Tees, Esk and Wear Valleys
NHS Foundation Trust

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Enteral Feeding (PEG) Procedure (Adults)

Ref CLIN-0077-v3

Status: Approved
Document type: Procedure
Overarching Policy: n/a

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1 Purpose

Following this procedure will help the Trust to:-

- Define the standards in practice for the management of enteral feeding tubes to ensure all patients, including adults and young people, receive safe, appropriate care.
- Support a range of healthcare professionals through the process required to ensure patient safety is maintained in relation to the management of Enteral Feeding Tubes placed via Percutaneous Endoscopic Gastrostomy (PEG).
- When such decisions are being made guidance issued by the General Medical Council (GMC) and the Department of health should be followed. The decision making process and rationale must be fully documented in the clinical record.
- All patients are entitled to have their Human Rights upheld by those providing their care. Consideration's to ensure protection of human rights will form part of all care and interventions delivered under this procedure. Particular attention should be paid to those with protected characteristics to guard against conscious and unconscious bias and discrimination.

This procedure does not include the care and management of Percutaneous Endoscopic Jejunostomy tubes (JEJ). Management of JEJ would be based on individual patient need and with advice from the Nutricia Nurse and local Endoscopy Unit.

2 Related documents

This document defines the standards which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to the following Trust documents:-

- ✓ Consent to Examination or Treatment Policy (CLIN-0001-v4)
- ✓ Mental Capacity Act 2005 Policy (Ref CLIN 0009/v5)
- ✓ Hand Hygiene Procedure (IPC-0001-006 v2)
- ✓ Medicines Overarching Framework (PHARM-0002-v6)
- ✓ Royal Marsden Manual Online
- ✓ Malnutrition Guideline
- ✓ Equality Analysis Policy (CORP-0052-v3.1)

3 Procedure

3.1 Enteral Feeding Definition

Enteral feeding is a process where a nutritionally complete feed and hydration is delivered directly into the stomach, duodenum or jejunum via a nasogastric, gastrostomy or jejunostomy tube. It aims to provide nutrients to a person who may have swallowing difficulties to maintain a healthy weight, provide nutrients to a person with a severe or chronic illness.

A Percutaneous Endoscopic Gastrostomy (PEG) is a feeding tube which passes through the abdominal wall directly into the stomach, so that nutrition can be provided without swallowing or in some cases to supplement oral food intake.

A PEG maybe used for the administration of medication for patients who are not able to take oral preparations due to swallowing difficulties.

3.2 Indications for PEG Feeding Tube

PEG feeding tubes are used in people of all ages who are unable to swallow or have a nutritional intake that is inadequate and need long term artificial feeding. In some cases PEG are used to give extra nutrition (or supplements) to people who can still eat. Access to adequate nutrition and hydration is a basic human right and efforts should always be made to ensure that a person in our care secures them. Care must also be provided in an equitable manner with particular attention given to ensuring that decisions about someone's care do not discriminate based on a persons protected characteristic. A person centred approach is required to ensure that the needs, wishes and preferences of the person are addressed in any care plan.

Decisions on whether the use of PEG feeding tubes and similar devices are the most appropriate intervention need to be taken with care, and have been subject to guidance from the Royal College of Physicians. Placement of a PEG would be done with the person's informed consent as part of a co-produced care plan. If the person were to lack the capacity to make such a decision then the care could still be offered under the Mental Capacity Act via a Best Interests Decision.

Clinicians should adopt a Triangle of Care approach when a PEG tube is indicated. That is, a therapeutic alliance between the person themselves, their carers' and the clinicians involved.

At the point of the decision and at each episode of care, clinicians should ensure supportive and transparent communication with the patient so that the patient is fully informed and comfortable with the care they are about to receive. It is an important premise of all the care we give that the person themselves is involved in their care as much as possible.

Thorough recording of all clinical decision making should be made on the persons health record, including how they have been involved.

Please refer to Flowchart Appendix 4 to assess the need for nutritional support

The multi-disciplinary team should discuss with medical staff the indication for enteral

feeding via a PEG tube, in consultation with the PEG MDT at the local acute trust.

The decision making process and rationale must be fully documented in the clinical record PARIS.

3.3 Early Detection of Complications after Gastrostomy

Patients within 72 hours (three days) of gastrostomy insertion all staff need to be aware of the following:

All staff must be aware of the following warning signs that need urgent attention

- Pain on feeding
- Prolonged or severe pain post
- Procedure
- Fresh bleeding
- External leakage of gastric contents

STOP feed or medication immediately and urgently refer to the local hospital that performed the gastrostomy insertion.

National Patient Safety Agency (NPSA) (2010) Early detection of complications after gastrostomy

Following scheduled and emergency replacement the above warning signs apply, however consideration must be given to individual patients' normal presentation and this should be documented within the PARIS record with strategies to follow and when to escalate and seek medical advice.

For further guidance please read The Royal Marsden: Post Procedural Considerations

3.4 Care of PEG Site

- ✓ For newly sited PEGs, specific directions will be given from the team who insert the PEG regarding cleaning and observations; this should be documented on PARIS.
- ✓ The PEG tube should be rotated 180-360 degrees each day (or according to manufacturer's instructions) (NICE 2006).
- ✓ Mature gastrostomy exit sites should be cleaned daily during normal hygiene with soap and warm water. Use gauze to clean around the external bumper and ensure the area is dried thoroughly. The site should be left uncovered and observed for tenderness, irritation, redness or pressure and for the presence of any discharge or leakage.
- ✓ Check water in PEG balloon weekly. Refer to the Royal Marsden Manual Online for Checking the balloon volume on a balloon gastrostomy Procedure.

Management of Complications

In the event of suspected infection, tube damage, tube blockage, over granulation, leakage, buried bumper, dislodged stoma, nausea, vomiting or bloating, refer to patient booklets provided by Nutricia: 'Tube feeding at home booklet' and 'Guide to Management of Stoma

Complications'.

3.5 Checking the position of PEG tube by pH measurement

It is important to check the position of the tube when it has been changed, after checking balloon inflation, the pH can be checked.

- Wash hands
- Remove end cap from the gastrostomy tube (ensure the clamp is closed)
- Attach a 50ml syringe to the tube (open the clamp)
- Very slowly and carefully, pull back on the plunger of the syringe until small amount of fluid, at least 0.5-1.0ml appears in the syringe.
- Remove syringe, close clamp and replace end cap on the tube.
- Place a little fluid on the pH indicator paper.
- If the pH value is 5.5 or less, the tube is in the correct position.
- If the pH value is more than 5.5, do not administer anything via the tube.
- Repeat the pH again in 30-60 minutes.
- Gastrostomy tube Care document to be completed Appendix 2

If the pH remains above 5.5, seek further advice from the endoscopy department and document outcome in PARIS.

3.6 If the PEG tube falls out or is accidentally pulled out

If the PEG tube has come out completely:

- A new tube needs to be inserted WITHIN ONE HOUR as the stoma will start to heal and may completely close soon after the tube has come out.
- If the stoma heals admission to hospital for surgery to create a new stoma will be required.

Procedure if the PEG tube has come out completely:

If you have not been trained in replacement of PEG **DO NOT** attempt to place a new tube. Follow the steps below:

1. Place a clean gauze dressing over the stoma [hole] to prevent stomach contents leaking onto the skin or clothes.
2. Request assistance of someone that is trained in the insertion of PEG tubes
3. If the trained person is not available telephone the nearest Endoscopy Unit Monday – Friday, and inform them that a PEG tube needs replacing.
4. Out of hours and weekends, if the trained person is not available telephone the nearest

A&E department before leaving the unit and inform them that a PEG tube needs replacing.

5. Give the A&E department as much information as possible so they can prepare for the visit.
6. Emphasise that the tube needs to be replaced as soon as possible so the stoma does not heal over.

If the person were to lack the capacity to make such a decision about PEG replacement, then the care could still be offered under the Mental Capacity Act via a Best Interests Decision At the point of the decision, clinicians should ensure supportive and transparent communication with the patient so that the patient is fully informed and comfortable with the care they are about to receive. It is an important premise of all the care we give that the person themselves is involved in their care as much as possible.

Thorough recording of all clinical decision making should be made on the person's health record, including how they have been involved.

3.7 Management of PEG Feeding

Referral to a Dietitian should always be made for assessment and recommendation of the feeding regime. Each person with a PEG tube has their feeding regimen calculated by a Dietitian and should encounter at least 6 monthly reviews to ensure nutrition is adequate.

They must be weighed and reviewed as per dietitian instructions to ensure nutrition is adequate.

Any issues in the meantime must be passed on to the dietician.

The Dietitian will decide upon the feeding regime after insertion of the tube, this is usually within about 12 hours of the PEG insertion.

3.8 Method of Feeding

PEG feeds can be administered through the use of an electronic feeding pump or by bolus feeding using a syringe. Choosing the right method of feeding is important to maximise tolerance for each individual patient.

- ✓ Refer to the Royal Marsden Manual Online for the Enteral Feeding Tubes: Administration of Feed Procedure.
- ✓ Refer to the Royal Marsden Manual Online for the Enteral Feeding Tubes: Unblocking Procedure.
- ✓ Refer to appendix 1 for the Clinical procedure for Administering a Bolus Gastrostomy Feed.

Patients should be positioned at 30° or more during feeding and for up to 1 hour afterwards to avoid the risk of reflux/aspiration.

Refer to Appendix 5 for Enteral Feeding and Posture Checklist

All nutritional supplements must be documented on the Nutritional Supplement Chart available from Cardea.

3.9 Infection Prevention and Control

There are potential hazards associated with enteral feeding which can make it a source for the growth of micro-organisms. Liquid nutrients provide an ideal medium for bacteria and can cause cross contamination to the feeding system during the handling of the equipment.

- ✓ Decontaminate hands thoroughly using soap and water or alcohol hand gel before and after handling equipment and the preparation process.
- ✓ Prepare equipment and opening of feed in a clean environment.
- ✓ A no-touch technique should be adopted when preparing the feed during priming and connecting to the administration set/feeding tube.
- ✓ Commercially produced, pre-filled ready to hang feeds must be used wherever possible as these are least likely to become contaminated in preparation and use.
- ✓ Cleaning of equipment (see 3.11 Care of the Equipment).

For further infection control guidance please refer to the following policies;

Hand Hygiene policy

Infection Prevention and Control Policy

Standard (universal) Infection Prevention and Control Precautions

3.10 Storage and care of feed

- All open feed packs can be stored in a cool dry place 5 – 25 ºc, away from direct sunlight up to 24 hours, after 24 hours it MUST be discarded
- Once opened glass and sip feed bottles should be stored in a refrigerator, do not give feed straight from refrigerator.
- Always date and time the container.
- Any unused contents should be discarded after 24 hours.
- Unopened feed packs do not need storage in the refrigerator.

3.11 Care of the Equipment

Equipment used for enteral feeding can be ordered from Cardea using Medical Device Template 4: Enteral Equipment.

Do not

- Leave dirty equipment in a container as feed blocks equipment and allows bacteria to grow
- Use boiling water, Milton or other sterilising solution as it damages the equipment
- Wash equipment in a dishwasher as it also damages equipment.

Do

- Rinse equipment with cold water
- Wash with warm soapy water
- Rinse with warm water until all traces of soap are gone
- Allow the equipment to dry on paper towels
- Place equipment in a clean container and cover with a lid when dry

To comply with the NPSA Alert 19, dedicated clearly labelled enteral/oral syringes MUST be used to flush enteral feeding tubes, administer enteral feed or administer enteral/oral medication.

3.12 Administering Medication via the Enteral Route

A pharmacist must always be consulted if there is any doubt about administering a medicine via the enteral route.

Refer to the Royal Marsden Manual Online for the Enteral Feeding Tubes: Administration of Medication Procedure.

4 Definitions

Term	Definition
Aspiration	Food or fluid entering the lungs.
Bolus feed	Measured amount of feed and water given via PEG tube over 15-20 minutes.
Connector	Pointed end on the giving or pump set that attaches to the end of the PEG tube.
Continuous feeding	Via the PEG over night or throughout the day using a pump.
Feed	Commercial ready to hang feed.
Gastrostomy or Percutaneous Endoscopic Gastrostomy (PEG)	The tube that goes into the stomach to facilitate feeding.
Giving set or pump set	Tubing that connects the PEG/PEJ tube to the feed.
Granulation tissue/over granulation	Pinkish red, slightly raised ring of newly growing healthy skin around stoma.
Intermittent feeding	Feeds are given a number of times during the day using a pump.
Jejunostomy or Percutaneous Endoscopic Jejunostomy (JEJ)	The insertion of a polyurethane tube through the abdominal wall into the Jejunum
Low profile tube or button tube	A gastrostomy tube that sits flush to the skin on the abdomen.
Naso gastric tube	A narrow bore tube passed into the stomach via the nose.
Nutrients	Protein, fats, carbohydrates, fibre, vitamins minerals and water that are obtained from food.
Parenteral Feeding	The delivery of nutrition intravenously

Port	The end of the gastrostomy tube where the feeding, pump set or syringe is fitted.
Reflux	The movement of stomach contents up the oesophagus (food pipe).
Stoma	The opening in the abdomen to the stomach which the PEG tube goes through.
Venting	Allowing stomach gases to escape through the PEG tube.

5 References

British Association For Parenteral And Enteral Nutrition (2003) *British Association For Parenteral and Enteral Nutrition Administering Drugs via Enteral Feeding Tubes: A Practical Guide*. London: BAPEN.

National Institute for Health and Care Excellence (2006) *Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition*. London: NICE.

NPSA/2010/RRR010. Early Detection of complications after gastrostomy. Rapid Response Report 31 March 2010

NPSA /2007/19 Promoting safer measurement and administration of liquid medicines via oral and other enteral routes. March 2007.

6 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- All staff who are responsible for management of PEG tubes including care of and administration of PEG feeds will receive relevant training identified through PDP, provided by the Trust.
- For balloon gastrostomy/skin level device placement, training will be undertaken by qualified nurses' as identified through PDP. The training is provided by Nutricia Enteral Feeding Consortia and will consist of theory followed by a period of observation and supervised assessments within the clinical environment.

6.1 Training needs analysis

All staff who are responsible for management of PEG tubes including care of and administration of feeds will receive relevant training which includes a theoretical session provided by the Trust and complete 5 witnessed competency assessment by trained staff before completing the task independently. Further details can be accessed via the Trusts' Education and Training Department.

After initial face to face training an update will be done via elearning

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Registered Nurse	Face to Face	1 Day	2 Yearly Competence Check
Health Care Assistant or Health Care Support Worker or Band 3 and above.	Face to Face	1 Day	2 Yearly Competence Check
To remain competent the Clinician must be involved in PEG care and administration regularly. Staff who does not use this skill within a 12 month period must re-train in order to implement this procedure again.			

7 How the implementation of this procedure will be monitored

The Director of Nursing and Governance and Medical Director, together with representatives from other professional groups, operational service areas and the educational staff will monitor the implementation of the Procedure by:

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Clinical audit of documentation in the clinical record	In line with Trustwide Clinical Audit Programme	Reports to the Quality and Performance Cell
2	Team Level Training Needs Analysis and Staff Appraisal	Annually as per Trust Policy by Clinical Team Manager	Locality QuAGs
3	Lessons learned from incident and investigations reviews	As per Trust Incident Reporting Policy, reporting to Locality QuAGs.	Reports to the Patient Safety Group, Quality Assurance Committee and other Trust meetings

8 Appendices

8.1 Appendix 1: Clinical Procedure for Administering a Gastrostomy Feed - Bolus

Equipment

- 60ml oral/enteral syringe
- Water for flushing
- Prepared feed
- Extension tube appropriate for the individual
- Non sterile gloves and apron

Procedure	Action	Rationale
1.	Check prescription for feed, dosages and water flushes	To ensure that the Dietitians instructions are followed.
2.	Measure the required amount of feed	To ensure that the right amount of feed is given to the patient
3.	Assemble all the necessary equipment, check to ensure the feed matches the patient prescription, and ensure the feed and other equipment is within expiry date.	To ensure the patient receives the correct feed and all the necessary equipment is ready for use. To ensure that the procedure can be completed without disruption
4.	Wash hands thoroughly. Put on non-sterile gloves and apron.	To minimise the risk of cross infection or cross contamination
5.	Explain the procedure to the patient	To ensure the patient understands the procedure and gives his/her valid consent
6.	Ensure that the patient is not laid flat. They must be at a minimum angle of 30 degrees	To avoid discomfort, the risk of aspiration and reflux
7.	Maintaining a clean procedure flush the tube with sterile water, clamp when water has filled the tube.	It is important not to introduce air into the stomach as this may cause bloating and discomfort. To ensure the tube is clean.
8.	Maintaining a clean procedure attach extension tube to the PEG	To allow gravity for feed/water to flow through
9.	Ensure the tube is secured correctly by rotating half a turn. Check that there are no leakages	To avoid the tube coming out and causing the patient discomfort from spillages
10.	Using the 60ml syringe attached to the extension tube administer the prescribed water flush ensuring the tube is clamped before completely emptying	So as not to introduce air into the abdomen

11.	Fill the syringe with the feed and unclamp using gravity to allow the feed to flow. Continue to fill the syringe until all prescribed feed has been given. Do not allow the feeding syringe/extension tube to completely empty before adding more formula. Adjust rate of flow by lowering or raising height of syringe. Clamp before extension tube is completely empty.	To ensure that Dieticians instructions are followed and that the patient receives the prescribed diet. To avoid air into the abdomen
12.	Administer the prescribed water flush	Compliance with the prescription
13.	Clamp and disconnect the extension tube	Procedure is completed
14.	Clear all equipment and follow guidelines for cleaning	To ensure that equipment is cleaned, ready for next use and that there is no residue this could cause blockages or infection.
15.	Sign the prescription when feed completed.	To act as a record that the prescribed feed has been given and all instructions have been followed.
16.	Ensure the patient is comfortable. Observe for signs of vomiting, respiratory distress or signs of feeding intolerance e.g. diarrhoea, bloating, fullness	To allow patient time to digest the feed
17.	Maintain the patients position for at least 30 minutes post-feeding	To reduce the risk of aspiration and reflux
18.	Remember to attend to the oral hygiene of patients receiving enteral feeding on a regular basis.	Even if patients are unable to eat it is important to look after their teeth and ensure a healthy mouth.

8.2 Appendix 2: Gastrostomy Tube Care

Gastrostomy Size:

Gastrostomy Tube Care

Name: **DoB:** **NHS No:**

Date & Time	Gastrostomy tube to be changed every 3 months (include size of new tube and batch number)	Amount of water removed from balloon	Amount of water inserted into balloon	Comments i.e. water cloudy	pH		Completed by
					Pre-insertion	Post insertion	

Red flags:

- pH above 5.5
- Bleeding from site
- Leakage from site
- Pain on feeding

In emergency contact Endoscopy 01642 850850 (direct line 01642 854845).

8.3 Appendix 3: Competency Assessment Sheet

Device: PEG Care & Feeding Procedure

Competency Statement		**Evaluation Strategy**
To apply and demonstrate theoretical knowledge and practical skills required to provide competent care of a patient requiring enteral feeding.		Verbalise understanding Satisfactory completion of criteria
Assessment Method	1 = Observed	2 = Questions / Discussion

		Assessment method	**Achieved Y / N/ N/A**
1	Explain the rationale for the PEG tube and the indications for use		
2	Demonstrate basic care of the PEG tube and insertion site		
3	Discuss the measures required to control the spread of infection		
4	Correctly interpret the prescribed enteral feeding regime		
5	Identify any specific patient preparation prior to performing the procedure.		
6	Demonstrate the correct preparation and assembly of equipment.		
7	Demonstrate the correct administration of enteral feeds by: ➢ Bolus ➢ Intermittent Infusion ➢ Continuous Infusion		
8	Explain any potential complications, actions to be taken and preventative measures. [for e.g. if a tube is displaced]		
9	Demonstrate the safe and appropriate administration of medications. **[if applicable]**		
10	Correctly decontaminate or dispose of any enteral equipment used.		
11	Complete the required documentation.		

GUIDELINES

The response ‘not achieved’ for any of the competencies requires an explanation in the comments space provided below.

The staff member must have received an ‘achieved’ rating in all applicable steps of the procedure to be deemed competent.

The staff member must not perform this skill unsupervised until they have been deemed competent in all steps of the procedure.

COMMENTS

	ASSESSOR [Print and sign]	STAFF MEMBER [Print and sign]	DATE
1			
2			
3			
4			
5			

8.4 Appendix 4: Indications for enteral feeding

The red flags below need to be identified using the St. Andrews Nutritional Screening Instrument

Red flags	Yes	No	Comments/changes
Inadequate or unsafe oral intake	☐	☐	
Significant weight loss	☐	☐	
Swallowing problems	☐	☐	

If yes to any of the above commence clinical screening

Clinical screening								
Specialist assessment/referrals to :								
SaLT	Swallowing problems	Yes ☐	OT/physio	Maintaining a safe position	Yes ☐	Dietitian	Nutritional status	Yes ☐

Formulation/MDT – to discuss outcomes of clinical assessment and to identify other areas that may require assessment. If decision is to proceed with referral complete MCA 1 & 2 file:///T:/Intranet%20Published%20Documents/Policies%20procedures%20and%20legislation/MHL%20Documents/MCA/MCA1%20Blank.docx file:///T:/Intranet%20Published%20Documents/Policies%20procedures%20and%20legislation/MHL%20Documents/MCA/MCA2%20Blank.docx

Indications for enteral feeding	Yes ☐	No ☐

Referral to GP	Yes ☐	No ☐	Date referral made

8.5 Appendix 5: Positioning during and post enteral feeding

To be completed when service user is unable to maintain a 30 degree angle during and 1 hour post feed

MDT form

Name:	
Date of Birth:	
NHS number:	
PARIS number	
Date:	
Lead professional	

Can the service User Utilise the following to each 30 degrees:	**Yes**	**No**	**Comments**
Back raise			
Back lift			
Sleep system			
Can individual's anatomy support them?			

Consider the following to maintain position for 1 hour post feed

Consider the following to maintain position for 1 hour post feed and impact on service user and care needs	**Yes**	**No**	**Comments**
Need for postural care, personal care and physio			
Quality of life – service user indicating they want to change position			
History of vomiting and chest infections			
Consideration of the type, volume and speed of feed			
Signs of distress for the individual			
Does this flow to home?			

Areas identified that Impact maintaining 30 Degrees

Best Interest Meeting to be arranged if these hazards cannot be managed safely.

9 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	08 April 2021	
Next review date:	31 March 2024	
This document replaces:	CLIN-0077-v2	
This document was approved by:	Name of committee/group	Date
	Infection, Prevention, Control & Physical Health Tactical Cell	8th April 2021
This document was ratified by:	Name of committee/group	Date
	n/a	
An equality analysis was completed on this document on:	2 December 2020	
Document type	Public	
FOI Clause (Private documents only)	n/a	

Change record

Version	Date	Amendment details	Status
2	30 Aug 2017	Reintroduced as procedure to replace reference to Royal Marsden guidelines	Withdrawn
3	08 Apr 2021	3 yearly review undertaken. Minor changes and updates; namely inclusion of Appendix 3: Competency Record Sheet; Appendix 4: Indications for Enteral Feeding; & Appendix 5: Positioning during and post enteral feeding. Equality Analysis Screening tool updated.	Published

10 Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

<table>
<tr><td>Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.</td><td colspan="6">Nursing and Governance/IPC & Physical Health</td></tr>
<tr><td>Name of working party, to include any other individuals, agencies or groups involved in this analysis</td><td colspan="6">Physical Health and Wellbeing Group</td></tr>
<tr><td>Policy (document/service) name</td><td colspan="6">Enteral Feeding (PEG) Procedure</td></tr>
<tr><td rowspan="3">Is the area being assessed a;</td><td>Policy/Strategy</td><td></td><td>Service/Business plan</td><td></td><td>Project</td><td></td></tr>
<tr><td colspan="3">Procedure/Guidance</td><td>✓</td><td>Code of practice</td><td></td></tr>
<tr><td colspan="5">Other – Please state</td><td></td></tr>
<tr><td>Geographical area</td><td colspan="6">Trust-wide</td></tr>
<tr><td>Aims and objectives</td><td colspan="6">• Define the standards in practice for the management of enteral feeding tubes to ensure all patients, including adults and young people, receive safe, appropriate care.
• Support a range of healthcare professionals through the process required to ensure patient safety is maintained in relation to the management of Enteral Feeding Tubes placed via Percutaneous Endoscopic Gastrostomy (PEG).
• When such decisions are being made guidance issued by the General Medical Council (GMC) and the Department of health should be followed. The decision making process and rationale must be fully documented in the clinical record.</td></tr>
</table>

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?
Trust and patients.

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveler)	No	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	No	**Sex** (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	**Age** (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	No
Yes – Please describe anticipated negative impact/s **No** – Please describe positive impacts/s This procedure ensures that the nutritional needs of people can be met in a timely, flexible and person centered manner.					

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?** Reference has been made throughout the process to the Royal Marsden, NICE Guidelines and has involved liaison with Nutricia Enteral Specialist Nurse, Jo McGachan.	**Yes**	✓	**No**	

Sources of Information may include: • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports		• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership
Yes – Please describe the engagement and involvement that has taken place
This procedure has been circulated widely via the Physical Health and Wellbeing Group and Trustwide for general consultation.
No – Please describe future plans that you may have to engage and involve people from different groups

5. As part of this equality analysis have any training needs/service needs been identified?					
Yes	Please describe the identified training needs/service needs below All staff who are responsible for management of PEG tubes including care of and administration of PEG feeds will receive relevant training identified through PDP, provided by the Trust.				
A training need has been identified for;					
Trust staff	Yes	Service users	No	Contractors or other outside agencies	No

Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/6542 or email: sarahjay@nhs.net

Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	**Rationale**		
	Are reasons for development of the document stated?	Y	
3.	**Development Process**		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4.	**Content**		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6.	**Training**		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Y	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Y	
10.	**Publication**		
	Has the document been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	y	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	