

## Nasojejunal Feeding Tube Discharge- Risk Assessment- Full Guideline

Reference No: CG-CLIN/4236/23

### Aim and Purpose

This clinical guideline applies to all adult patients discharged with a nasojejunal (NJ) feeding tube. A risk assessment must be completed for all of these patients.

Managing NJ tube feeding in the community is usually the responsibility of the patient or their family members, it is therefore vital that all aspects of the care required, and the potential risks involved are carefully considered prior to the decision being made to discharge a patient with a NJ feeding tube. The risk assessment is designed to identify and reduce any risk associated with NJ feeding at home and to ensure that appropriate support is available following discharge. The discharging consultant remains responsible for arranging insertion of replacement tubes, planned or unplanned.

### Keywords

- Nutrition
- Enteral Feeding
- NJ Tube
- Nasojejunal Tube
- Discharge
- Risk assessment

### Risk Assessment

#### Process:

- MDT discussion/meeting with completion of capacity assessment/ best interest decision if necessary.
- The risk assessment to be completed by the consultant responsible for the patient. (**All** sections must be completed)
- Refer to the nutrition nurses and dietitians for training and supply of necessary equipment (a minimum of 48 hours notice is required)
- Training will be provided for patient/relative responsible for managing NJ feeding.
- Patient /relative will practise and become competent in the skills required before being discharged.

#### Sections for completion:

1. Consultant responsible for completion of the risk assessment
2. Patient details
3. Medical history, indication and goals.
4. Capacity to consent
5. Responsibility for care of tube and administration of feed
6. NJ tube and insertion procedure details
7. Arrangements for review of indications and goals
8. Training record

To be completed for all patients due to be discharged with a nasojejunal feeding tube.

### 1. Consultant responsible for completion of the risk assessment.

An MDT meeting/discussion must be undertaken to facilitate this process and include everyone involved in care delivery, (Example: The person being discharged, next of kin, Doctor, Home Enteral Feeding dietitian, ward dietitian, nutrition nurse, social worker, speech and language therapist) details of the MDT meeting/discussion must be documented in medical notes. Best interest decision should be made at this time if appropriate.

Consultants name	
Telephone number	

Date of MDT meeting	
Expected date of discharge	

### 2. Patient details

Name			
D.O.B.		Hospital number	
NHS number			
Discharge address			
Telephone number		Mobile number	

### 3. Medical history, indication and goals

Diagnosis	
Relevant PMH	
Indication for NJ feeding	
Goals for NJ feeding	
Anticipated length of time NJ feed will be required	

**4. Capacity to consent** (tick as appropriate)

Does the patient have capacity to provide consent for necessary interventions	YES		NO	
If no, date capacity assessment completed				
Date best interest decision and paperwork completed (if patient does not have capacity)				

**5. Responsibility for care of tube and administration of feed** (tick as appropriate)

Who will take responsibility for overall care (must be a relative if patient does not have capacity/ability)	Patient		Relative	
Who will deliver necessary care (must be a relative if patient does not have capacity/ability)	Patient		Relative	

**6. a. NJ tube and insertion procedure details**

NJ tube details	Make		Size		fr
Date inserted		Tube length at the nose:			cm
Method of insertion	X-ray		Endoscopy		

The discharging consultant remains responsible for arranging insertion of replacement tubes, planned or unplanned.

**b. Procedure for routine planned tube change.**

Date of first planned change (if the tube is due to be changed within the next 7days, please change prior to discharge)	
Name of person who will arrange tube change (every 6 weeks)	
Telephone number	

**c. Procedure for urgent / unplanned re-insertions**

Patients with a blocked/displaced tube who are entirely dependent on the NJ tube for feed, fluids or medication, should be readmitted via the appropriate assessment unit. Out of hours patients should contact 111 or out of hours GP to arrange admission / attend ED. If they are able to wait until the next working day - they should contact the team responsible for insertion of the tube.

Name of department/person to contact	
Telephone number	

**7. Arrangements for review of indications and goals**

Name of person who will review the ongoing need for NJ feeding	
Telephone number	
Planned date/timescale of review	

**8. Training record**

Training will only take place once the risk assessment has been completed.

Aspect of care	Name of person/s trained	Name and designation of trainer	Signature of trainer	Date training completed
Management of NJ tube				
Management of pump				
Other (state)				

**To be completed by the named consultant from the discharging hospital:**

Following an MDT meeting, it has been agreed that this patient can be safely discharged with an NJ tube as described in this document.

Consultant signature	
Print name	
Date	

This assessment confirms the clinical situation at the time of discharge. It is anticipated that changes over time may make these care arrangements impractical or inappropriate. An assessment can be requested by the patient and any person involved in the care. Please contact the person who has taken responsibility for reviewing this care.

**Copy of this form to be filed in patient's medical notes and copy to every person involved in the discharge.**

**Documentation Controls**

<b>Development of Guidelines:</b>	<b>Nutrition Nurse Specialist</b>
<b>Consultation:</b>	<b>Nutrition and Hydration Steering Group Nutrition team</b>
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