



- Only staff trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.
- This procedure is a guide only and may not be appropriate in all circumstances. Therefore, instructions from an AQHP must always be obtained and followed.
- This procedure should be read with the [NDIS LWB 5600 High Intensity Daily Personal Activities - Procedure](#), [NDIS LWB 5501 Health and Wellbeing - Procedure](#), [LWB National Medication Procedure](#) and in consultation with the person we support or their care plan.

The person's support requirements must be documented by an AQHP, such as an Accredited Practising Dietitian (at minimum) in a HIDPA Enteral Feeding Support Plan.

The AQHP is to provide training in any bolus feed support that is required and that is in the scope of practice of a Disability Support Worker (DSW).

IMPORTANT:

- If the feed is administered through a Nasogastric Tube (NGT), this must be fully supervised by a trained and competent worker for the entire meal duration as stated in the [NDIS LWB 5627 HIDPA Enteral Feeding Nasogastric Tube \(NGT\) - Procedure](#).
- For Gastric Venting, see the [NDIS LWB 5628 HIDPA Enteral Feeding Gastrostomy - Procedure](#).

Bolus Feed		
Bolus Feed Procedure		
<input checked="" type="checkbox"/> Check		
<ul style="list-style-type: none"> • Check and follow the person’s Enteral Feeding Support Plan for positioning, flush amounts, volume, and feed rate. • Check that the required equipment and consumables are available and ready for use. • Check the label and date of the enteral nutrition product. • Confirm how the person would like to be actively involved in their support, as outlined in their plan, and to their chosen level. • Explain the procedure to the person and seek their consent to proceed. 		

- People we support should have information in their Enteral Feeding Support Plan about what action is required if the feeding tube becomes displaced (falls out).
- If placement markings need to be checked on the tube (e.g. Nasogastric or some gastrostomy tubes), check before giving any fluid or formula/feed. Follow the procedures relevant to the tubing type.



Support

- **Call 000 if**
 - Any signs of respiratory distress, including difficulty breathing, wheezing, agitation or cyanosis (blue or purple colour around the mouth), can be observed.
 - The person vomits.
 - The feeding tube becomes displaced (falls out).
- If the tube becomes displaced or removed - Support workers should not attempt to replace the tube. Instead, immediately call for emergency (000) medical assistance.
- Staff must wear appropriate PPE (gloves, mask and eye protection) when preparing formula and tube feeding. Refer to [NDIS LWB 5507 Let's Talk About PPE for Support Activities](#) for the correct PPE requirements.

Preparing to give the Bolus feed:

- Wash your hands with soap and water and dry well. Ensure good hygiene techniques when giving feeds.
- Prepare the enteral nutrition product and equipment in a clean area.
- Actively involve the person in their support, as outlined in their plan, and to their chosen level.
- Gather the equipment:
 - 60ml ENFIT enteral syringe with the plunger removed
 - Extension set if required (appropriate to the type of tube)
 - Water for flush (pre-measured amount)
 - The required amount of formula at room temperature (check the expiry date and time, tip bottle/can to mix formula, and wipe the top of the can to clean it before use).
 - If the formula is pre-prepared and stored in the refrigerator, remove it from the refrigerator 15-20 minutes before the feed to allow the formula to reach room temperature.
- *** Warming the formula in a microwave or boiling water may cause burns and changes to the enteral feed consistency and nutrition and is not permitted ****
- Reseal any left-over enteral nutrition product, refrigerate and use within 24 hours. Any product not used within 24 hours of opening should be discarded.
- Explain the procedure and position the person semi-reclined or upright, according to the Enteral Feeding Support Plan, with the upper body elevated to at least 30 degrees.

Feeding Position



Giving the Bolus Feed

- Connect the giving set to the feeding tube.
- Unclamp the feeding tube.
- If needing to support gastric venting, do so as recommended.
- Flush the feeding tube with the prescribed amount of water using the syringe.
- Attach the ENFIT feeding syringe (e.g. 60ml) to the giving set.
- Hold the syringe above the feeding site level, pour the formula into the open-ended syringe, and let the formula flow down the tube. Next, release the tube clamp and let the formula flow through gravity down the tube.
- Adjust the rate of flow by changing the height of the syringe. The higher the syringe, the faster the flow.
- Add more formula to the syringe until the required amount has been given. Avoid letting the syringe completely empty before refilling, or air will enter the stomach.
- Fill a syringe with a set amount of water to flush, release the clamp and allow water to flow down the tube.
- Flush the tube with the set amount of water per the person's Enteral Feeding Support Plan.
- Clamp the extension tube, remove the syringe and extension set and recap the feeding tube.
- Ensure the person is comfortable and monitor for signs of discomfort. Maintain the person in a position with their upper body elevated for at least 30 minutes post-feed.
- Wash reusable equipment promptly in warm water and detergent and hang it to dry in a clean, well-ventilated area out of direct sunlight. Over time the inside of the tubing will become rigid and coated with residue from the formula. Therefore, the tubing should be replaced regularly, aligned with the person's preferences.
- Wash your hands.



Report

- Document feeds in the [NDIS LWB 5623a HIDPA Enteral Feeding and Management - Daily Recording Chart](#)
- Gastric fluid leaking from the stoma should be reported immediately in i-Sight and to Disability Support Leader or On Call.
- Report any concerns or issues related to the person's enteral feed immediately to the Disability Support Leader or On Call.

For Further Guidance and Advice

Contact the AQHP who developed the person’s Enteral Feeding Support Plan.