

# COVID-19 MANAGING ENTERALLY FED PATIENTS IN HOSPITAL

Extra hygiene practices should be followed at this time.



# HELPING TO MANAGE ENTERALLY FED PATIENTS IN HOSPITALS DURING COVID-19

We understand that at this time, contingency plans are being made across the globe to support increased hospital capacity during the COVID-19 pandemic. At Nutricia we will do our best to support hospitals and health care professionals to make sure patients continue to get the nutrition support they need. Furthermore, we need to be mindful that along with increased demand on the hospital service, we need to manage requests across the healthcare spectrum and are taking every step to protect the supply to all.

At Nutricia, we've been working with some healthcare professionals and spent some time thinking about alternative ways to support you and your patients during peak demand periods. In this communication we have focused on how patients are enterally fed and managed in hospital and on discharge, which is particularly important considering the increase in capacity demands ahead.

## MANAGING PUMP RESOURCES

### **MUST DOs before requesting more pumps:**

- Locate all pumps in your ward/hospital/community setting. Make sure any which are not working or not required are sent back to Nutricia so they can be serviced, cleaned and redistributed as soon as possible
- Check with your community colleagues if there are any patients that have multiple pumps and may be able to manage with only one pump. For example, are any extra pumps allocated to other family member locations/schools etc. that are now unlikely to be used in the short term? Again, please request a return to Nutricia so they can be redistributed as soon as possible
- Prioritize which patients will continue to require a pump and identify those groups that can be fed alternatively whilst in the hospital
- Ensure there is no more than one pump per bed, for example in ICU/HDU settings
- Ensure all ward staff have a basic knowledge of methods of feeding and pump operation; get patients involved in self-care as this can help to ensure swift discharges and any follow up training can happen in the community – consider other alternatives to pump feeding such as bolus feeding and gravity feeding.

### **Options to consider if pumps are limited in a hospital setting or upon discharge:**

- If local hygiene, disinfection and decontamination guidelines permit it, consider a nutritional pump sharing situation in e.g. 12 hour shifts:
  - a pump cleaning and disinfection action should be done in between patient check to avoid between-patient contamination via the pump and to ensure the patients receive a pump in pristine condition.
  - consider using higher feeding rates if tolerated and appropriate.
  - Use a combination of bolus feeds and pump feeding: e.g. the bolus feeds during the day and pump at night.
- Having a single mobile pump at ward level for ad hoc situations could help.

### **Alternative feeding methods that can be considered during peak demand:**

Consider the use of bolus feeding or gravity feeding sets as an alternative feeding method where a pump is unavailable or needs to be prioritized for other critically ill patients.

## BOLUS FEEDING

If bolus feeding is deployed, consider the following:

- If other staff (including Dietetic staff) can be trained on how to bolus feed both from an oral nutritional supplement bottle or tube feeding bottle/pack in the event a pump is not available on a ward
- If patients/carers are younger and/or mobile, could they be trained to administer their own boluses at ward level to minimize nursing intervention?
- Tube feeding bottles don't always require a Bolus Adaptor and can be easily decanted into syringes (use a 60ml syringe) or bolus feeding sets where available
- If a pump is available for shared use on a ward, then it can be used to deliver a faster or larger bolus dependent on need
- For home discharge consider those patients/carers who:
  - don't require the continuous or periodic flow feeding
  - are able to tolerate the infusion volume in larger dose and administer faster (versus the pump or via the gravity feeding set)
  - may want to mimic the more normal eating and drinking routines and/or want to be more mobile
  - already have the information on how to manage bolus feeding
- Always read the instructions to ensure you follow storage guidance once a pack or bottle is opened
- For patients with very high calorie and protein needs a combination of bolus and pump feeding may be the most feasible option

## GRAVITY FEEDING

If gravity feeding is deployed, consider the following:

- Training may be required for healthcare staff and/or patients/carers at home since gravity feeding is less frequently initiated
- Patients to consider for gravity feeding are:
  - those that require continuous feeding who are not critically ill
  - those that can be fed over a longer period who are less volume sensitive
  - those that are unsuitable for bolus feeding, e.g. dysphagic patients at risk of vomiting on bolus feeds
  - patients that have shown signs of gastro-intestinal intolerance, e.g. nausea, vomiting, diarrhoea when using bolus feeds.