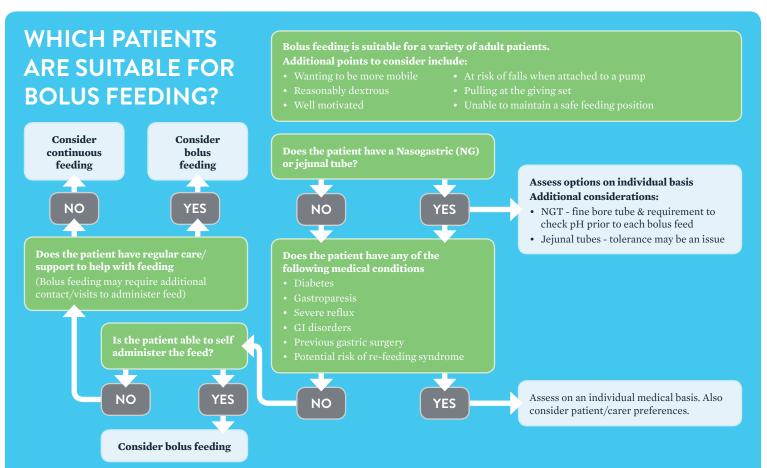
# **BOLUS FEEDING DECISION AID**



# **DEVELOPING A FEEDING REGIMEN FOR BOLUS FED PATIENTS**

Assess patient's individual situation & nutritional requirements

### **Explore patient's** preferences

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- Explain available options & involve patient &/or carers in decision making process where possible
- Check patient understanding & expectations of feeding options

## Consider patient's daily routine

Treatment schedule - Hospital/other appointments

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- Medications (dose, frequency, type)
- · Carer/community nurse visits
- Any times when feed cannot be given (e.g. personal care, immediately post medication administration)
  - Sleeping patterns
- Working pattern

## Choosing the most appropriate product:

- · Choose feed which most closely matches patient requirements
  - Energy dense (≥1.5 kcal/ml)
  - Nutritionally complete in the volume provided if applicable
  - · Assess composition & any areas of deficiency or excess (consider use of Abbott/other nutritional
  - · Consider supplementary products if additional calories or protein are required, according to local policy
- issues that may require a special feed
- Consider clinical & cost effectiveness
- Assess fluid volume required (total fluid including

- Identify the most appropriate delivery method in consultation with the patient/ carer:
- Plunger/syringe - More control of flow rate

Which delivery method to use

- Requires more manual dexterity
- Gravity - Easy to use
  - Flow rate may be slower
- Pump
  - May help if larger volumes are required
  - Can help if problems with manual dexterity

# review of medications

of administration where possible & medications

## **Patient communication**

- · Discuss proposed feeding regimen with patient &/or carer & make any adjustments
- Ensure the patient/carer understands the degree of flexibility in the regimen
- Provide a clear, written plan including any symptoms to monitor

## Starting the regimen

- If relevant, ensure patients are established on regimen before leaving hospital
- Consider a trial period (if appropriate)
- If feasible, suggest patients build up to their full regimen over an agreed timeframe (as per patient tolerance)

or in combination with oral/other feeding methods If sole source,

consider bolus-

specific feed rather

than oral nutritional

Consider if the

patient will be sole-

source bolus feeding

- Consider any potential GI tolerance issues/other

  - any fluids given with medications/flushes)

## formulations where possible Reduce frequency

supplements due to improved electrolyte & fibre content

- App to analyse feed vs. nutritional requirements)
- Consider volume & viscosity

# **Consider pharmacy**

# Change to liquid

stop any unnecessary

# 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 asesss 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; Roisin 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.