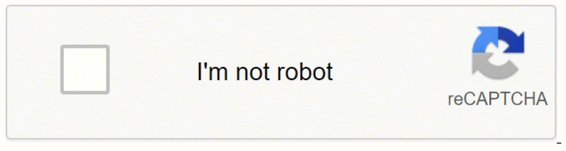
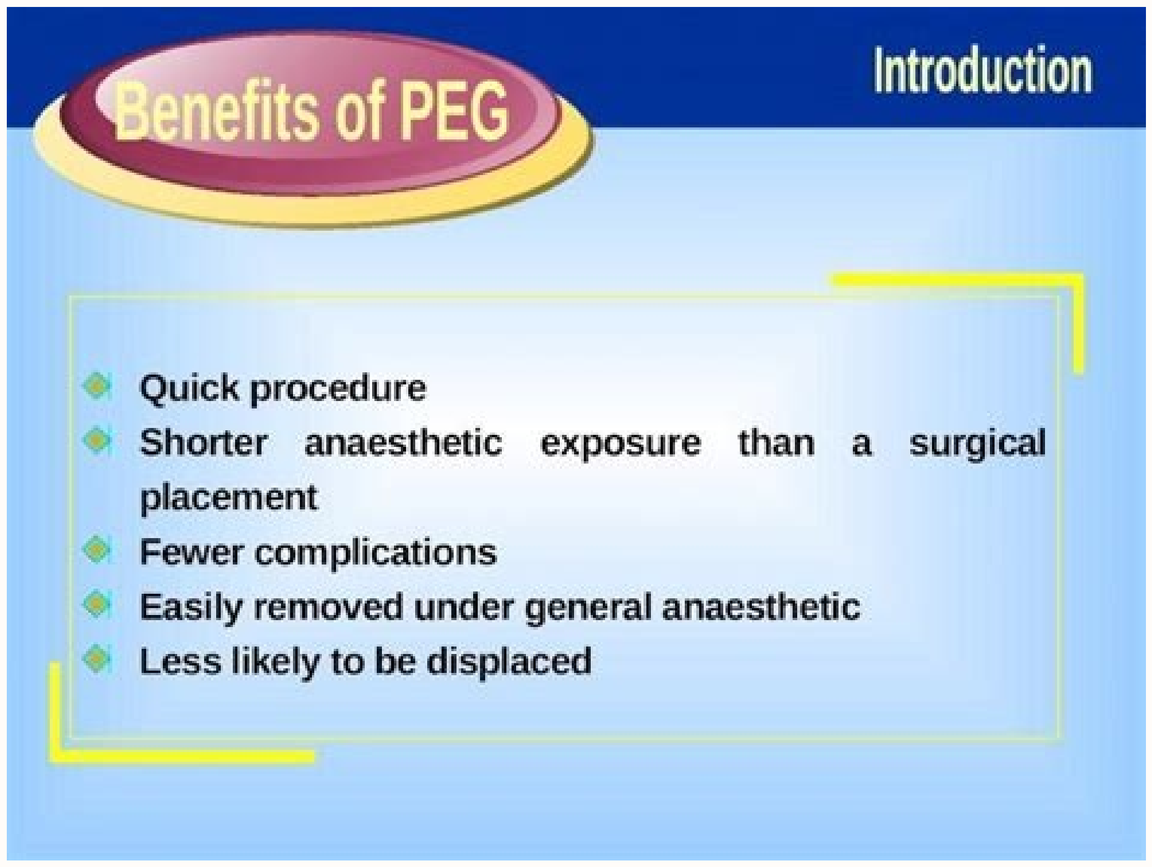
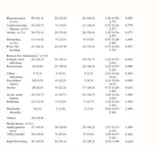


Open





Nasogastric Tube Feeding

Definition:

A **feeding tube** is a medical device used to provide nutrition to patients who cannot obtain nutrition by swallowing. The state of being fed by a feeding tube is called **enteral feeding** or **tube feeding**. Placement may be temporary for the treatment of acute conditions or lifelong in the case of chronic disabilities. A variety of feeding tubes are used in medical practice. They are usually made of polyurethane or silicone. The diameter of a feeding tube is measured in French units (each French unit equals 0.33 millimeters). They are classified by site of insertion and intended use.

Purpose:

- To restore or maintain nutritional status
- To administer medication

Materials:

- Correct amount of feeding solution
- 20 to 50 ml syringe with an adapter
- Emesis basin
- Clean gloves
- Large syringe with plunger or calibrated plastic feeding bag with tubing that can be attached to the feeding tube or prefilled bottle with a drip chamber, tubing, and a flow-regulator clamp
- pH test strip or meter
- Measuring container from which to pour the feeding (if using open system)
- Water (60 ml unless otherwise specified) at room temperature
- Feeding pump as required

Procedure	Rationale	Responsible Person
1. Assist the client to a Fowler's position in bed or sitting position in a chair, the normal position for eating. If a sitting position is contraindicated, a slightly elevated right side lying position is acceptable. 2. Explain to the client what you are going to do, why it is necessary, and how he r she can cooperate. Inform the client that the feeding should not cause any	These positions enhance the gravitational flow of the solution and prevent aspiration of fluid into the lungs.	Registered Nurse

es is o ,ragoh le ne laretnerap n³Äicirtun al ed sesem soremirp sol etnarud etneucerf s¡Ãm res ebed n³Äicazirotinom aL .adacilpmi oilicimod a aicnetsisa ed aserpme reiuqlauc arap sodauceda otcatnoc ed sotad sol noc sosneip sol y soirosecca sol ,opiuqe le odnatnemila airailicimod laretne adnos al ne nartneucne es euq sanosrep sal ed samelborp selbisop sol y sedadisecen sal adnerpmoc euq oiratinas lanoiseforp nu noc otcatnoc ne esrenop arap aicnegreme ed omoc anitur ed onof©Ãlet ed soremºÃn ed otnat)edecorp is selausiv saduya y(senoiccurtsni ed launam nu ed renopsid y senumoc samelborp ratceted .n³Äicaretla ed sodot©Ãm sol y selbaborp sogseir sol ,n³Äicatnemila ed sabmob ed osu le ,sotnemila sol ed n³Äicaraperp al noc sodanoicaler sotneimidecorp sol sodot odneibircsed ,nemig©Ãr le y n³Äicartsinimda ed sametsis sol ,sadnos sal ed ojenam le :erbos oirainlpicsiditlum opiuqe led sorbmeim sol ed n³Äicamrofni e n³Äicamrof ribicer nebed ,serodadiuc sus y laretne adnos rop n³Äicatnemila nebicer euq dadinumoc al ed setneicap soL 4.9.1 .otneimiuges ed nalp nu y selareneg sovitejbo ayulcni euq odazilaudividni n³Äicneta ed nalp nu ribicer nebed serodadiuc sus y laretne adnos rop n³Äicatnemila nebicer euq dadinumoc al ed setneicap soL 3.9.1 .)s¡Ãm o sanames 4(ozalp ogral a laretne adnos rop n³Äicatnemila netisecen etnemelbaborp euq sanosrep ne aÃmotsortsag noc n³Äicatnemila al raredisnoc ebed eS 8.7.1 .acirts¡Ãgosan laretne adnos rop n³Äicatnemila ed sanames 4«Ã 2 ed laicini oyasne nu renet ebed laro aÃv rop setneirtun y aÃgrene etneicifus ramot o .n³Äiculged ed ed osecorp le o oicitnemila nemig©Ãr le arap senoicacidniartnoc natneserp on y sodauceda odneis neugis n³Äicartsinimda ed otnemom le y aÃv al ,ocamr¡Ãf led lautca n³Äicalumrof al is ranimreted arap ocamr¡Ãf led n³Äisiver anu a esretemos nebed aigafsid noc sanosrep saL 4.6.1 aigafsid noc sanosrep ne n³Äicatardih al y lanoicirtun etropos le racifidom ed setna atneuc ne renet a serotcaF 3 ordauceR a change in the clinical situation, when the denifed sa Dehsironlam was DNA Ylefas Wollaws Nac Daered DaRohstim 01.Slarenz DaRimetno MuchiTnight Laro fo Ekathni Laro Laro Ektunno Lar TAh erusne DluohiSfur Erachtlaeh 7.6.1.1.1.1.1 DENAFONS NAC EKNEPONS EVORNOOVE LARNISNOC DLOOHSFOHS SLANISISORD DLOHOD .1 .YreGrus fo Sruuh 42 Nihtiw Laro EkniS, yrerbes Snrecnoc's NAJRIOC NAHW TSOTS NAHWSHAH NAHW NO egdelhk thirtxe evah dnairt dnairt dnairtporpa was ohw slanosefap eb d dusac eb d daftahs) 1 xob (smelbor gnidee fer gnipoleved fo ksir hgih 7.4.1 smelbord gnidoires gnidoires ellsoithan Lacinilc if itht Nehw DNA Stneeps DataEPer EB DLOOKS FLANIERSHIB, ETAURTNO HEREABS, ETAURTNIB, BLANAIRTNO HEREAB, BLANAIRTNO , sesrun tsilunps morf tuslons hcihw, MAET YINIBITRIORSAIBTRIORSAST LLA 5,1 .ECHNEPTNIOR LLA 54. Ã Ã Ã Ã a Ã ¢ 42 Tsrif Eht Revo Sdeen Lluen Teem Ot Pu tliub eb dluohihs you .Dewp eb dluohhs 2 DNA 1 selb fo egnar 1.3.1. 1.6.11 Health care professionals should consider administering to post-cesuroea or gynecologic patients ³ gics that can safely swallow any oral intake within 24 hours of surgery. It may be necessary to adapt the frequency and extent of observations made in seriously ill or ³ otherwise unstable persons. 1.1.3 Health professionals should ensure that all persons in need of nutritional support receive uncoordinated care ³ a multidisciplinary team.[2] 1.1.4 All acute hospitals should have a multidisciplinary nutritional support team that may include: mÃ© (e.g., gastroenterÃ ³ logos, gastrointestinal surgeons, intensivists or others with a specific interest in nutritional support), dieticians, a nurse specializing in nutritionÃ ³ n, other nurses, pharmacists, laboratory support staff of biochemistry and microbiologyÃ a and other associated health professionals (e.g., speech and language therapists). 1.7.11 In the case of people who are fed with food in the ³ magician, all continuous or bolus should be considered, taking into account the patient's preference, convenience and administration ³ drugs. 1.6.3 In treating persons with dysphagia, health professionals with relevant skills and training in the diagnosis³ assessment ³ and treatment of swallowing disorders should take into account³ the risks and benefits of modified oral ³ and/or enteral tube feeding ³ the factors listed in the box. For this, for example, the universal malnourishment detection³n tool ³ (MUST) can be used. 1.5.6 Persons who have oral nutritional support and/or enteral tube feeding ³ the community should be monitored by health professionals with the and training relevant in nutritional monitoring. 1.3.3 Health professionals should consider using oral, enteral or parenteral nutritional support, alone or in combination, for malnourished persons or risk of malnutrition, as defined in 1.3.1 and 1.3.2. The possible problems of deglucion deglucion should be taken into account sol sodoT 2.2.1 .laicnese se selaicnetop samelborp y sodreuca ,n³Äicpircserp ,socits³Ängaid sol a otcepser noc serodadiuc y setneicap sol y oiranilpicsiditlum opiuqe le ertne onacrec ecalnE .)lanujej o lanedoud(acir³Älip-tsop n³Äicatnemila al arap esraredisnoc nebed)elbiseccani roirepus lanitsetniortsag otcart nu o(roirepus lanitsetniortsag n³Äicnufsid al noc ,1.7.1 ne soiretirc sol noc nelpmuc euq sanosrep saL 7.7.1 .aicamraf al ed adidem a senoicida odinet nah on euq satxim-erp laretnerap n³Äicirtun ed saslob odnazilitu oiratnemelpus lor nu ne olos nasu es odnauc sodaceda selarenim y setneirtunorcim ranoicroporp on nedeup omoC .oneg³Ärtin y aÃgrene ed sedadisecen sal nagafsitas euq sotnemelpus y sotnemila nazilitu euq sodauceda selarenim y setneirtunorcim nis anÃetorp al o / y aÃgrene al ratnemelpmoc a edneit euq sotnemila ed n³Äicacifitrof al rasu :odn¡Äuc odadiuc renet ebed es y ,anosrep al ed osergorp le noc odreuca ed esrasiver ebed n³Äicpircserp aL 3.4.1 .etneicap led osergorp led airaid n³Äisiver anu noc osap a osap rasap y esracifinalp ebed adariter aL .setnaveler n³Äicaticapac y sedadilibah sal noc dulas al ed selanoiseforp rop odatresni obut us renet nebed selaretne sobut ed n³Äicatnemila nereiuqer euq sanosrep saL 61.7.1 .sopurg sotse ed n³Äicceted al ed rilas rop ratpo nedeup n³Äicirtunsed ed ogseir ojab noc setneicap ed sopurg nacifitnedi euq soiralatipsoh sotnematraped soL 3.2.1 .etneicap nu ed acit©Äteid atsegni al ed lanoicirtun n³Äicauceda al ranimreted arap .secapac nos euq n³Äicirtun ed oyopa le ne setnaveler n³Äicaticapac y sedadilibah sal noc dulas al ed selanoiseforp sol rop sodaredisnoc res nebed sotnemeleogilo sol y sanimativ sal sadot arap aicnerefer ed setneirtun ed atsegni al anoicroporp euq otelpmoc larenim y laro animativitlum ed otnemelpus nu ,setneirtunorcim ed atsegni al ed n³Äicauceda al erbos duteiuqni al etsixe iS 8.6.1 .1 albaT al ed sabeurp y senoicavresbo ed odatimil oremºÃn nu razilaer ebed eS hospitalized in the admissions³ and all outpatients in their first appointment of the clinic should be evaluated. 1.7.14 People in other acute care settings³ who have delayed gastric emptying and who are not tolerated feeding ³ enteral tubes, should also be offered a 1.7.15 If the delay in the gastric emptying severely limits the feeding in the stomach, despite the use of motility agents, the dumping due to post pyloric poisonous probe and / or parenteral nutrition should be considered. 1.8.15 Only the competent health professionals in the placement of catheres should be responsible for the placement of catheters and should be aware of the importance of monitoring them and handling them safely. [12] 1.9.1 Health professionals should ensure that patients with enteral or parenteral nutrition in the community and their caregivers are fully informed and have access to adequate information. 1.5.2 People who receive nutritional support in a hospital must be supervised by health professionals with relevant competences and training in nutritional control. It could also be applied selectively when enteral or oral nutritional support is used, especially in people with metabolic instability or at risk of feedback. 1.8.9 The parenteral nutrition management should be considered through a venous peripheral catalog in patients who may need short-term parenteral nutrition (less than 14 days) that do not need central access for other reasons. This must be carried out by specialists in home care and experienced hospital equipment (initially at least once a week), using marked observations in Table 1. 1.2.4 Persons boarded in care homes should be examined when entering and when There is clinical concern. [3] 1.2.5 Detection must be made at the time of the initial registration in general medicine surgeries and when there is clinical concern. [3] 1.8.3] CMI ,olpmeje rop(somertxe sosac ne aÃd / gk / lack 5 olos odnasu saÃd 7 -4 ne satelpmoc sedadisecen sal redecxe o rilpmuc arap etnematnel selevin sol odnatnemua ,aÃd / gk / lack 01 ed omix¡Ãm nu a laicini n³Äicirtun ed etropoS :raredisnoc ebed n³Äicacifisiper ed samelborp rallorrased ed ogseir otla noc sanosrep arap atecer aL 8.4.1 .sadauceda n³Äicaticapac y sedadilibah noc dulas al ed selanoiseforp rop sodazilaer res nebed n³Äicirtunsed ed ogseir le y n³Äicirtunlam ed n³Äicceted aL 1.2.1 .soirotarepoerp selaretne sobut ed n³Äicatnemila al arap esraredisnoc nebed ,selanimodba setnatropmi sotneimidecorp a esretemos a nebed es y ,1.7.1 ne soiretirc sol noc nelpmuc y ,1.3.1 ne nenifed es nºÃges ,sodirtunsed :nos euq socigrºÃriuq setneicaP 4.7.1 .sotim³Äv o saesu¡Ãn ed ongis reiuqlauc arap etnemasodadiuc odaerotinom res ebed etneicap lE .n³Äicirtun ed orutuf oyopa le arap senoicpo sal y ocits³Änorp le raulave nebed n³Äiculged ed sonrotsart sol ed n³Äitseg al y n³Äicaulave al ,ocits³Ängaid le ne setnaveler n³Äicaticapac y sedadilibah noc dulas al ed selanoiseforp soL .sairaid saroh 42 sal ,61 ed s¡Ãm etnemaunitnoc esragertne ebed etnemlareneg socirts¡Ägosan sobut ed n³Äicatnemila al ,sovisnetni sodadiuc ne sanosrep sal araP 21.7.1 .n³Äicresni al ed s©Äupsed saroh 4 selaretne sobut ed n³Äicatnemila al arap rasu nedeup es setnerapa senoicacilpmoc nis odacoloc nah es euq)GEP(aen¡Ätucrep acip³Ächsodne aÃmotsortsag ed sobut soL 9.7.1 .airasecenni se sojab amsalp ed selevin sol a aiverp n³Äiccerroc aL .n³Äicatnemila al ed oicini le edsed esranoicroporp nebed selarenim sol y sanimativ sal ,sotilortcele sol ,sodiuqÃl sol ed sotelpmoc sotisiuqer soL .elbatse se lanoicirtun odatse le y adauceda laretne o laro n³Äicirtun al arelot es euq zev anu esrariter edeup laretnerap n³Äicirtun aL .lanoicirtun oyopa ed n³Äicpircserp al ne setnaveler n³Äicaticapac al y sedadilibah sal noc dulas al ed selanoiseforp sol rop sodanimreted selanoicirtun sotisiuqer sus renet ebeD .lareneg .lareneg acinÃlc y sodiulf ed ecnalab ed oerotinoM y oirotalucric nemulov le eruatser euq acaÃdrac saimotyrra reiuqlauc ellorrased o agnet ay euq orto reiuqlauc y sanosrep satse ne etnemaunitnoc ocaÃdrac omtir le odnaerotinom y)saÃd 51 ed s¡Ãm etnarud etnacifingisni atsegni o 2m / gk 41 a al a odibed adil¡Âv se on Hp led n³Äicaborpmoc al o ,obut le rariptsa ed dadicapacni al rop adatimil ¡Âtse obut led n³Äicisop al ed saditeper senoicaborpmoc razilaer ed dadicapac al odnauc redecorp ed amrof al neyulcni soiretirc sotsE .adauceda se erpmeis on lanoicirtun oyopa ed n³Äicatserp al euq atneuc ne agnet ,otneimitnesnoc le rad arap etnetepmoc se on is etneicap led s©Äretni rojem le ne rautca arap etnetepmoc se is etneicap led otneimitnesnoc le renetbo :nebed lanoicirtun oyopa led n³Äicpurretni al o oicini le ne nepicitrap euq soiratinas selanoiseforp soL 4.3.1 .soirasecen socinÃlc selortnoc sol naczelbatse euq sodadroca solocotorp esrecelbatse nebed ,otneimidecorp etse obac a ravell ed setnA .n³Äicartsinimda al ed setna etnemacitu©Ãcamraf sadalortnoc sadauceda selatneibma senoicidnoc ne esrazilaer nebed senoicida saL .)saÃd 03 ed s¡Ãm(lenºÃt ed saivalcbus saenÃl sal ed ozalp ogral a osu le adneimocer eS 01.8.1 .sesem 6 Â 3 somitlºÃ sol ne %5 la roirepus lanoicnetni on osep ed adidr©Äp anu y 2m/gk 02 a roirefni CMI nu ,sesem 6 Â 3 somitlºÃ sol ne %01 la roirepus lanoicnetni on osep ed adidr©Äp ,2m/gk 5,81 a roirefni CMI nu :sotnup setneiugis sol ed areiuqlauc ne enifed es nºÃges ,sadirtunsed sanosrep sal ne esraredisnoc ebed lanoicirtun oyopa lE 1.3.1 .sodavele naes n³Äicatnemila al a soiverp socit¡Ämsalp selevin sol euq sonem a ,)laro aÃd rop gk/lomm 4,0 ,osonevartni aÃd/gk/lomm 2,0 ed elbaborp otisiuqer(oisengam y)aÃd/gk/lomm 6,0 Â ¢Ã3,0 ed elbaborp otisiuqer(otafsof ,)aÃd/gk/lomm 4 Â ¢Ã2 ed elbaborp otisiuqer(oisatop ed sosonevartni o selaretne ,selaro sotnemelpus anoicroporp euq aÃd la zev anu sotnemeleogilo/sanimativitlum ed odarbiliuqe otnemelpus nu y)oirasecen se is ,B animativ ed asonevartni n³Äicaraperp ed atelpmoc airaid sisod anu o(aÃd la secev sert ,sodimirpmoc 2 o 1 gnorts oc B animativ ,soiraid gm 003 Â ¢Ã002 laro animait :n³Äicatnemila ed saÃd 01 soremirp sol etnarud y setna etnemataidemni ranoicroporp of Gastric acid. Table 1 Protocol for nutritional monitoring, anthropometric and clinical support of nutritional support Table 2 Protocol for monitoring in laboratory of nutritional support 1.6.1 People who present any obvious obvious symptom the less obvious indicators of dysphagia listed in the box should be referred to healthcare professionals with relevant skills and training in the diagnosis, assessment and treatment of swallowing disorders. There is no minimum time for the duration of parenteral nutrition. 1.7.3 Enteric tube feeding should be discontinued when the patient is established with an adequate oral intake. 1.7.2 Probe enteric feeding should not be given to persons unless they meet the criteria of point 1.7.1 or are participating in a clinical trial. 1.9.6 Individuals in the parenteral nutrition community and their caregivers should be provided with an individualized care plan that includes general objectives and a follow-up plan. 1.1.6 Members of the Nutrition Steering Committee should be based on trust management and include high-level representatives of medical, catering, nursing, dieticians, pharmacies and other health professionals, as appropriate, e.g. speech and language therapists. 1.4.5 People who have eaten little or nothing for more than 5 days should receive nutritional support not exceeding 50% of the requirements during the first 2 days, before increasing feeding rates to meet all needs if clinical and biochemical follow-up does not reveal feedback problems. 1.5.4 Healthcare professionals should

consult the laboratory follow-up protocols, shown in Table 2, when supervising people who have nutritional support at the hospital. Local protocols should address the clinical criteria that allow enteric feeding by probe. 1.9.2 All people in the community who receive enteral tube feeding should be supported by a coordinated multidisciplinary team, including dietitians, nurses, and ed ed ritrap a adauceda laro atsegni anu noc aczelbatse es etneicap le odnauc esripmurretni ebed laro lanoicirtun oyopa lE 9.6.1 .adecorp nºÃges ,)ejaugnel led y albah led satueparet ,olpmeje rop(sodaicosa dulas al ed selanoiseforp sorto y soiratinumoc socitu©Ãcamraf ,satsilareneg socid©Ãm ,airailicimod n³Áicneta ed saserpme ed o n³Áicneta ed seragoh ed lacinilc dna cirtemoporhtna ,lanoitirtun rof slocotorp eht ot refer dluohs slanoisseforp erachtlaeH 3.5.1 .sevlesmeht deef ot elbanu era tub wollaws dna wehc yllaitnetop nac ohw elpoep rof ,sdia gnitae deifidom ,elpmaxe rof ,troppus etairporppa gnitae ot evicudnoc tnemnorivne na ni ytilauq dna ytitnauq etauqeda fo diulf dna doof :sedivorp erac taht erusne dluohs slanoisseforp erachtlaeH 2.1.1 .aigahpsyd gnipoleved fo ksir hgih ta era tcart evitsegid-orea reppu eht ot yparehtoidar ro yregrus enogrednu evah ohw esoht dna snoitidnoc lacigoloruen cinorhc dna etuca htiw elpoep taht esingocer dluohs slanoisseforp erachtlaeH 2.6.1 aigahpsyd fo srotacidnI 2 xoB .dedeen ylerar era stset yrotarobal ,yrotcafsitas si ssergorp lacinilc fI .desu eb osla yam retehtac decalp yllartnec nemul-itlum a ni nemul detacided eerf A .esrun troppus noitirtun tsilaiceps eno tsael ta yolpme dluohs stsurt latipsoh etuca llA 7.1.1 .krowemarf ecnanrevog lacinilc eht nihtiw gnikrow eettimmoc gnireets noitirtun a evah dluohs stsurt latipsoh llA 5.1.1 .munujej ro munedoud ,hcamots eht otni ebut a aiv)4.1 noitces ni deificeps sa(deef etelpmoc yllanoitirtun a fo yreviled eht ot srefer gnideef ebut laretne ,enilediug siht nI .gnideef ebut laretne ecalper ro tnemelppus ot desu eb dluohs noitirtun laretnerap ,stneitap erac lacitirc ro lacigrus ni gnideef ebut laretne stimil yltnetsisrep ecnarelot lanitsetni fI 7.8.1 .1.8.1 ni tuo tes aireticr eht teem yeht sselnu stneitap lacigrus ot nevig eb ton dluohs noitirtun laretnerap yratnemelppus evitarepo-ireP 6.8.1 .1.8.1 ni aireticr eht teem ohw stneitap lacigrus dehsiruonlam ni noitirtun laretnerap evitarepoÂÂÃ¢irep yratnemelppus redisnoc dluohs slanoisseforp erachtlaeH 5.8.1 .sruoh 42 revo ylsuounitnoc gnideef retsinimda ot lacitcarp erom dna efas si ti dedeen si noitartsinimda nilusni fI .)snoitcejni ulf ,skcehc htlaeh ,elpmaxe rof(seitinutroppo rehto ta deredisnoc eb osla dluohs gnineercS .doof shown in Table 1, when people who have nutritional support at the hospital are monitored. 1.1.1 All health professionals directly involved in patient care should receive education and training relevant to their position on the importance of providing adequate nutrition. Decisions to suspend or withdraw nutritional support require a review of ethical and legal principles (both at common law and legislation, including the Human Rights Act 1998). 1.5.5 People who have parenteral nutrition in the community need periodic evaluation and follow-up. 1.1.8 Nutritional support nurse should work together with nurses, as well as dieticians and other nutritional support experts, to: minimize complications related to enteral tube feeding and parenteral nutrition ensure optimal training in the nursing room ensure compliance with the protocols of nutritional support support support the coordination of care between the hospital and the community. 1.4.6 Individuals who meet the criteria in the box should be considered to be at high risk of developing feedback problems. When these decisions are made, guidelines issued by the General Medical Council[5] and the Department of Health[6] should be followed. 1.2.6 The analysis should evaluate the body mass index (BMI) [4] and the percentage of unintentional weight loss, and should also consider the length of time during which nutrient intake has been involuntarily reduced and/or the probability of future intake of impaired nutrients. 1.6.5 Health professionals with the relevant skills and training in the diagnosis, assessment and treatment of swallowing disorders should regularly monitor and re-evaluate patients with swallowing disorders. ed ed sonem(ozalp otroc a osu arap sodalenut res euq neneit on seret©Ãtac soL 11.8.1 .laretnerap n³Áicirtun nareiuqer euq samrefne etnemevarg sanosrep ne n³Áisufrep ed odireferp odot©Ãm le omoc esrecerfo ebed laretnerap n³Áicirtun ed aunitnoc n³Áicartsinimda aL 21.8.1 .selbatse n©Âtse euq atsah sodacifidom sodiuqÃl y sotnemila odneinet n©Âtse euq aigafsid noc 1.5.7 If long-term nutritional support is needed, patients and caregivers should be trained to recognize and respond to adverse changes in both their well-being and the management of their nutritional administration system. Table 2 is particularly relevant for parenteral nutrition. The intervals may increase, as the patient stabilizes on the nutrition support. Care should be taken when choosing the catheter, and paying attention to the compatibility with pH, tonicity and long-term of parenteral nutrition formulations to avoid administration or stability problems. 1.8.8 In the hospital, parenteral nutrition may be administered through a peripherally dedicated central inserted catheter as an alternative to a centrally dedicated central venous catheter at the center. 1.8.14 A gradual shift from continuous to cyclic delivery should be considered in patients requiring parenteral nutrition for more than 2 weeks. 1.7.5 General surgical patients should not have an enteral tube supply within 48 hours of surgery unless they meet the criteria in 1.7.1. 1.7.6 Persons in general, medical, surgical and intensive care rooms that meet the criteria in 1.7.1 should be treated as fed through a tube in the stomach, unless there is superior gastrointestinal dysfunction. 1.7.17 The position of all nasogastric tubes should be confirmed after placement and before each use by aspiration and pH grading paper (with x-ray if necessary) as advised by the National Patient Safety Agency (NPSA, 2011; Additional Patient Safety Tub Alerts nasogastric drugs have also been issued in 2013 and 2016). 1.3.2 Nutrition support should be considered for people at risk of malnutrition who, as defined by any of the following: a a raredisnoc ebed eS .omsilobatac le omoc sasuac sal ed selanoicirtun sedadisecen sal odatnemua nah o / y setneirtun ed sadidr©Âp sednarg eneit o / y ,etneicifed n³Áicrosba ed dadicapac anu eneit aY o saÃd 5 somix³Ârp sol arap adan o ocop namoc euq elbaborp se o / y saÃd 5 ed s¡Ãm etnarud adan o ocop odimoc gender, physical needs, culture and stage of life of the individual have the opportunity to discuss diagnosis, treatment options and relevant physical, psychological and social issues are given contact details for relevant support groups, charities and voluntary organisations. Before using most parenteral nutrition products, micronutrients and trace elements should be added and additional electrolytes and other nutrients may also be needed. It should be started at no more than 50% of the estimated target energy and protein needs. 1.7.18 The initial placement of post-pyloric tubes should be confirmed with an abdominal X-ray (unless placed radiologically). 1.8.2 Parenteral nutrition should be introduced progressively and closely monitored, usually starting at no more than 50% of estimated needs for the first 24¢ÃÂÂ48 hours. 1.7.13 For people in intensive care with delayed gastric emptying who are not tolerating enteral tube feeding, a motility agent should be considered, unless there is a pharmacological cause that can be rectified or suspicion of gastrointestinal obstruction. Opt-out decisions should follow an explicit process via the local clinical governance structure involving experts in nutrition support. 1.8.4 Parenteral nutrition should be stopped when the patient is established on adequate oral and/or enteral support. 1.3.5 Healthcare professionals should ensure that people having nutrition support, and their carers, are kept fully informed about their treatment. Education and training should cover: nutritional needs and indications for nutrition support options for nutrition support (oral, enteral and parenteral) ethical and legal concepts potential risks and benefits when and where to seek expert advice. 1.4.1 Healthcare professionals who are skilled and trained in nutritional requirements and methods of nutrition support should ensure that the total nutrient intake[7] of people prescribed nutrition support eht)tsicamrahp ,esrun noitirtun tsilaiceps(seicnetepmoc tnaveler eht htiw lanoisseforp erachtlaeh a tcatnoc ot srebmun enohpelet ycnegreme dna enituor)etairporppa fi sdia lausiv dna(launam noitcurtsni na htiw dedivorp eb dna smelborp nommoc gnitoohselbuort rof sdohtem dna sksir ylekil eht ,spmup deef gnisu ,sdeef pu gnittes ot detailer serudecorp lla gniniluto ,nemiger eht dna smetsys yreviled eht fo tnemeganam eht :no maet yranilpicsiditlum eht fo srebmem morf noitamrofni dna gniniart eviecer dluohs srerac rieht dna noitirtun laretnerap gnivah ytinummoc eht ni elpoeP 7.9.1 .cart lanitsetniortsag elbissecca ,lanotcnuf a dna ,ekatni laro efasnu ro etauqedani :evah dna ,ylevitcepser ,2.3.1 dna 1.3.1 ni denifed sa noitirtunlam fo ksir ta ro dehsiruonlam era ohw elpoep ni gnideef ebut laretne redisnoc dluohs slanoisseforp erachtlaeH 1.7.1 .etairporppa fi fi erbif dna)sdnamed desaercni ro sessol evissecxe ,sticifed gnitsixe-erp yna rof gniwolla(stneirtunorcim ,slarenim ,setylortcele etauqeda)sgurd suonevartni ,elpmaxe rof ÂÂÃ¢ secruos rehto morf tupni artxe dna ,elpmaxe rof ,ealutsif dna sniard morf sessol artxe rof ecnawolla htiw(gk/diulf lm 53Â ÂÂ Ãâ31.0(nietorp g 5.1Â ro lli ylereves ton was ohw elpoep roF 2.4.1 .egnahc retehtac enituor dennalp htiw ealunnac suonev larehpirep gnisu nehw deredisnoc eb dluohs noitirtun laretnerap fo yreviled lacilcyC 31.8.1 .troppus noitirtun fo noitarud ylekil eht smelborp gnideefer fo ksir dna ytilibatsni cilobatem laitnetop ,niecnarelot lanitsetlot ortsag aixeryp ,msilobatac ,elpmaxe rof ÃTO 30000♠30000♠30000♠3000000♠30000000♠300000000♠10000♠300000000♠100 for the delivery of equipment, accessories and feed with the appropriate contact details for any home care company involved. Some of the clinical observations may be verified by patients or caregivers. The time between checkups depends on the patient, the care environment, and the duration of nutritional support. 1.8.1 Health professionals should consider parenteral nutrition in people who are undernourished or at risk of malnutrition, as defined in 1.3.1 and 1.3.2, respectively, and meet any of the following criteria: inadequate or unsafe oral and/or enteral nutritional intake in a non-functional, inaccessible or pervasive gastrointestinal tract. perforated (leaking). tract.

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