



- 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.

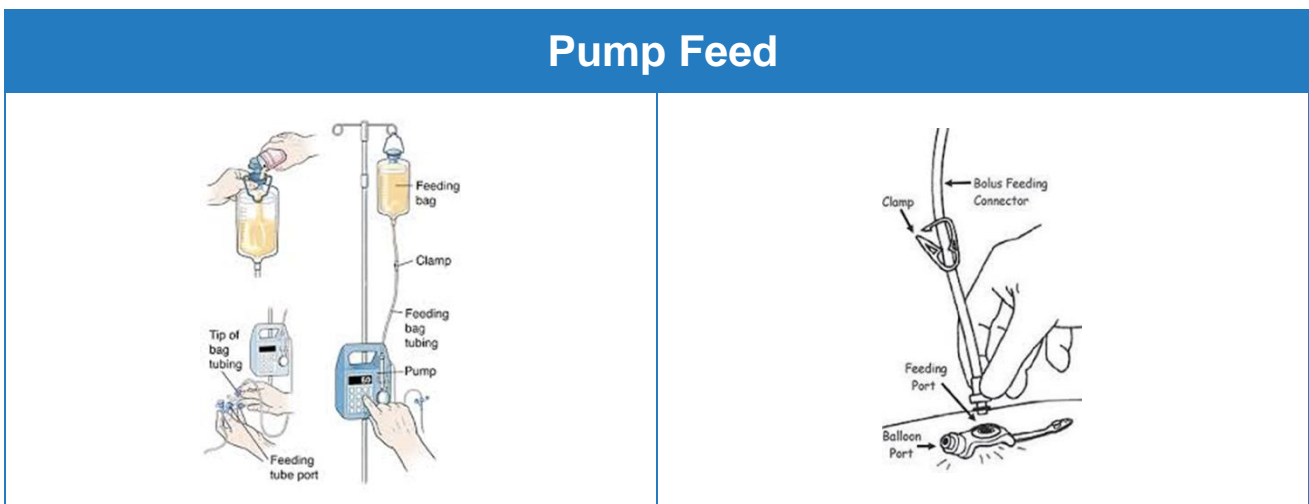
The person's support requirements must be documented by an AQHP, such as an Accredited Practising Dietitian (at minimum) in a HIPDA Enteral Feeding Support Plan.

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

Enteral Pump feeding is a way to deliver formula through your feeding tube at a slow and steady rate using an enteral feeding pump. With this feeding method, the formula flows out of an enteral feeding reservoir (e.g. ready-to-hang formula bag) and is pushed through the tubing into the digestive system at a set rate over a set period. Often it is used continuously over 20-24 hours but can be used for shorter durations at set periods of the day or night.

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 [NDIS LWB 5627 HIDPA Enteral Feeding Nasogastric Tube \(NGT\) - Procedure](#).
- For Gastric Venting, see the [NDIS LWB 5628 HIDPA Enteral Feeding Gastrostomy - Procedure](#).



Pump Feed Procedure

Check

- How the person would like to be actively involved in their support, as outlined in their plan, and to the level they choose.
- 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.
- 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.
- Check the duration the feed can be safely hung at room temperature to maintain food hygiene and safety. This duration may vary according to whether a closed system (ready-to-hang bag) or open system (decanting feed into an enteral feeding container) is used.

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 a gastrostomy tube becomes displaced, place a clean, dry cloth over the stoma and secure it with tape. Support workers should not attempt to replace the tube. Instead, immediately call for emergency (000) medical assistance.
- Always keep the pump connected to the power supply; the battery backup lasts about 10 minutes.
- If it is not being used, keep it switched on at the PowerPoint.
- The feeding pump should not beep unless something is wrong.
- Observe Occlusion alarms indicate when the pump cannot sustain the set flow rate and, therefore, pressure in the line begins to increase. This is typically due to a partial or complete block in the delivery tubing, e.g. kinks in the tube, the clamp or tab is closed, or in the cannula, e.g. clotted off or a change in position. See the Pump Operation Manual for alarms and safety features.
- Staff must wear appropriate PPE (gloves, mask and eye protection) when preparing formula and tube feeding. Refer to the [NDIS LWB 5507 Let’s Talk About PPE for Support Activities](#) for the correct PPE requirements.

- Wash your hands with soap and water and dry well. Ensure good hygiene techniques when preparing and giving feeds.
- Follow the person’s Enteral Feeding Support Plan.
- Actively involve the person in their support, as outlined in their plan, and to their chosen level.
- Prepare the enteral nutrition product and equipment in a clean area.
- Staff must wear gloves when preparing formula and tube feeding and use required PPE.
- Refer to the Enteral Feeding Support Plan for flush amounts, volume, and feed rate.
- Gather the equipment:
 - Pump and pole to hang the feed container (or other devices such as a backpack or hook on a wall).
 - Giving set or extension set if required, ready to hang formula bag or feed container.
 - If not using ready to hang bag of formula, ensure you have the required amount of formula at room temperature (check the expiry date and time, tip the bottle/can to mix the formula, and wipe the top to clean it before use).
 - If the formula is pre-prepared and stored in the refrigerator, remove it from the refrigerator 30-60 minutes before the feed to allow the formula to reach room temperature.
 - 50ml designated enteral syringe with the plunger removed.
 - Water for flush (pre-measured amount).
 - The required amount of formula at room temperature (check the expiry date and time, tip the bottle/can to mix the formula, and wipe the top to clean it before use)
- **** 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 ****
- 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 45 degrees.

Position for Feeding



- Flush the feeding tube with a small amount of warm or room-temperature water using a syringe.
- Connect the prescribed enteral nutrition product (e.g. Ready to hang bag of formula) to the giving set or pour the (e.g. Ready to hang bag of formula) into the feed container.
- Attach the feeding container or ready-to-hang feed bag to the giving set tube.
- Hang the container on a pole or equivalent area listed in the support plan
- Thread the tubing through the enteral feeding pump as instructed.

- Get the air out of the giving set by opening the flow regulator clamp on the giving set. And priming the enteral tube using the pump function until the formula reaches the end of the tube. Pause and connect the giving set tubing to the feeding port on the tube. If priming the tube before threading through the pump using gravity, follow those instructions before connecting it to the feeding tube.
- Turn on the pump and set the rate and dose volume (e.g. continuous or dose per hour).
- Start the feed.
- Give the prescribed water flush every four hours and when the feed has finished. If relevant, use the port at the side of the tubing if available, instead of pausing and disconnecting for flushes.
- Once the feed is finished, turn the pump off and disconnect the tubing.
- Wash and dry, and store equipment as directed.
- If equipment can not be adequately cleaned and thoroughly dried should not be reused.
- Ensure the person is comfortable and monitor for signs of discomfort or aspiration. 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 air dry. 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 hands at completion of the procedure and clean up.

Feeding Pump is Beeping

- Turn the pump off and check for the following.
 - The feed has run out.
 - Feed is blocked in the tube. Flush the tube with water.
 - Incorrect body position – reposition the person to the appropriate position.
 - Low battery.
 - Air in the tube – disconnect the tube from the pump and run feed through the tube into the sink or bowl until the air bubble goes out.
- To help prevent beeping.
 - The chamber on the feeding set should not get too full. If it is more than 1/3 full, you must discard that set and start again. Remember that when you fill the chamber, it can be helpful to lift the chamber upside down and slowly fill it up that way.
 - As the feed drips into the chamber, it needs to be falling in the middle, not down the sides of the chamber.
 - Ensure the person is correctly positioned.

If you still need help after checking all of the above, contact the person's feeding pump supplier.



Report

- Document feeds in the [NDIS LWB 5623a HIDPA Enteral Feeding and Management - Daily Recording Chart](#)
- Report any concerns or issues related to the person's enteral feed immediately to the Disability Support Leader¹ or On Call.
- Gastric fluid leaking from the stoma should be reported immediately in i-Sight and 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.

¹ All references to Disability Support Leader (DSL), includes all Frontline Leadership roles, such as House Supervisor.