

Title:	Administration of Blended Diet via Gastrostomy: Standard Operating Procedure (SOP) in the Acute Setting for Inpatients in RBHSC		
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BD - Blended diet: a term used to describe food which has been liquidised, pureed or blended to IDDSI level 3/4 and given via a suitable gastrostomy feeding tube using a 60ml syringe with a plunger and the push/pause technique. This can be used to provide all or part of a child's nutritional intake.

Bolus feeding – a specified amount of fluid that is administered into a gastrostomy tube

Nestle Compleat Paediatric (previously known as Isosource Junior Mix) – nutritionally complete 1.17kcal/ml ACBS Approved enteral tube feed containing some blended food ingredients (rehydrated chicken meat, vegetables, peach puree and orange juice from concentrate- contains cow's milk protein)

Nestle Compleat HP- Nutritionally complete 1.5kcal/ml enteral tube feed (ACBS Approved) containing some blended food ingredients. Suitable for older children and adults.

MK – Milk kitchen: The milk kitchen is managed by the dietetic department and is located in a closed off area off the main kitchen. The milk kitchen is responsible for producing therapeutic enteral feeds for patients in RBHSC using a syringe in a push/pause technique.

EDM3000 - Electronic Dietetic Manager 3000. This is a system created to support the ordering, preparation and labelling of feeds and special diets for patients at GOSH

RBHSC – Royal Belfast Hospital for Sick Children

GA – general anaesthetic

Gastrostomy button – a low profile feeding device which passes through the abdominal wall through which liquid feeds, fluids and medication is administered via a port at the distal end of the tubing. It is held in place by a balloon.

MDT – multi-disciplinary team

NGT – nasogastric tube: a feeding tube that is inserted into the nose and ends in the stomach

NJT – nasojejunal tube: a feeding tube that is inserted into the nose and ends in the jejunum

PEG – percutaneous endoscopic gastrostomy: a tube that is inserted into the stomach through the abdominal wall through which liquid feeds, fluids and medication are administered via a port accessed at the distal end of the tubing.

PEG-J- This is a trans-gastric device with a gastric and jejunal port

RIG- Radiologically inserted gastrostomy

Pump feeding – enteral feed that is administered via a pump to control the feed rate

RTH Feed – Ready to hang liquid feed that is suitable for enteral feeding

CYP – Children and young people

ACBS- Advisory Committee on Borderline Substances

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1.0 Purpose:

This Standard Operating Procedure (SOP) is to provide support and clear guidelines on the management of blended diets fed via an appropriate low profile (button) gastrostomy or balloon gastrostomy device to children and young people during their inpatient stay in RBHSC. It encompasses when a blended diet can be provided, how it can be provided safely, what nutrition the blended meals at RBHSC provide and who will be involved in the process.

1.1 The use of food and fluid blended or liquidised to an IDDSI Level 3 or 4 consistency and administered into an appropriate enteral feeding device is referred to as a **blended diet**. There is a growing interest and an increasing trend towards the administration of home blended diet via gastrostomy devices. Emerging evidence supports the previous anecdotal benefits of blended diet reported by patients and families (Pentuiik *et al.*, 2011; Coad *et al.*, 2017). Reported benefits include reduced vomiting and retching, improved bowel function, improved microbiome bio-diversity (Gallagher *et al.* 2018), reduced dependency on medication and improved wellbeing (Poole *et al.*, 2021). There are concerns that providing blended diet via enteral feeding devices can increase the risk of nutritional deficiencies, infection and tube blockages. However there is little evidence of these issues occurring in clinical practice (Armstrong *et al.* 2017; Kennnizan D *et al.* 2020).

Until now, professionals at RBHSC have not been able to support parents choosing this method of feeding in hospital due to the lack of clear professional guidance or clear process, and concerns regarding infection control.

1.2 The British Dietetic Association has released its' Practice Toolkit – The Use of Blended Diet with Enteral Feeding Tubes (November 2021). Its' purpose was to provide supplementary, practical, best practice guidance for UK Registered Dietitians and other Healthcare Professionals working in the field of home enteral tube feeding to help individuals receive effective, equitable and quality care. The Toolkit does not aim to determine if blended diets are safe or efficacious in comparison with commercial enteral formula. On this basis the BHSC developed a multidisciplinary guideline to support the commencement and delivery of blended diet via gastrostomy for paediatric patients in the community setting, and includes clear guidelines regarding the indications and contra-indications of this method of feeding for community patients.

ACBS approved Commercial enteral formula remains the first line choice for the majority of tube fed individuals, and in many cases of acute admission, may be the safest route for those patients normally fed blended diet via gastrostomy at home (if clinically unstable).

2 Scope

The scope of this SOP is to ensure the safe provision of blended diets administered via appropriate gastrostomy tubes for children/young people (CYP) admitted to RBHSC who are already established on blended diets in the community.

The Menu provision provides as a minimum 870kcal per day, with the option of fortification to raise this to their current baseline, or to a level advised by the Dietitian following a dietetic assessment.

Contraindications to offering blended diet via gastrostomy as an inpatient in RBHSC are detailed in the table below:

Contra-indication	Rationale	Alternative considerations
CYP with a newly formed gastrostomy	The tract must be formed, otherwise there is a significant risk of tube dislodgement, leakage, infection around site/overgranulation.	Can be commenced a minimum of 8 weeks post initial insertion
Infants less than 6 months of age	Their diet should be exclusively breast milk or formula milk	For infants aged 6-12 months, it may be used alongside breastmilk or infant formula in line with current recommendations for oral complementary feeding. However it is unlikely that these infants will have a permanent feeding device of a large enough gauge to safely deliver blended diet.
CYP wanting to start a blended diet at RBHSC who are not yet established on this method of feeding in the community	volumes and tolerance will differ	
CYP who have a gastrostomy tube/button less than a size 12Fr or a Freka Gastrostomy	This is due to increased risk of blockages, or the need for surgical replacement of the tube if it becomes blocked	

CYP who have NGT or jejunal feeding devices	due to the high risk of blockage and safety issues with administering blended diets via an enteral feeding pump	Blended diet can only be administered via a 60ml enteral syringe into the stomach via a push/pause method.
CYP with a Malecot catheter tube, primary balloon button gastrostomies prior to first planned change or a primary Monarch tube prior to six months	Due to difficulties with tube replacement if blocked	
Immunocompromised patients	Due to risk of food borne illness	This includes children with clinically significant neutropenia
CYP who are biochemically unstable during their admission	i.e. requiring frequent manipulation of electrolytes	
CYP who have limited or reduced gastric function that impacts their ability to digest and absorb food	Post pyloric feeding may be a safer option for this patient cohort	
Critically ill patients on intensive care units		unless they are ward ready, in these situations a decision will be made on a case by case basis
CYP with Transgastric Devices (PEG-J Tubes or Balloon GJ tubes via the GASTRIC port only) at size 16french or above	These constitute a higher risk due to narrower lumen and the risk of the wrong port being used, and the need for	However a decision can be made on a case by case basis with the surgical team and consultant in charge of

	radiologically guided replacement if blocked. Should never be used in a PEG-J device or a GJ device smaller than 16Fr.	the care of the child/YP and their carers.
Admissions out of hours unless pre-arranged with the dietitian*		

Table 1: Contraindications to CYP receiving Blended Diet via Gastrostomy as an inpatient in RBHSC.

* Out of hours includes evenings, weekends and bank holidays. Due to the time-consuming nature of the initial assessment with the parent/carer, Dietetics will not be able to initiate the blended diet plan during these periods. The parent/carer should be offered an appropriate complete feed such as Nestle Compleat Paediatric/ Nestle Compleat HP or, if they have a milk allergy/allergy to any ingredients in the Nestle Compleat Paediatric/ Nestle Compleat HP, they should be offered a suitable alternative commercial formula (from the Specialist Milk Kitchen).

3 Aims

3.1 The aim of this SOP is to ensure the safe provision of blended diets administered via appropriate gastrostomy tubes for CYP admitted to RBHSC already established on blended diets in the community.

3.2 To ensure that these CYP receive appropriate, equitable and high-quality care.

3.3 To support parents and children who wish to continue administering blended diets when they are admitted to RBHSC. To ensure patients/carers fully understand what is involved when choosing to continue blended diets at RBHSC, the ward dietitian will explain the Blended Diet Information Leaflet for Parents/Carers and answer any questions they may have.

4 Roles and Responsibilities

4.1 Pre-op/pre-admission staff

4.1.1 Screen children receiving enteral feeds by asking parents/carers what feed the CYP is receiving and inform the dietitian pre-admission (including those on commercial feeds and BDs)

4.1.2 Inform the parents/carers that there is a SOP for blended diet use in the hospital for CYP already established on BD at home and that a dietitian will carry out an assessment pre-admission or on admission if the former is not possible

4.2 Ward nurses

4.2.1 Inform the dietitian via the approved referral process as soon as the parent/carer requests a BD on admission. The dietitian will place a 'Blended diet' Main Meal and Snack order on Encompass which will correspond to the MAR and the fluid balance flowsheet. Additional water flushes will be documented as 'Enteral Water Flush' order. Provide the parent/carer with the information leaflet.

4.2.2 Inform the nurse in charge

4.2.3 Inform the Gastrostomy Specialist Nursing Team

4.2.4 Inform the Catering department and request a copy of the Blended Diet Menu

4.2.5 Provide single use 60ml syringes to the parent/carer for each meal and snack (the number of syringes required will equal the volume of the blended meal divided by 60ml e.g. 300ml blend will need 5 single use syringes)

4.2.6 Record the volume of BD and water flushes given by parents/carers onto fluid balance charts. For feed type, "Blended Diet", and the quantity/flavour needs to be noted.

4.2.7 Document the date the bolus extension set was first used in nursing notes and write on the white board in the patient's room

4.2.8 If the parent is not present, flush the extension set with a minimum of 20ml Cow and Gate Sterile water into a sterile pot and provide the parent with a clean, dry container in which to store the extension set with the clamp open. Label the container with patient details and date the extension set is first used with expiry date 1 week later.

4.2.9 Document all discussions in nursing progress notes.

4.2.10 Ward nurses are not responsible for administering the BD at this time.

4.3 Nurses in charge/Ward Manager

4.3.1 Ensure all nursing staff on the ward are aware of the BD SOP and their responsibilities and that training is given to new members of staff

4.3.2 Document all discussions appropriately

4.3.3 Ensure an adequate supply of single use 60ml Enfit enteral syringes and bolus extension sets is available at all times on the ward

4.4 HealthCare Assistant Staff

Notify Catering regarding the admission of the child/YP requiring BD.

Provide the child/YP carer with the selection of available BD for each meal and order this via Catering using the standardised method (evening meal choices are made at lunch, lunch choices made in the evening of the previous day).

4.4.1 Take the ready to use BD from the food trolley and place the BD on a clean kitchen tray, which is given directly to the parent or carer

4.4.2 Inform the parent/carer that the BD has arrived on the ward and notify with patient's nurse to supply sealed 60ml Enfit enteral syringes and sterile water for flushing

4.4.3 Ensure the printed document from the Catering department sent up with the patient's meals which includes confidential patient information is discarded in confidential waste and not left in the kitchen

4.4.4 Store patient labelled milk alternatives and snacks in the patient fridge in the ward kitchen.

4.4.5 Ensure the allocated space for parents to make up the breakfast and snack blends is kept clean and clear at the allocated times (7-8am, 10-11am, 3-4pm, 7-8pm) with the laminated sign on the door while the parent is drawing up the meal. In a shared preparation area, other activities should finish before feed preparation starts. Food supplies must be removed and work surfaces thoroughly washed, rinsed and sanitised using approved food compliant chemicals. The mixing equipment should be used solely for feed preparation and the supplies should be removed from clean storage and brought to the preparation area. Only personnel involved in feed preparation should be in the area during feed production (BDA, 2019)

4.4.6 Order enteral syringes/ bolus extension sets and 250ml Sterifeed bottles via e-Procurement

4.4.7 Ensure Ward fridges are temperature checked and recorded as per Food Safety Policy

4.5 Dietitian

4.5.1 Call the parent/carer ahead of the admission if informed by a pre-admission nurse or meet the parent/carer on the ward on the same day as the referral.

Obtain the details of the community dietitian who is supporting them and contact them as needed for a handover of usual intake.

4.5.2 Discuss the reasons for the BD. Advise the parent/carer of the risk assessment, notify the consultant in charge of the child/ the admitting consultant and the ward staff, and leave a copy of the risk assessment in the child/YP notes.

4.5.3 Review the child and speak to the parent/carer about their request for a BD

4.5.4 Offer our preferred alternative feed, Nestle Compleat Paediatric/ Nestle Compleat HP or a suitable alternative as appropriate

4.5.5 Provide the “Blended Diet Information Leaflet for Parents/Carers” to the parents/carers if they wish to go ahead with the BD and discuss it with them

4.5.6 Inform the child/YP’s consultant/medical team

4.5.7 Inform the Catering department

4.5.8 Liaise with the dietetic support worker as needed

4.5.9 Document the initial discussion and all subsequent reviews appropriately

4.5.10 Monitor the child/YP’s nutritional intake during their admission and alter the BD if required. Provide guidance on the volume and type of flushes (water/dioralyte) as required.

4.5.11 Discuss available meal and snack options with parents/carers using the Blended Diet Menu.

4.5.12 . Place an order for Blended Diet Meal and Blended Diet Snack, plus 'Enteral Water Flush' order if required for additional water flushes to meet fluid requirements.

4.5.14 Make adaptations to the Blended Diet Menu and estimated calorie intake as required.

4.5.16 Provide the laminated sign to the parent/carer which will be placed on the ward kitchen door when the parent/carer is drawing up the blend into the syringes at snack and breakfast time.

4.5.17 Provide feedback to the community dietitian on discharge

4.5.19 Provide training on the BD SOP to the Practice Educators, ward nurses, health care assistants and Catering as required.

4.6 Dietetic Support Worker

4.6.1 Obtain additional snacks if requested by the dietitian

4.6.2 Document all discussions and the meals ordered as appropriate

4.7 Gastrostomy Specialist Nursing Team

4.7.1 Provide clinical advice or support following a referral

Provide a telephone, video or face- to-face consultation as appropriate

4.8 Lead consultant for the patient

4.8.1 Discuss the appropriateness of following a Blended Diet via Gastrostomy during the CYP admission depending on their medical stability. Discuss the appropriateness of administering a BD via a 16Fr **transgastric device (Balloon GJ device)** with the

surgical team, dietitian, specialist nurse, ward staff and parent/carer if this is the tube the child/YP has and is using currently at home for their BD, including implications of tube blockages, the wrong port being used and the potential need for IV fluids and tube replacement (if the tube blocks). The surgical team do not recommend putting a BD down any PEG-J device or any 14Fr balloon GJ device. Freka PEG-J devices are notorious for blocking and need a GA to change. The lumen of any GJ tube is reduced by the jejunal limb which runs down the middle of it, and again make blockage more likely, especially in a device smaller than 16Fr.

4.9 Infection Prevention and Control Team

4.9.1 Information on Aseptic Non-Touch Technique (ANTT), Hand Hygiene, and Personal Protective Equipment (PPE) is available on the IPC Loop Page.

Seek IPC advice from the IPC Team as required:

Monday – Friday 08:00 – 17:00

For urgent advice out-of-hours and on Bank holidays, contact the on-call Medical Microbiologist via switchboard.

4.10 Catering

4.10.1 Provide the standardised portion of ready-to-use BD according to the order from the ward for a named patient

4.10.2 Ensure that there is adequate stock of appropriate cereals (Baby Porridge/ Rusk/ Baby Rice) for ward collection in the morning, and suitable snacks (stage 1 (4-6 months) baby pouches, custard pots, smooth yoghurt pots), as well as an alternative to cows milk (soya/oat milk) if required according to prescribed allergen status. See appendix for order codes

4.10.3 Transport BDs to the ward via the food trolleys at the usual mealtimes at room temperature

4.11 Parents/carers

4.11.1 Read the “Blended Diet Information Leaflet for Parents/Carers”

- 4.11.2 Give all BD feeds to the child/YP at room temperature (this will not be a staff nurse's responsibility). A parent/carer can nominate another appropriately trained family member to administer the BD if they are unable to be present
- 4.11.3 Will not bring in cooked food from home
- 4.11.4 Will not blend food on the ward with blenders including at the bedside
- 4.11.5 Will not prepare or draw up BD meals or snacks at the CYP's bedside
- 4.11.6 Will access the ward kitchen to prepare the breakfast and snack blends once the domestic and healthcare assistant staff have finished with the meal service and at agreed times for breakfast and snacks
- 4.11.7 Will place the laminated sign on the ward kitchen door when they access the kitchen for the above
- 4.11.8 Will remove lids from the food containers and ensure the BD is at room temperature before drawing it up into syringes. Parent/carer must be present throughout cooling period
- 4.11.9 Will give the main meals at room temperature, and breakfast at room temperature to the CYP within 1 hour (from the time of preparation) or refrigerate the cold option (unopened snacks-labelled with time and date) and use within 24hrs.
- 4.11.10 Will prepare blends for breakfast and snacks in the ward kitchen using unopened stage 1 (4 or 6months) baby food jars/pouches brought from home or available from the Diet Kitchen, using cow's milk (ward supply) or milk alternatives brought in or provided by Catering. Milk alternatives will need to be labelled with the child/YP's name and date it was opened and refrigerated. The blend should be decanted into single use 250ml Sterifeed bottles.
- 4.11.11 Will not use nut milks on the ward due to the risk of cross contamination which could pose an allergy risk for nut allergic CYP.
- 4.11.12 If the ward kitchen is not available (on some wards) the parent's kitchen should be used
- 4.11.13 Will draw the full amount of the BD into single use 60ml syringes in the ward/parent kitchen. The filled syringes should be placed within their plastic sleeve on a clean kitchen tray so they can be taken to the bedside for administration. The number of syringes needed for each meal will equal the volume of the blended meal divided by 60ml e.g. 300ml blend will need 5 single use 60ml syringes

4.11.14 Will only administer the BD using single use 60ml syringes using the plunger and a push/pause technique to ensure the feed is given at an appropriate rate for their CYP. The use of enteral feeding pumps to administer BD is not supported by any UK manufacturer. Pump feeding is also not recommended due to risk of microbial contamination of the BD. Pumps are not calibrated for this consistency of feed

4.11.15 Will draw the BD up into single use 60ml syringes which allows any lumps to be identified (rather than placing the feed into the open end of the syringe)

4.11.16 Will flush the tube with sterile water after each meal (10-20mls or until the tube feels/looks clear)

4.11.17 Use the Push Pause technique when flushing the tube post feed to promote turbulence within the tube. This ensures adequate flushing of the device and will help prevent any blockages of the enteral device and promote patency of the tube

4.11.18 Should administer the feed at the rate that it is usually tolerated at home. As a guide, a bolus feed of 150-200ml can take between 15-20 minutes. This equates to approximately 1 x 60ml syringe in 6 minutes or 10ml/minute

4.11.19 Use 12inch bolus extension sets for button devices. Each extension set is suitable for use for 1 week. Once all the feed has been administered, disconnect the syringe from the extension set, flush the tube with the prescribed amount of sterile water and remove and flush the extension set with a minimum of 20ml sterile water into a sterile pot. Ask the nurse to provide you with a clean, dry container in which to store the extension set (with the clamp open). The container should be labelled with patient details and date the extension sets first used with expiry date 1 week later.

4.12 Practice Educators

4.12.1 Provide training to the ward nurses, and Health Care assistants annually or more frequently if the need arises

5 Halal and Kosher requirements

5.1 Vegetarian options are available in the Wilbo's blends range. Plant based milks can be used.

6 Risk assessment

6.1 A risk assessment should be discussed with the parent/carer, their admitting consultant/ consultant in charge, and ward staff, and a copy left in the patient's notes by their dietitian.

7 Patient/parent/carer feedback

7.1 It is recommended that parents/carers are given the opportunity to complete a feedback form once discharged home. This will be in the form of a paper copy with a self-addressed envelope given to the parents on discharge.

8 Auditing

8.1 BDs will result in increased usage of ancillaries especially single use 60ml Enfit syringes. This will have an impact on ancillary costs and the environment due to plastic wastage. Annual auditing of syringe usage on the wards is recommended

8.2 Considering this is a new practice RBHSC, it is recommended that an annual audit is carried out by the dietetic department on patients/YP receiving BDs during their admission on how they found their experience of BD in an acute setting, and their tolerance of provided BD and snacks.

9 Monitoring arrangements

9.1 The SOP will be updated on a two-yearly basis, or sooner if required as per audit outcomes.

10 Related Documents

10.1 Risk assessment for the use of blended diets via gastrostomy tubes for inpatients

10.2 Blended Diet Menu including, where required, nutrition composition

10.3 Blended Diet Information Leaflet for Parents/Carers

Established on blended diet in community
Mature tract (>8 weeks post initial insertion) and 14 french or greater
Low Profile Gastrostomy or Suitable PEG (see SOP)
Over 6 months of age

*Exceptions can be made if ward ready in PICU, at discretion of clinical team on a case by case basis

Biochemistry stable
Not immunocompromised
No acute gut motility concerns

Not in PICU *
Haemodynamically stable

Consultant in charge of care and
Dietitian happy to proceed
Gastrostomy Nurses and Catering
Informed

Parents provided with Blended diet
Information leaflet and happy to
proceed

Risk assessment completed

Can proceed using SOP

Risk assessment for the use of blended diets (BD) via gastrostomy tubes for inpatients

This risk assessment is a document to explain the process behind the development of the Blended Diet Standard Operating Procedure. It should be used to explain the decisions behind any details the parents or ward staff question. The separate “Blended Diet Information Leaflet for Parents and Carers” is an easy-to-read sheet for parents/carers that explains the procedures in place for the use of blended diets at RBHSC for Children and Young People (YP). If parents question the process, this risk assessment document can be referred to.

Risk	Details	Mitigations
<p>Inadequate nutritional intake of child/YP</p>	<p>The nutritional composition of blended meals cannot be accurately defined Blended diets may have a lower nutritional content than commercial formula and the range of foods used may not meet all the child’s nutritional requirements</p>	<ul style="list-style-type: none"> - As per SOP, the dietitian will discuss the use of a suitable commercial feed during the hospital admission (either to provide complete or partial nutrition) - If child tolerates cow’s milk the family can be offered Compleat Paediatric (Nestle) or Compleat 1.5 HP (Nestle) as a nutritionally complete alternative feed that contains some blended food ingredients (rehydrated chicken meat, vegetables, peach puree and orange juice from concentrate) - If the family choose to continue a blended diet (BD) in hospital, children will be monitored as per usual inpatient dietetic and nursing standards (anthropometry, feed intake, biochemistry) - BDs of an appropriate nutritional content and consistency will be provided by the Diet Kitchen. These have been analysed for macronutrient content (and micronutrients where required).

	<p>BD may need to be adjusted because of the clinical condition of the child/YP</p> <p>The need to dilute blended food for administration may result in large volumes of feed being required to provide sufficient nutrition. This may not be clinically appropriate for some children</p>	<ul style="list-style-type: none"> - Standardised meal plans that have been analysed should be used. Any changes must be agreed with and the Diet Service Manager - Additional macro- or micro- nutrient supplements should be advised as needed on an individual basis according to Dietetic assessment - Children with increased sodium losses or poor weight gain should have additional biochemical monitoring to assess their sodium status e.g. U&E, urinary sodium - Tolerance of feed volume should be closely monitored by ward staff. If the child is unable to meet their nutritional requirements from a blended diet this should be discussed with the Dietitian to see if additional nutritional supplements should be added - It may be beneficial to use a combination of commercial formula and liquidised food
<p>BD may be culturally inappropriate</p>		<p>Some BD meals are suitable for vegetarian and vegan diets.</p> <ul style="list-style-type: none"> - It has not been possible to source a suitable BD for children following Kosher diets. We have a vegetarian option for main meals for Halal and Kosher options. Parents can seek further advice from their Rabbi regarding dietary options.

	<p>Appropriate management of BD at ward level</p>	<p>and identification number. The date opened should be recorded and it should be stored in ward/parent kitchen fridge</p> <p>Nut milk must not be used on the ward due to the risk of cross contamination which could pose an allergy risk for nut allergic children/YP Parents should wash hands carefully as per hand washing guidelines and wear a plastic apron before feed preparation</p> <p>Single use 60ml Enfit syringes should be used. Ensure the correct number of syringes for each feed are available</p> <p>Equipment should be of a design that can easily be cleaned thoroughly accordingly to hospital standards</p> <p>12inch bolus extension sets should be used for button devices and should be cleaned with warm soapy water in an equipment sink. They should be stored in a clean, dry container with the clamp open</p> <p>The container should be labelled with patient details and date the extension sets are first used with expiry date 1 week later (labels provide by Dietetics). The date of first use should also be recorded on the electronic record and written on the white board by the child's bed</p>
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	<p>Poor hand hygiene</p> <p>Bacterial content of the liquidised feed</p> <p>Possible contamination of the feed at the child/YP's bedside</p>	<p>Equipment should not be cleaned in sinks used for handwashing or in the sink in the child/YP's room</p> <p>Homemade blended diets are not permitted in the hospital as per SOP</p> <p>No reheating of food is allowed on the ward</p> <p>Food is not to be blended on the ward</p> <p>If BDs are required outside the lunch or supper delivery times families should use commercial stage 1 baby foods as per SOP. These need to be prepared in the ward kitchen/parent kitchen (not at the bedside)</p> <p>The full amount of the BD needs to be draw up into single use 60ml syringes in the ward/parent kitchen. The filled syringes should be placed on a clean food tray so they can be taken to the beside for administration</p>
<p>Feed administration may result in an increased risk of infectious complications (BD cannot be prepared using a sterile environment or preparation technique), inadequate nutrition or scalding of child</p>	<p>Enteral feed pumps and feeding equipment are not licensed for use with BD because;</p> <ul style="list-style-type: none"> - there is an increased infection risk from prolonged 'hanging' time - pumps are not calibrated for this consistency of feed <p>Contamination of equipment used to administer the feed</p>	<p>Enteral feed pumps are not allowed to be used on the ward with BD</p> <ul style="list-style-type: none"> - BD will be administered as bolus feeds using single use 60ml Enfit syringes - Please see points above

	<p>BD given via the gastrostomy at too high a temperature</p>	<p>- Parent/carer must cool BD to room temperature by mixing with a spoon. They can test the temperature by placing a small amount of blend on the back of their hand.</p>
<p>Tube blockage & patency of the enteral feeding device</p>	<p>Possible blockage of gastrostomy Inappropriate use of devices not included in the pathway (approved: 12Fr or larger low profile balloon retained devices with bolus extension set) may result in child requiring IV fluids and requirement of a general anaesthetic for tube replacement Incorrect consistency of feed</p>	<p>Parent/carer draws the BD up into single use 60ml Enfit enteral syringes in the ward kitchen allows any lumps to be identified (rather than placing the feed into the open end of the syringe)</p> <p>- Parent/carer flushes the tube with sterile water after each feed is completed (10-20mls or until the tube feels/looks clear) Consider using a pulsating action ('Push Pause technique') when flushing the tube post feed to promote turbulence within the tube. This ensures adequate flushing of the device</p>

	<p>Breakage/blockage of devices/newly formed gastrostomies could result in early post-operative complications when replacement attempted</p> <p>BD may result in earlier deterioration of enteral feeding devices or associated equipment</p>	<ul style="list-style-type: none"> - BD are NOT to be used for children with a Freka Gastrostomy tube, Malecot catheter tube, primary balloon button gastrostomies prior to first planned change or a primary Monarch tube prior to six months - BD are not to be used with jejunal feeding devices and transgastric devices including PEG-J/Mickey GJ should be discussed on a case by case basis - It is recommended that BD should be a liquidised, single cream consistency (IDDSI level 3) <p>If the food has a very smooth consistency such as an apple puree, a slightly thicker consistency (IDDSI level 4) may be appropriate.</p> <ul style="list-style-type: none"> - Gastrostomy device must be well established/mature, and child/YP able to tolerate replacement of the device if required - Careful consideration made with the lead clinician for the use of PEG's due to potential GA risk if tube needs to be replaced if it becomes blocked. - Condition of device and gastrostomy site should be monitored by family, seeking specialist assistance as required
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		<ul style="list-style-type: none">- Gastrostomy/stoma care should be aligned with current BHSCCT guidance- Parents to be aware of potential issues related to patency of tube and have an appropriate plan in place to manage this (as per local policy)
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Blended diet information leaflet for parents/carers

This information leaflet is for parents/carers whose child is already established on a blended diet (BD) via gastrostomy at home and who wish to continue this during their hospital admission.

The hospital would like to support you to continue this method of feeding. However, conditions are different in hospital compared to those at home and so extra precautions need to be taken to ensure this method of feeding is safe for your child.

It is important that you read the following leaflet which explains the process that needs to be followed in hospital. The Dietitian will discuss this further with you and answer any questions that you have.

- You will be responsible for giving the BD to your child during their admission. The nursing staff will not be responsible for administering the BD.
- You will be expected to be present on the ward for all meal and snack times. If you plan to be away from the ward at a feed time, an agreed alternative commercial feed will need to be given. This should be planned with the ward Dietitian ideally the previous day, or at least 3 hours before the feed is needed, so that the feed can be ordered. If your child can tolerate cow's milk we would recommend Nestle Compleat Paediatric (in stock), or Nestle Compleat HP (can be ordered in).
- Our basic menu for blends will provide 870kcal/day, however you can avail of cream/dairy free cream to increase calories.

At RBHSC we use Wilbo's blends at lunch and dinner, given at room temperature. You are not able to bring in pre-cooked meals from home and blenders are not to be used on the ward. The dietitian will discuss the available BD options with you and order suitable meals for your child.

The Healthcare Assistant will inform you when the BD has arrived on the ward (this will be at the usual ward mealtimes).

The full feed needs to be decanted into a 250ml Sterifeed single use bottle and then drawn into single use 60ml Enfit enteral syringes. These should be placed back into their plastic covers and onto a clean red kitchen tray to be taken to the bedside.

For example, a 300ml blend needs to be drawn into 5 x 60ml syringes. This preparation should be done in the ward/parent kitchen (not at the bedside) once the staff have completed meal service.

- You should ensure that the BD is given within 1 hour (from the time it leaves the catering food trolley). This includes room temperature (pouches) and cold food (yoghurts).

- Cereal will need to be cooled down to room temperature in the ward kitchen before being given to your child. Please remain in the kitchen with the breakfast until it has cooled. It must then be administered as soon as possible to avoid change in consistency with cooling.

You will need to prepare breakfast and snacks in the ward/parent kitchen at the following designated times: 7-8am, 10-11am, 12.45-1.30pm, 3-4pm, 7-8pm. There will be an allocated clear area and a tray on which you can work. There are bowls and utensils in the ward kitchen to use. If the ward kitchen is not available (depending on the ward your child is admitted to), the parent kitchen can be used.

You will need to wash your hands well and wear a plastic apron before entering the kitchen. Please practice good hygiene once in the kitchen.

Stage 1 baby jars/pouches available from the Kitchen can be used if you are familiar using these foods as blends at home. You can also bring in your own choice of pre-packaged unopened stage 1 baby food jars/pouches. There is a microwave in the ward kitchen and parent kitchen available for use if needed. We also provide custard pots, and smooth yoghurts (which will need mixed with milk to ensure the correct single cream/honey consistency), baby porridge and rusks for snacks/breakfast.

Stage 1 baby jars/pouches may need to be mixed with milk or milk alternatives to ensure a single cream or honey consistency. If a milk alternative is needed, the dietitian/dietetic support worker can order these from the Diet Kitchen. They will come up labelled and should be stored in the ward kitchen fridge. The date and time they are opened should be written on the label. Please do not keep them for longer than the time specified on the milk/milk alternative carton.

Nut based milk alternatives must not be used in RBHSC due to the risk that other children in the hospital may have nut allergies.

Process

The ward staff will provide single use 60ml Enfit enteral syringes for you to use to feed your child. The full amount of BD needs to be drawn up into single use syringes in the ward/parent kitchen and placed on a clean kitchen tray before being taken to the bedside.

Decant the BD into a 250ml Sterifeed bottle. Draw the BD up into the syringe. This allows any lumps to be identified (rather than placing the feed into the open end of the syringe). Administer the BD using the plunger and a push/pause technique at the rate your child usually tolerates. As a guide, a bolus feed of 150-200ml can take between 15-20 minutes. This equates to approximately 1 x 60ml syringe in 6 minutes or 10ml/minute.

The use of enteral feeding pumps to give BD is not supported by any UK manufacturer. Pump feeding is also not recommended due to risk of microbial contamination of the BD. Feeding pumps will therefore not be available for administration of BD.

You should flush the tube with sterile water after each meal (10-20mls or until the tube feels/looks clear). If your child is fluid restricted a smaller volume may be recommended.

Consider using a pulsating action ('Push Pause technique') when flushing the tube post feed to promote turbulence within the tube. This ensures adequate flushing of the device and will help prevent any blockages.

A 12 french bolus extension set should be used for low profile button devices. Each extension set is suitable for use for 1 week. At the end of the feed:

disconnect the syringe from the extension set

flush the tube with the prescribed amount of water

Flush the extension set with a minimum of 20ml sterile water, into a sterile pot.

Ask the nurse to store it in a clean, dry container with the clamp open.

The nurse should label the container with your child's name, hospital number and date the extension set was first used.

The nurse should be informed of the volume of BD and water flush after every feed so it can be recorded on our electronic patient record system.

During your child's admission, their progress will be reviewed and monitored as required by the ward Dietitian. If you do experience any problems, do please let them know.

At present patients requiring an admission to our intensive care wards will not be able to have BD unless in exceptional circumstances. This is partly because of the ward facilities available and also because of the extra care your child will need at this time.

If your child becomes medically unstable, or is immunocompromised, the BD is likely to be stopped as they may require continuous fluids or feeds to ensure their safety.

We will appreciate your feedback at the end of your child's admission to help us improve the process for children receiving BD in the future.

Order Codes for Catering

Johnston Brothers, Non catalogue item

No.	DAIRY FREE PRODUCTS	Unit Size	Nett Terms
0291	ELLAS DF PEAR&FIG PORRIGE 100G ORGANIC	6	6.80
0356	ELLAS DAIRY F BANANA YOG 90G ORGANIC	6	4.82
0321	BANANA & S'BERRY RICE PUD 80G ORGANIC	6	7.09
	4 MONTHS +		
0303	BABY RICE BANA & B'BERRY 120G ORGANIC	7	7.32
0307	ELLAS APPLE & PEAR RICE 120G ORGANIC	7	7.32
No.	6 MONTHS +	Unit Size	Nett Terms
0297	ELLAS BABY BREKKIE BANANA 100G ORGANIC	6	7.10

Henderson's Food Service

Non Catalogue Order

Ella's Kitchen stage 1 squash, carrot, apple and prune 7x120g 323102

Ella's Kitchen strawberries and apples 7x120g 323107

Ella's kitchen sweet potatoes, pumpkins, apples and blueberries 323103 7x120g

Flora Plant based cream 8x1litre **621587**

Millac Gold Unsweetned double cream 12x1litre 362601

Order Code for Bolus Extension sets

FYA000935

BLENDDED DIET MENU

Name:

Date:

Ward:

Bed:

ALERTS

Affix Allergy Sticker(s) Here

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.....
.....
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Milk Options

- Full Cream Milk
- Oat/Soya Milk (V) (DF)

- Halal
- Kosher

BREAKFAST OPTIONS

- Banana Baby Brekkie (95kcal/100g)
- Farley's Rusk (70kcal/rusk)
- Weetabix (DF)
- Milk Free Baby Porridge (DF) (98kcal)
- 4-6 month fruit pouch (GF)
- Cream (DF) (GF)
- Alpro Soya Cream (DF) (GF)
- Creamy Yoghurt (smooth) (GF)
- Dairy Free Yoghurt (smooth) (DF) (GF) (85kcal)

Main Meals (270ml/pouch, 294kcal/pouch)

- Wilbos Blends: Chicken and Root Veg Casserole (choose 1 or 2) (GF) (DF) (NF)
- Wilbos Blends: Spinach, Broccoli and Sweet Potato bake (V) (choose 1 or 2) (GF) (DF) (NF)

SNACKS & DESSERTS

- Creamy Yogurt (smooth) (GF)(E)
- 4-6 month fruit pouch (GF)(H)
- Custard Pot (GF)(E)
- Creamy Baby Porridge
- Baby Rice (GF)
- Milk Free Baby Porridge (DF)
- Weetabix (DF)
- Alpro Soya Cream (DF) (GF)
- Dairy Free yoghurt (DF) (GF)
- Oatly Custard (DF) (GF)

Blend Modification: Please tick your child's IDDSI level required (and ensure food is modified before administration via PEG).

	IDDSI LEVEL:	Level 2: Mildly thick <input type="checkbox"/>
	Level 3: Liquidised <input type="checkbox"/>	Level 4: Pureed <input type="checkbox"/>

Allergy Information: See Packaging for up to date information

Breakfast/Supper Recipes

Rusk (makes 100-200ml)	Weetabix	Oaty Breakfast
1-2 rusks 60-120ml milk heated until lukewarm Break up the rusk and stir into milk until dissolved and smooth. Pour into Sterifeed bottle Add 2 tablespoons double cream/soya cream Add half or full fruit puree pouch Mix together, adding further milk to thin if necessary. Cool to room temperature	We recommend you use lukewarm milk to prepare Weetabix, and allow to cool, adding extra milk as it will thicken as it cools. Pour into sterifeed bottle You can add cream/fruit puree as desired.	1 pouch baby brekkie (100g) 1 tub smooth yoghurt/dairy free yoghurt Mix together in a Sterifeed bottle Add cream/milk/fruit puree to required consistency

We use single use Sterifeed bottles to accurately record the volume of fluid your child is receiving during their inpatient stay.

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