



- This Enteral Feeding Support Plan is to be offered to an Appropriately Qualified Health Professional, such as an Accredited Practising Dietitian, to complete, or they may provide their own template.
- Where additional detail is required or not needed, the AQHP can alter the template to suit the Enteral diet of the person we support.
- Staff members must be appropriately trained to meet the requirements set out by the NDIS Commission. The LWB Training Essentials documents for (Bolus, Pump or Gravity Feeding) provide details about HIDPA training requirements.
- **Before giving any medication in this plan. Staff must be trained in LWB medication administration.**
- Staff must complete training with an AQHP on the administration of medication via an enteral feeding tube, as referred to in HIDPA Administration of Medication via Enteral Feeding Tube Training Essentials.
- If the person requires support with any oral intake, they must also have a Mealtime Management Plan developed by an AQHP and intake recorded on [NDIS LWB 5527 Food and Fluid Intake Recording Chart](#) if required by AQHP.
- Staff will record all enteral feeding on [NDIS LWB 5623a HIDPA Enteral Feeding Support - Daily Recording Chart](#) and medication administration on relevant [medication administration record](#)

Personal Details <i>(to be completed by staff & person we support)</i>			
Name:		CIRTS ID:	
Weight:		Height:	
Date of Plan:		Review Date:	

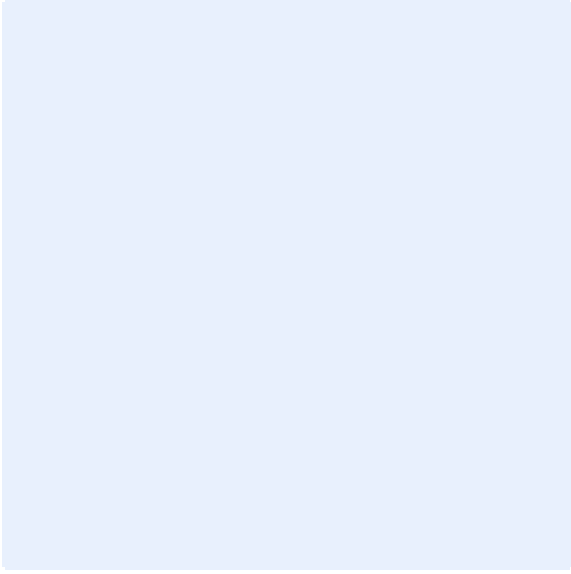
Alerts	
Allergies:	
Precautions:	
PRN Medication e.g. EpiPen	<i>All PRN medication must be administered as GP or AQHP recommendations and signed for in the person's Medication Chart.</i>

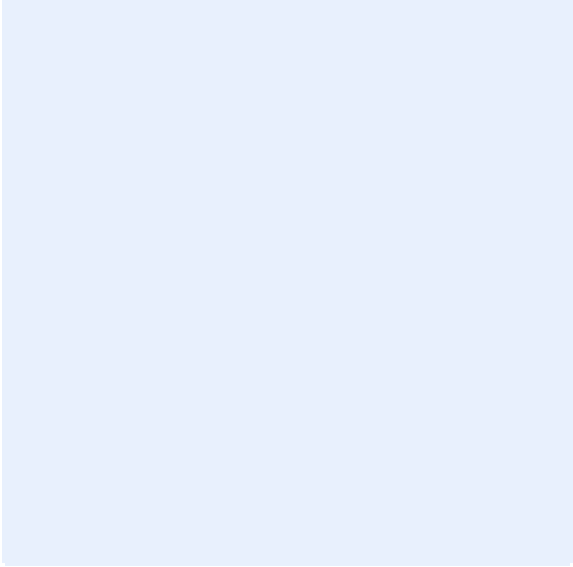
It is important to give each medication separately.

To administer medication safely and effectively, a person's healthcare team, including doctors, pharmacists, and nutritionists, should work together to establish guidelines for giving medications through feeding tubes.

GP or treating Doctor will complete a medication chart listing medication requirements.

Administering Medications *(to be completed by Healthcare team)*

Photograph			
<p>Insert a photo(s) of the person to document:</p> <ul style="list-style-type: none"> • safe and appropriate position for tube feeding. <div style="text-align: center; margin: 20px 0;">  </div>			
Date photo taken:		Photo taken by:	
Procedure if Tube is blocked:			
Any other influencing factors to be aware of?			
Equipment required:			
Photograph			
<p>Insert a photo(s) of the person to document:</p> <ul style="list-style-type: none"> • Equipment required, for example, syringe, pump, and stand. 			

			
Date photo taken:		Photo taken by:	
Delivery route:			
Formula:			
Rate / volume / breaks / frequency:			
Total volume feed per 24 hours:			

Total calories each day:

Total water input:

Environment:

Oral care:

Stoma care:

Person specific support requirements- *for example spare tubes, when and where to order.
(To be completed prior to completion/approval by the AQHP) for example*

Review of Enteral Feeding – what needs to be reported to AQHP and how often.

Equipment and Supply	
Item	Details of item (name, size, etc.)
Feeding equipment, tubing, syringes, containers.	
Person's preference for frequency to change of tubing: Must only be changed by an AQHP	

Contact details for formula and food supply:		
Company:		
Contact person:		
Phone:		
Website:		
Email:		

Contact details for equipment supply:		
Company:		
Contact person:		
Phone:		
Website:		
Email:		

In the event of an emergency, please contact 000 plus <i>Completed by the person we support</i>			
Name:		Contact Number:	
Relationship:			
Name:		Contact Number:	
Relationship:			

Plan developed by: (completed by Health Professional(s))			
Name:		Profession:	
Contact details:		Date:	
Name:		Profession:	
Contact details:		Date:	
Review of Plan- Plan will be reviewed at least once every 12 months.			
<input type="checkbox"/> Set Review:	Date:		
Signature:			
<input type="checkbox"/> As needed review – this plan will be reviewed due to any of the following: <ul style="list-style-type: none"> • a new problem being identified while following this plan • advice from the person’s GP / Appropriately Qualified Health Professional • Other (AQHP to provide details): 			
Note: if the person’s behaviour, skill levels or needs change, staff <u>must</u> have the person reassessed and the plan reviewed by an Appropriately Qualified Health Professional.			

Consent and Authorisation

I consent to the support requirements as detailed in this Plan to be implemented to assist in the management of my health supports or receive general emergency response as required. If I am unable to give consent, LWB will seek consent from my guardian/person responsible.			
Name	Relationship	Signature	Date
	Self		
	Guardian / Person Responsible		
	LWB Line Manager		

Upload to CIRTS as follows:

Plans & Assessments > New Plan > Service Type = the service providing the HIDPA > Plan name – [select from drop down] Enteral Nutrition Feeding and Management Plan > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD