) must be followed.
- 5.1.8. The prescriber must fully consider the effect on absorption, bio-availability and interaction with feeds. They must check that the drug is absorbed from the site of delivery, especially in jejunal feeding, as the site of absorption may otherwise be bypassed.

- 5.1.9. A ward pharmacist, on-call pharmacy team or pharmacy medicines information must be contacted to discuss the compatibility/appropriateness of medications prescribed for administration via the enteral feeding tubes route. The pharmacy team have access to NEWT guidelines which will give individual advice for each medication. If required for patient information at the point of discharge, a myNEWT guide can be printed for home carers to support medicine administration by the enteral route post discharge.

Administration of medication via the enteral feeding tube route

- 5.2.1. Staff administering medication must have knowledge of the medication being given appropriate to their role and responsibility.
- 5.2.2 Ensure the patient has a care plan which reflects the needs of the patient and the process for the delivery of the medication and the planned review process for enteral feeding tube administration.
- 5.2.3 If medicines given via a tube are also given covertly, you must document this in accordance with the trust Covert Administration of Medicines SOP. You must have a process for documenting these decisions taken, in line with the Mental Capacity Act 2005.
- 5.2.4 To ensure the safe administration of medication, staff must have access to the authorisation to administer, signed by the prescriber.
- 5.2.5 All equipment required to undertake the procedure must be available to the person administering the medication. The equipment must be recommended for the purpose of enteral feeding tube medication administration (NPSA, 2007).
- 5.2.6 If using equipment, staff must have been assessed as competent in using equipment according to the NDHT [Policy on Assessment and Maintenance of Clinical and Medical Device Competence](#).
- 5.2.7 Ensure the individual is ready to receive the medication.
- 5.2.8 Staff must check the identity of the individual to whom the medication is being administered. This may be achieved by verbal response/identification by photograph. If a photograph is the option for identification, consent must have been obtained in accordance with the NDHT [Consent Policy](#).
- 5.2.9 Staff must check the name of the medication, formulation, dose and instructions to administer against the packaging and the Community/Hospital Prescription and Medication Administration record.
- 5.2.10 Staff must check the expiry date of the medication.
- 5.2.11 Staff must prepare the medication in accordance with the instructions. The ward based clinical pharmacist, medicine information pharmacist or on-call pharmacist should be contacted to provide specific advice for correct administration for each individual medication.

- 5.2.11 Where non-soluble, tablet or capsule medicines are to be administered, staff should rinse the tablet crusher/containers after use, then draw up the water into the used syringe, and flush this down the tube. This ensures that the whole dose is given.
- 5.2.12 Staff must not prepare medication in advance of the administration episode.
- 5.2.13 Where a nasogastric tube is in place, the position of the tube must be confirmed by a gastric aspirate of PH less than 5.5 prior to the administration of any medication.
- 5.2.14 Individuals taking antacids, H2 antagonists or proton pump inhibitors are likely to have a stomach PH greater than 5.5 in which case it may be difficult to confirm tube placement with the necessary accuracy. The need to continue this medicine should be reviewed by the prescriber against the need to administer medicines via the gastric tube. Individual risk assessments on a case by case basis may be required (GAIN, 2015). For example, it may be necessary to test PH prior to administration of certain medicines.
- 5.2.15 The enteral tube must be flushed with 30-50mls freshly drawn potable water prior to and following administering any medication.
- 5.2.16 Where a patient is immunocompromised or fed via the jejunum, sterile or cooled boiled water must be used instead of potable water.
- 5.2.17 If more than one medication is to be administered, each one should be prepared and given separately using an enteral feeding tube syringe, and the tube should be flushed with 5-10mls water between each medication. If a re-useable syringe is available this can be rinsed and used again for subsequent medications.
- 5.2.18 A pulsatile flushing action (push/pause technique) should be practiced when flushing to promote a turbulence effect within the tube. This ensures adequate flushing of the device and will help to prevent any blockages of enteral feeding tube device and promote patency of the tube (Reising and Neal, 2005)
- 5.2.19 Medications should not be administered with the feed, as it can effect absorption of the medication and increase the risk of tube blockage. For some medications (e.g. phenytoin, penicillin or flucloxacillin), a resting period is required following administration of the feed to minimise the risk of the drug interaction (White and Bradnam, 2009).
- 5.2.20 Clean or dispose of any equipment used in the administration process, depending on whether the equipment is single use or single patient use.

Documentation of medicine administration

- 5.3.1 On completion of the administration the person administering the medication must complete the medication administration record.
- 5.3.2 The amount of water administered should also be recorded.

- 5.3.3 In the event of the medication not being administered or being refused, this must be recorded on the medication administration record and within the patient's records.
- 5.3.4 The prescriber should be informed in the event of the medication not being administered to discuss an appropriate course of action.

Incident reporting

- 5.4.1 In the event of an incident occurring whilst undertaking any part of the process, reporting will need to be undertaken as per the [Incident Reporting and Management policy](#).
- 5.3.5 In the event of a medication error (including any aspect of prescribing or administration), the guidance within the NDHT SOP for [Medication Incidents](#) should be followed.
- 5.3.6 If any equipment used in the administration of medication is faulty or inappropriate, the equipment must be removed and retained in addition to the completion of an incident form.
- 5.3.7 In the event of any Adverse Drug Reaction, immediate action must be taken to minimise harm to the patient. The reaction must be reported to the Medicines Healthcare Products Regulatory Agency (MHRA) through the [Yellow Card Scheme](#).

6. References

- British Association for Parenteral and Enteral Nutrition and The British Pharmaceutical Nutrition Group (2004) *Administering Drugs Via Enteral Feeding Tubes: A Practical Guide*.
- Guidelines and Audit Implementation Network (2015) *Guidelines for Caring for an Infant, Child or Young Person who Requires Enteral Feeding*.
- Kelly, J., Wright, D., Wood, J. (2011) Medicine administration errors in patients with dysphagia in secondary care: a multi-centre observational study. *Journal of Advanced Nursing*. 67 (12) 2615-2627
- MHRA [Yellow Card Scheme](#).
- National Patient Safety Agency (2007) *Promoting safer measurement and administration of liquid medicines via oral and other enteral routes*. NPSA: London.
- Reising D., Neal R., (2005) Enteral tube flushing. *American Journal of Nursing*. 105(3): 58-63.
- White, R. and Bradnam, V. (2009) *Handbook of Drug Administration via Enteral Feeding Tubes* (2nd ed.) Cambridge: BPNG Pharmaceutical press.
- Care Quality Commission. Enteral feeding and medicines administration. <https://www.cqc.org.uk/guidance-providers/adult-social-care/enteral-feeding-medicines-administration>

7. Associated Documentation

- NDHT [Medicines Policy](#)
- NDHT [Policy on Assessment and Maintenance of Clinical and Medical Device Competence.](#)
- NDHT [Incident Management and Investigation policy](#)
- NDHT [Unlicensed Medicines Policy](#)
- NDHT [SOP for Medication Incidents](#)
- NDHT [Consent Policy](#)
- NDHT [SOP for Nasogastric Feeding in Adults](#)
- NDHT [SOP for Nasogastric Feeding in Adults – ICU and HDU](#)
- NDHT Enteral Feeding Policy
- NDHT Medicine Policy for Skilled Not Registered Staff
- NDHT SOP for Covert Administration of Medicines