

# An Enteral Tube Feeding Passport

## Improving Communication Between Hospital & Home

Rebecca Draper- Specialist Neurology Dietitian

**Background**

Within Gloucestershire we have an established home enteral feeding team consisting of specialist nurses and dietitians who care for on average 450 patients with enteral feeding tubes each year. Around 310 of these patients are adults and 140 are paediatrics. Often these patients have complex health needs contributing to their requirement for a feeding tube. Due to their complex health needs it is very important that communication between community and hospital staff is as easy as possible to allow for smooth transition of care and to avoid errors caused by miscommunication.

**Aim**

To create and provide an enteral tube feeding passport to 50% of the adult patients in Gloucestershire by 2019, to help improve communication between hospital and home.

**Team**

Rebecca Draper- Specialist Neurology Dietitian  
Sponsors and Facilitators- Coral Hollywood (Endoscopy Consultant), Siobhan Oldham (Home Enteral Feeding team manager), Leisa Franklin (Enteral Nutrition Nurse Manager) and Laura Marie-Baldwin (Home Enteral Feeding Team Lead)

**Methods**

Common concerns and problems were highlighted by endoscopy staff using a survey. A driver diagram was completed to find primary and secondary drivers for the miscommunication and from this change ideas were formulated. From these change ideas an Enteral Tube Feeding Passport was created and has been piloted on 30 patients (1<sup>st</sup> PDSA cycle) and sent to gastroenterology for comments (2<sup>nd</sup> PDSA cycle). Following feedback from the pilot and gastroenterology team the passport has been edited ready for launch.

**Problems Identified**

Information often missing when patients attend endoscopy for enteral feeding tube procedures:

Lack of information on communication needs

No clear notes on previous tube in situ and how/where it was placed

Missing Next of Kin and Capacity to consent details

Reported consequences of mis communication for pre-existing Enteral Tube feeding patients:

Delays to lists and cancelled slots

Complaints/ poor patient experience

Longer stays

Increased stress levels for staff


Time wasted when information is missing:

Endoscopy staff reported time spent finding missing information

Estimated time spent finding information on each patient	Percentage of staff
15 minutes	44.40%
30 minutes	22.20%
60 minutes	11.10%
90 minutes	22.20%

**Results- The Passport**

A passport has been created and edited to fill some of the gaps in communication between endoscopy and the community. Gastroenterologists have reported this will aid prioritisation of patients and improve efficiency of endoscopy lists. Two different passports have been formulated. One for patients with balloon gastrostomy tubes and one for patients with tubes retained by other means. The project is awaiting funding approval prior to printing and launching. Currently around 10% of the adult patients have a passport. The aim remains to deliver the passport to 50% of the adult patients by 2019.



Gloucestershire Hospitals

NHS Foundation Trust

Enteral Feeding Tube Passport

Department of Nutrition and Dietetics

Home Enteral Feeding Team

0300 422 5645

Email: ghn-tr.homeenteralfeedingteam@nhs.net

Confidential Patient Document

Please Note you will need to bring this document to all appointments and on all hospital admissions.

Please can you/your carer keep the top section of this page up to date. The dietitian will keep the Tube usage table updated.

Patient Name:

Date of Birth:

Alarmed carer (if applicable):

Communication needs:

Ability needs:

- Capacity to consent, yes/no (please circle)

If no please write name and contact details of those able to consent for you:

Tube Usage

Date updated	Tube usage e.g. sole source of fluid, feed and medication or just medications	Updated by

Endoscopy staff and the Home enteral feeding team are responsible for completing this page

Date of initial insertion:

Hospital that tube was placed in and method (e.g. PEG/RIG under sedation/GA) of placement:

Type of tube and size (e.g. Corflo PEG 12 Pt/ Vygon balloon gastrostomy RIG):

PEG information booklet given prior to discharge: ☐ (insertion to tick when given)

Tube replacement record:

Date	Tube type removed	Tube type placed	Lot no and expiry date	Comments (include tube French and length if low profile device)	Sign

Weight history to be updated on each admission to hospital or 3 monthly by yourself/carer/hospital staff/dietitian

72 Hour Complication warning following new tube insertion:

If there are:  
leaks of fluid around the tube  
OR pain on feeding  
OR new bleeding/ fresh blood  
STOP feed immediately and telephone your GP or Out of hours GP for URGENT advice

Endoscopy contact details:

Gloucester unit 0300 422 6222 Cheltenham unit 0300 422 3593

Weight History

Date	Weight (kg)	Date	Weight (kg)

Date	Tube type removed	Tube type placed	Lot no and expiry date (new tube)	Balloon volume for this tube (mls)	Next tube change due	Comments (include tube French and length if low profile device)	Sign and print name

Balloon tube change table to be completed by the person conducting the balloon tube change