# Initial Assessment Tool for Blended Diet

**Appendix 4**

Patient’s Name: …………………………………………………………………………………………………...

Date of Birth: ………………………………….……..

NHS No: ……………………………………………..

Date of Assessment: ………………………………..

**Feeding tube:**

**It is recommended that Blended Diet (BD) is fed via a balloon gastrostomy which can easily be replaced.**

Manufacturer and brand of gastrostomy tube or button: …………………………………………………

Size of tube: …………………………………………………………………………………

Previous tube blockages? (including reasons and management): …………………………………………………………………………………………………………………………

**Document** why the patient/parent wishes to give blended diet? …………………………………………………………………………………………………………………………

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| --- | --- | --- |
| **Risk/Issue** | **Potential Mitigation of Risk** | **Discussed with patient/ carer** |
| **Tube Blockage** | * Flushing advice for pre and post feeding.
* Achieving the correct consistency, recognising that this increases the volume required and may impact on tolerance.
* Use of larger bore feeding tube (14Fr bore for a button gastrostomy).
* The risk of changing the tube may be significant if an interventional procedure is involved.
* Ensure use of high power blender.
* Sieving blended food will ensure there are no lumps.
 | **🞎 Yes****🞎 No** |
| **Some tubes and our feeding pumps are unlicensed for blended diet.** | * It is important to monitor any impact of blended diet on the lifespan of the tube – this could result in early / unexpected degradation and so it’s important to ensure you always have a spare button at home.
* The condition of the gastrostomy tube should also be regularly reviewed as you would do routinely.
* Take care to administer a smooth blend with care. On occasion, plunging very thick blends could impact the integrity of the buttons internal valves and cause leakage.
* Enteral feeding companies do not support the use of feeding pumps for administering blended food as they are not licensed or calibrated for this use. They will occlude and alarm.
 | **🞎 Yes****🞎 No** |
| **Infection** Due to risk of food being lodged in tube after feeding **and/or** poor food hygiene practices including storage of the food/puree which is an ideal medium for bacterial growth  | * Recommend good food hygiene / handling / storage

(http://www.food.gov.uk/food-safety and Appendix 4).* Adequate flushing of the tube pre and post feeding to ensure it is kept clean.
* Administer all pureed food via bolus method
* Do not pump feed due to the risk of microbial contamination with long hanging time of blended food.
* If you are transporting BD, it should be placed in a cool bag/ice box with an ice pack. Food may be stored for up to 4 hours in this manner. Ensure any containers are clearly labelled with your child’s name if you are leaving food with carers.
* If BD needs to be stored in a fridge, check the fridge thermometer on the outside of the fridge, which should be below 5 degrees centigrade (⁰C).
* Feeds may be stored in the fridge for up to 24 hours after making.
* If you are freezing blended feeds, ensure the food is cooled and placed in the freezer as soon as possible.
* Reheating pre cooked/ frozen blended feeds – please follow good hygiene practice guidelines to reheat thoroughly then cool to temperature required.
* Do not leave blended feeds at room temperature for longer than necessary when cooling for storage or freezing.
* Keep cooling food covered.
 | **🞎 Yes****🞎 No** |
| **Nutritional intake** may be compromised due to unknown concentration of puree. | * The patient should not be nutritionally compromised when commencing blended diet.
* Use of nourishing fluids to achieve required consistency, recognising that volume tolerance may be a limiting factor.
* Guidance around the use of energy dense / nutrient rich foods as a basis for the puree.
* Begin with using a ‘mix’ of commercial formula / feed and puree food.
* Monitor weight/growth as clinically indicated to identify inadequate nutritional intake early on.
* Discuss and agree an introduction plan for BD based on overall assessment requirements and priorities for the child.
* Discuss and plan for initiation of nutritional blood test 6 months after commencing BD.
* Dietitian will assess 3-5 day food intake record annually (either quantitively or via food recall assessment) or when there are concerns, feed back results and give advice accordingly.
 | **🞎 Yes****🞎 No** |
| **Poor volume tolerance**It is common for people requiring tube feeding to experience reflux / poor volume tolerance. This method of feeding may worsen / continue to cause these problems | * As above.
* Advise patient/parent to keep feeding and symptom diaries to assess tolerance and enable informed review.
* Frequent small boluses.
* Do not pump feed due to the risk of microbial contamination with long hanging time of blended food.
 | **🞎 Yes****🞎 No** |
| **Poor weight gain / weight loss (& faltering growth in children)** | * Review as clinically indicated & monitoring of weight / height and other nutritional indicators.
* Discuss options for other health professionals/clinics or parents weighing patient if more frequent weight monitoring is required than can be provided.
* As above to ensure optimal nutritional enhancement of blended diet.
 | **🞎 Yes****🞎 No** |
| **Allergic reactions** | * Risk of food allergies higher in those with eczema
* If child is atopic or there is a strong family history of allergy discuss value of skin prick testing regarding allergen introduction
* No known increased risk of food allergy related to giving food via gastrostomy rather than oral route

Allergy checklist – is there any history of:* Previous reactions to any ingested foods (type of reaction/what food)
* Any contact reactions to foods (type of reaction/what food)
* Any history of eczema/asthma/hayfever
* Family history of eczema/asthma/food allergies

If any yes’s please contact allergy team for advice | **🞎 Yes****🞎 No****🞎 Yes 🞎 No****🞎 Yes 🞎 No****🞎 Yes 🞎 No****🞎 Yes 🞎 No** |

There are perceived **potential issues** associated with giving blended food via a feeding tube, but these can usually be managed without issues if the following areas are considered. In practice, we are seeing very few problems where the following preparation and administration areas are considered thoughtfully.

**To be discussed with the patient/parent to inform decision-making**:

**Individual issues identified after discussion**:

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| --- | --- |
| **Risk** | **Potential Mitigation of Risk/ management advice** |
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| --- | --- |
| The patient/parent has been made aware that if any of the following issues occur, blended diet may need to be reviewed and alternatives may need to be reconsidered: |  |
| * The patient’s symptoms become worse
* New problems or symptoms develop
* Weight is not maintained/gained according to agreed care plan (and / or growth is adversely affected for children)
* Tube blockages become a problem requiring other interventions
* There is a gastroenteritis illness
 | **🞎 Yes****🞎 No** |
| Patient/ Carer has also been made aware that it is recommend that nutritional bloods are monitored to ensure blended diet is meeting the patient’s nutritional requirements.  | **🞎 Yes****🞎 No** |
| Feeding plan agreed  | **🞎 Yes****🞎 No** |
| Discussions around Blended Diet in Hospital  | **🞎 Yes****🞎 No** |

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**Date completed** .................................................................................................................................

**Parent / Patient Name:** .…..…………………………………………………………………………………

**Parent/Patient Signature:** ………………………………………………………………………………………...

**Dietitian’s Name:** …………………………………………………………………………………………………..

**Dietitian’s Signature:** ……………………………………………………………………………………………..

**Agreed date of review:** ……………………………………………………………………………………………

**Copies to be provided to:**

The patient / family

RIO

GP

In other HCP records (as agreed) as appropriate to the individual’s care, please list: