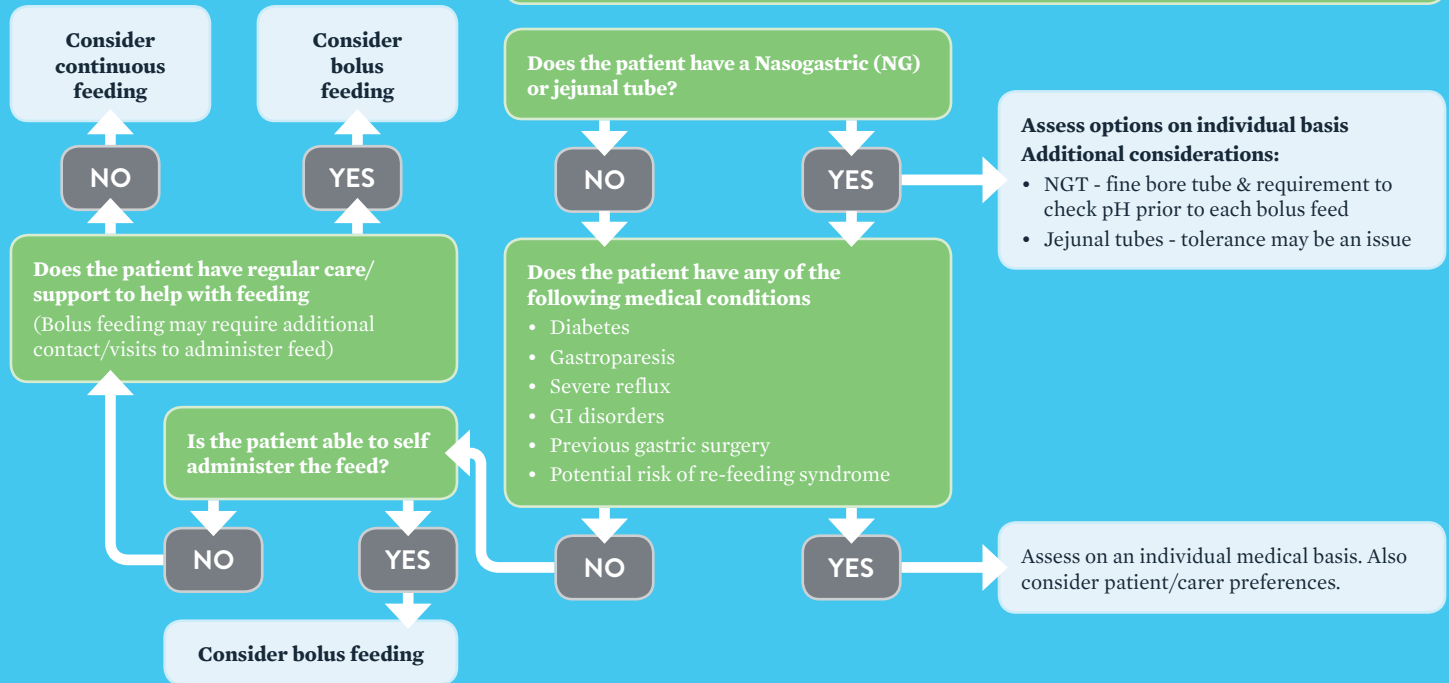
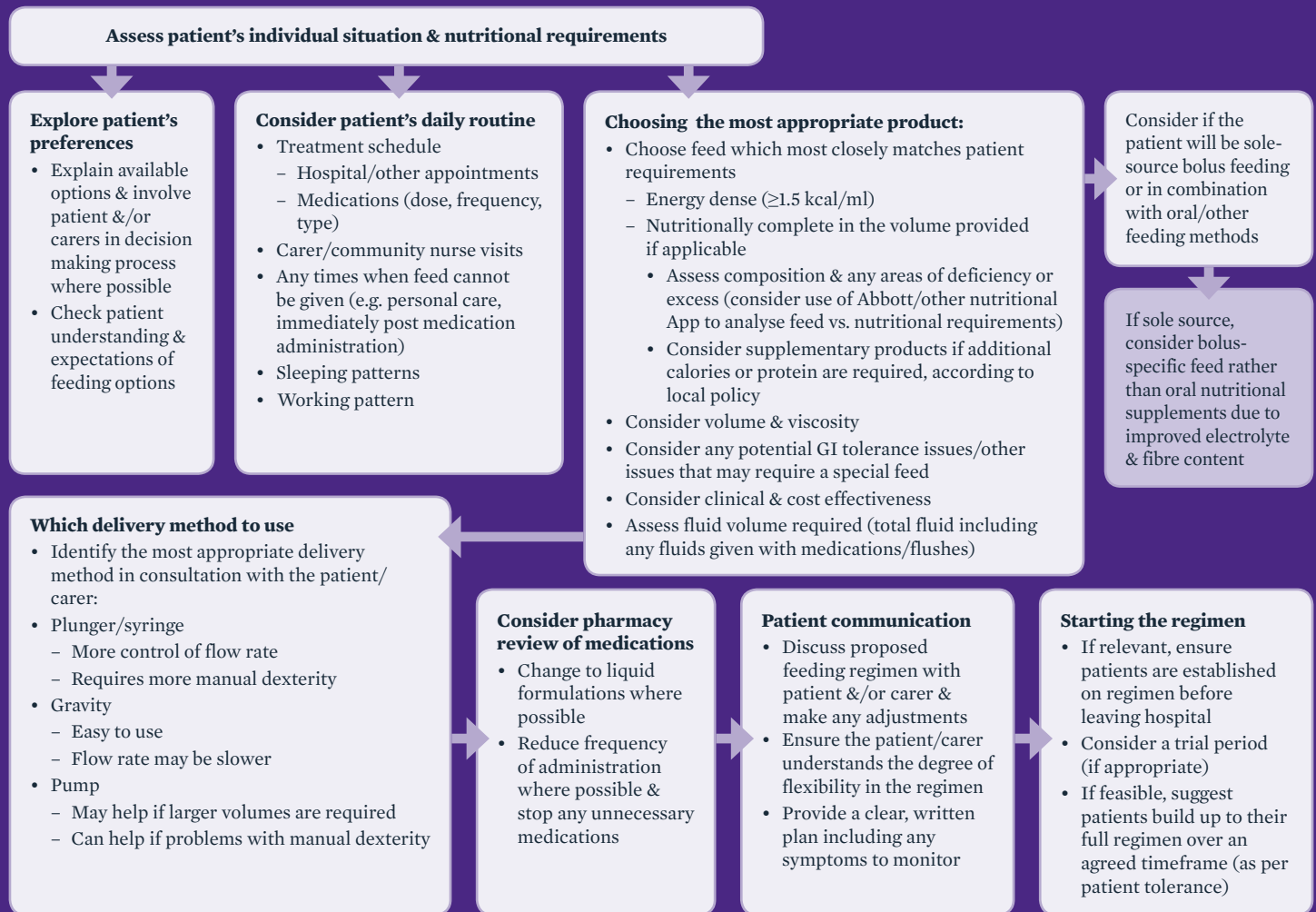


BOLUS FEEDING DECISION AID

WHICH PATIENTS ARE SUITABLE FOR BOLUS FEEDING?



DEVELOPING A FEEDING REGIMEN FOR BOLUS FED PATIENTS



ONGOING MONITORING AND TROUBLESHOOTING FOR BOLUS REGIMENS

Follow up as per clinical need or according to local protocols
Then monitor against defined nutritional aims and:

Monitor quality of life & compliance

- How is the patient coping with the regimen? Is it as they expected? Are they following it as advised?
- Is further training required?
- Review stock levels/equipment (e.g. syringes) to assess usage

Assess feed tolerance

- Does the patient have GI symptoms (e.g. nausea, vomiting, bloating, constipation, diarrhoea)?
- Review blood glucose levels (for people with diabetes)

Assess hydration

Is the patient receiving the prescribed volume of fluid (including medication flushes)

Biochemistry

Review if available/required according to local protocols

Troubleshooting bolus regimens

Nausea & reflux

- Consider other non-feed related causes (e.g. infection and/or medication)
- Check rate/speed of delivery
- Consider spacing of feeds
- Consider proximity of feed to medications/other interventions/activities
- Has the patient's oral intake increased?

If likely feed related

- Consider smaller, more frequent boluses (of feed or fluid)
- Review product type
- Review spacing of feeds
- Check feeding position
- Review technique
 - Avoid air bubbles
 - Switch to gravity method for slower delivery
 - Introduce a pump to deliver the bolus at a controlled rate
- Ensure feed is being administered at room temperature

GI tolerance (diarrhoea/constipation/bloating)

- Define 'normal' bowel movements for that patient
- Ask about recent changes in medication (e.g. antibiotics, laxatives, analgesics)
- Does the patient have an infection?
- Does the patient have an underlying medical condition?

If likely feed related

- Consider fibre content of feed
- Consider partially hydrolysed feed
- Review fluid intake

This decision aid has been developed by a group of specialist dietitians: * Kelly McCabe, Chief Operating Officer, Leaders in Oncology Care (LOC), London; Kavita Biggin, Stroke Services Dietitian, Oxford Health NHS Foundation Trust; Claire Birch, Community Nutrition Support Dietitian / Team Lead, University Hospitals Coventry; Kirsty Capper, Community Dietitian, Home Enteral Tube Feeding, Countess of Chester Hospital; Jessica Harris, Clinical Lead Dietitian, Head and Neck, UCLH, London; Roisín Kavanagh, Macmillan Cancer and Palliative Care Dietitian, Pennine Care Foundation NHS Trust, Oldham; Margy Thomson, Clinical Lead Dietitian, Nutritional Support, NHS Fife.

*Accurate at the time of publication in 2020.