

Tube Feeding - PEG and PEJ for Support Workers





In the spirit of reconciliation Premium Health acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respects to their elders past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

OUR PROMISE



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without compromise.
It's the Premium Health
promise.**



Phillipa Wilson

Founder & Managing Director of Premium Health

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Relevant and customised to
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Welcome to your course and Premium Health.

The aim of this resource is to provide the essential knowledge and skills required in your training.

We select our Premium Health trainers and assessors carefully. All are either nurses or paramedics with appropriate training qualifications, technical expertise and experience.

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WHAT YOU NEED TO KNOW ABOUT YOUR COURSE

Welcome

This resource aims to provide the essential knowledge and skills to support clients who require enteral feeding, receiving nutrition through a PEG (Percutaneous Endoscopic Gastrostomy) tube or PEJ (Percutaneous Endoscopic Jejunostomy) tube.

The resource will cover the essential knowledge required to manage different types of tubes, feeding regimes and care of the insertion site and tube.

Evaluation of the program

Your feedback is important to us as we use this as part of our continuous improvement cycle. Please undertake our evaluation which will be discussed by our trainer during the course.

Premium Health's customer service

We offer you an on-going service in relation to your course and invite you to call our office on **1300 721 292** or email us on customerservice@premiumhealth.com.au.

For more information about Premium Health and our health care, mental health and first aid courses, please access our website www.premiumhealth.com.au

TUBE FEEDING

Tube feeding, also known as enteral nutrition, involves providing liquid nutrition formula through a flexible tube.

This tube is inserted directly into the nose or via a stoma, which is a surgically made opening created in the abdominal wall. The tube placed into this stoma opens directly into the digestive system.

Tube feeding management involves recognising a feeding regime, caring for the tube and stoma site, identifying and troubleshooting common problems, and giving nutrients, fluids, and medicines. A client's care plan should detail their tube feeding regime and system and the support to provide to your client in managing their feeds. To minimise risks to a client's health and wellbeing you must adopt safe work practices and measures when providing support.

REASONS FOR TUBE FEEDING

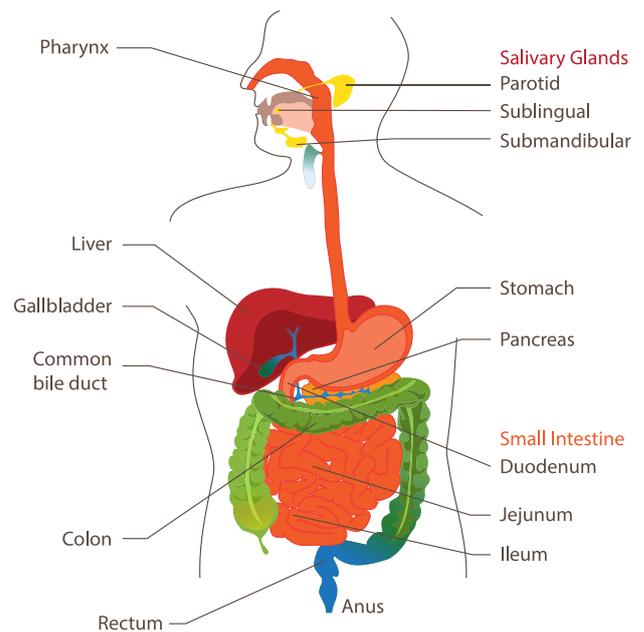
Tube feeding is prescribed by health care and medical professionals when a person cannot eat enough food to maintain health on a short-term basis or for long-term periods for ongoing nutritional needs. Usually, the person has impaired ingestion or swallowing difficulties, digestion or absorption of nutrients. These problems can result from:

- losing the ability to swallow safely (dysphagia) because of illness such as mouth or throat tumours or neurological issues such as head injuries, multiple sclerosis, cerebral palsy, motor neurone disease, or stroke
- loss of appetite that results in significant weight loss or malnutrition
- diseases of the digestive system such as cancers of the bowel or pancreas, or Crohn's disease
- conditions such as cystic fibrosis or HIV/AIDS
- increased nutritional needs that cannot be met by eating and drinking alone

Children may require tube feeding due to conditions such as cerebral palsy, failure to thrive, short bowel syndrome, metabolic disorders, or inflammatory bowel disease.

Some people can eat food and/or have drinks as well as have tube feeds, while others need to rely solely on their tube feeds for their nutrition and fluid intake.

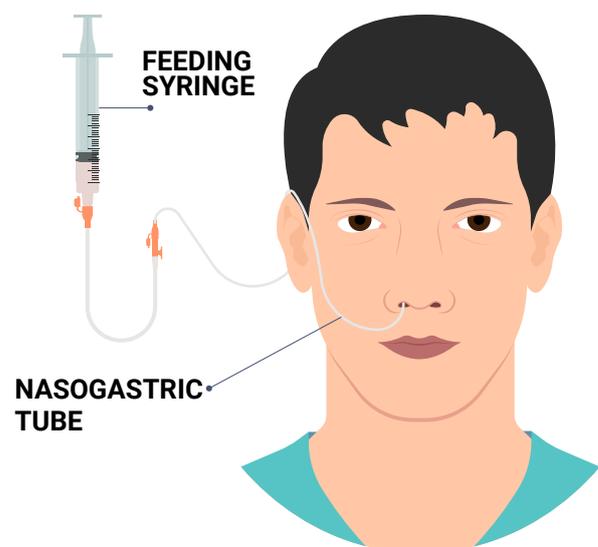
Human digestive system

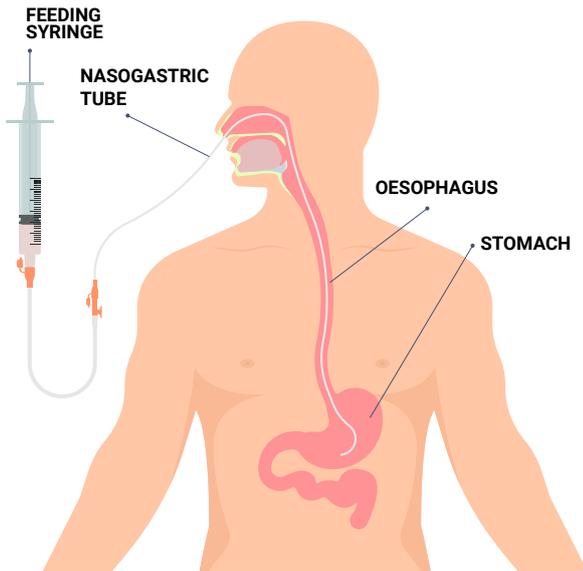


TYPES OF TUBE FEEDS

When enteral nutrition is for short-term feeding, around six to eight weeks, a nasogastric or nasojejunal tube is often used. A health professional, such as a nurse or doctor inserts a nasogastric tube via the nose into the stomach.

Nasogastric and nasojejunal tube feeding



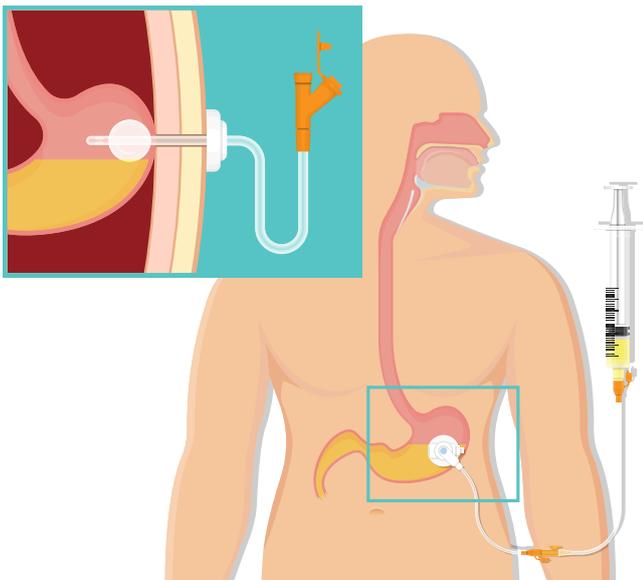


A nasojejun tube is inserted through the stomach and into the small intestine (jejunum).

If a person requires nutrition for longer than six weeks, they will feed through either a gastrostomy tube or a jejunostomy tube. A gastrostomy tube is inserted directly into the stomach. A jejunostomy tube is inserted through the stomach into the small intestine or directly into the small intestine.

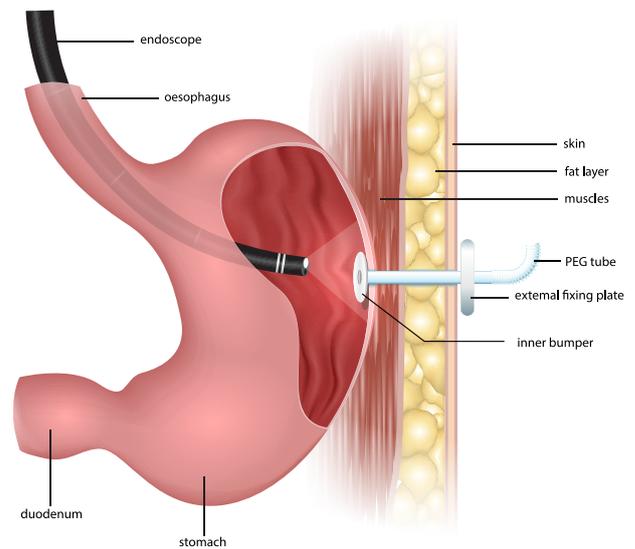
PLACEMENT PROCEDURES FOR LONG-TERM TUBES

The procedure for gastrostomy tube placement is called a percutaneous endoscopic gastrostomy (PEG).



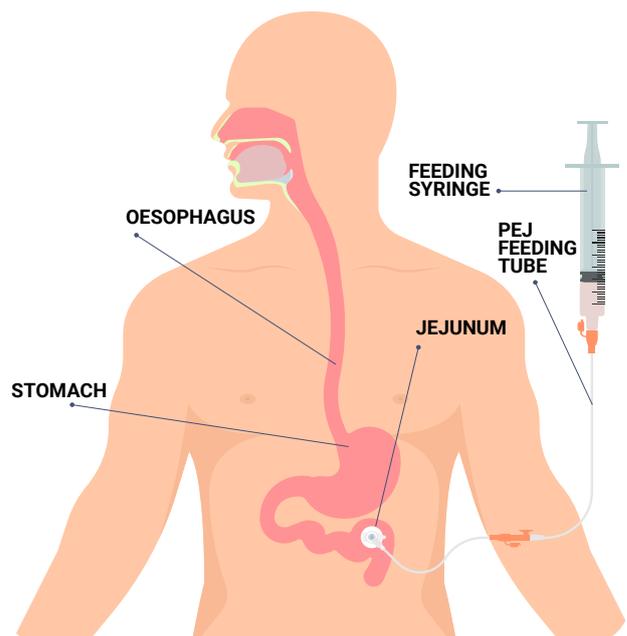
Percutaneous Endoscopic Gastrostomy (PEG)

The PEG feeding tube is passed through the abdominal wall by a doctor using an endoscope under general anaesthetic or sedation. The endoscope is inserted via the mouth to help guide the tube and place it in the correct position in the stomach. A stoma is made from the stomach to the skin, and the tube is drawn through this hole.



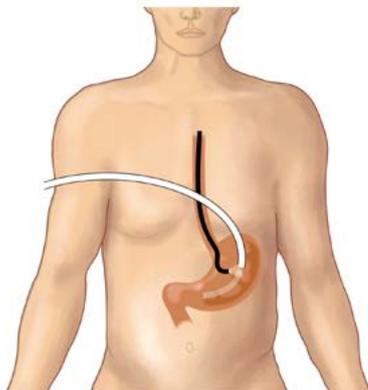
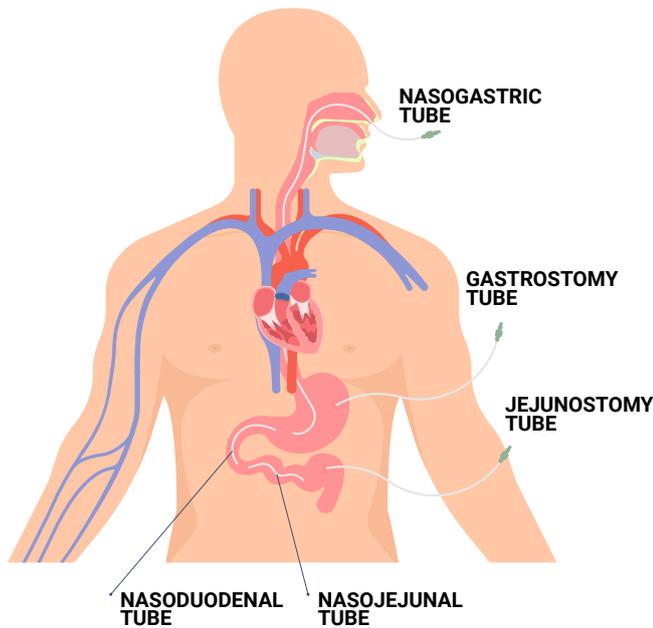
Percutaneous Endoscopic Jejunostomy (PEJ)

A percutaneous endoscopic jejunostomy (PEJ) is the procedure to place a jejunostomy feeding tube. An endoscope is inserted, under general anaesthetic or sedation, via the mouth to place the tube in the jejunum. A stoma is made from the jejunum to the skin, and the tube is drawn through this hole.



Tubes can last for 12 months but must be replaced if they become damaged or unable to be unblocked. If a tube becomes dislodged, it needs to be immediately replaced by a doctor. A stoma site can quickly close. You'll learn more about this later.

A **doctor** can only perform PEG or PEJ placement or replacement.



GASTROSTOMY AND JEJUNOSTOMY TUBES

PEG tubes, sometimes referred to as 'g-tubes', are more commonly used than jejunostomy tubes. PEJ tubes, sometimes called 'j-tubes', are used when the person has recurrent vomiting, aspiration, severe reflux, gastric outlet obstruction or has had a gastrectomy (partial or total stomach removal).

Aspiration is where the entry of food, fluid, or saliva goes into the trachea (windpipe) instead of the oesophagus (food tube). The foreign matter will then be aspirated or taken into the lungs, causing lung damage, lower respiratory infections, and in severe cases, death.

INITIAL PEG OR PEJ TUBE

The initial PEG or PEJ tube allows the stoma in the stomach or small bowel wall to develop for eight to 12 weeks effectively. This tube has a balloon or a mushroom on the inside to stop it from falling out of the stomach. These tubes come in a variety of sizes and usually remain in place for approximately 12 months.



BALLOON TUBES

Balloon tubes are often the first type of tube inserted when the initial tube is replaced. They have a balloon on the stomach side of the tube, which is inflated with water. This balloon stops the tube from falling out. There is usually a disk that sits outside the skin that also assists in holding the tube in place.

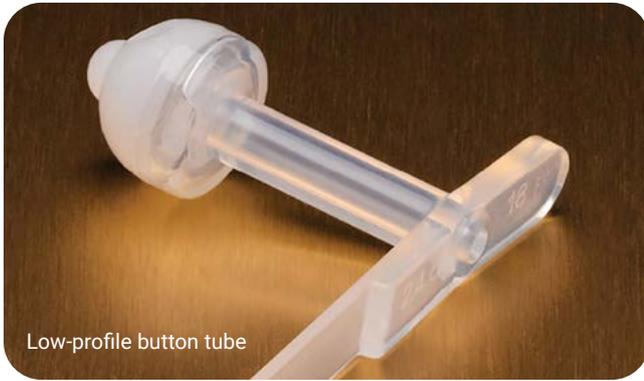
Low-profile balloon tubes are a shorter tube that sits level with the skin on the abdomen. An extension is attached when feeding. These tubes still have a balloon on the end of the tube, inside the stomach, that requires filling with water to stop them from falling out, and a disk outside the skin.



Low-profile balloon tube

BUTTON TUBES

Button tubes, also known as 'low-profile tubes', are shorter tubes that sit flush with the skin on the abdomen and attach to extension sets when feeding. They have a flexible disk or mushroom on the stomach end of the tube to hold them in place instead of a balloon.



Low-profile button tube

TUBE FEEDING REGIMES AND METHODS

Tube feeds are given on two types of schedules:

- continuous feeding – where the formula drips through the feeding tube all day or all night, or sometimes both
- intermittent feeding – where larger amounts of the formula are given three to eight times a day

TUBE FEEDING DELIVERY METHODS

There are three different ways to deliver tube feeds:

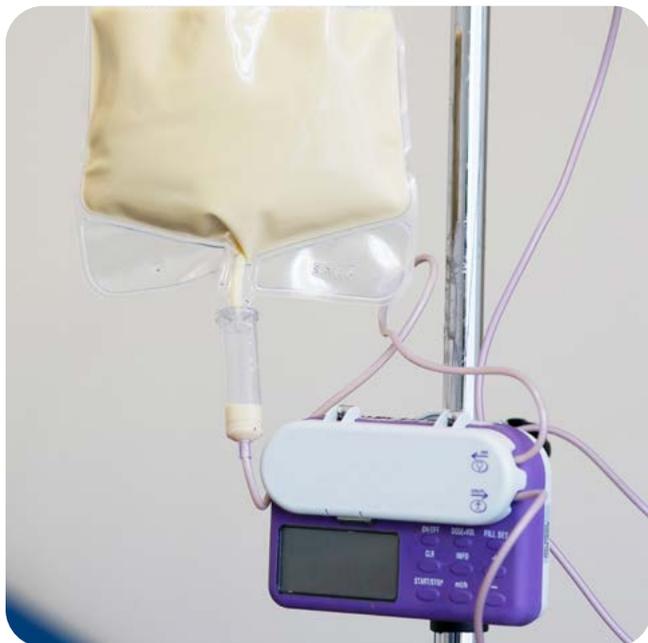
- (1) **Bolus/Syringe feeding:** Formula is administered via a 60ml catheter tipped syringe.



- (2) **Gravity feeding:** Formula is administered from a container suspended from an IV pole above the individual – the formula flows through the tubing due to the effect of gravity.



- (3) **Pump feeding:** A mechanical infusion pump delivers the formula under pressure.



Clients with a PEJ will receive feeds using a pump or by using the gravity method.

A formula that meets the client's nutrition needs is fed through the tube. The dietitian selects the type and amount of formula and the rate of formula the client requires. Formula and equipment are provided by the public hospital where the person is registered for the Home Enteral Nutrition (HEN) program.

Each person that goes home with a PEG/ PEJ tube is registered with a HEN program. Refer to the contact details given by the dietitian at the hospital for ordering formula and equipment. Most hospitals require a small payment for the formula or equipment and/or delivery.

YOUR SCOPE OF PRACTICE

When supporting clients in managing tube feeding, make sure you have a clear understanding of responsibilities.

You must know the tasks in the care plan and when they need to be undertaken. Identify those:

- to be undertaken by you and when
- to be completed by the client and when
- the responsibility of your supervisor
- the responsibility of a health or medical professional

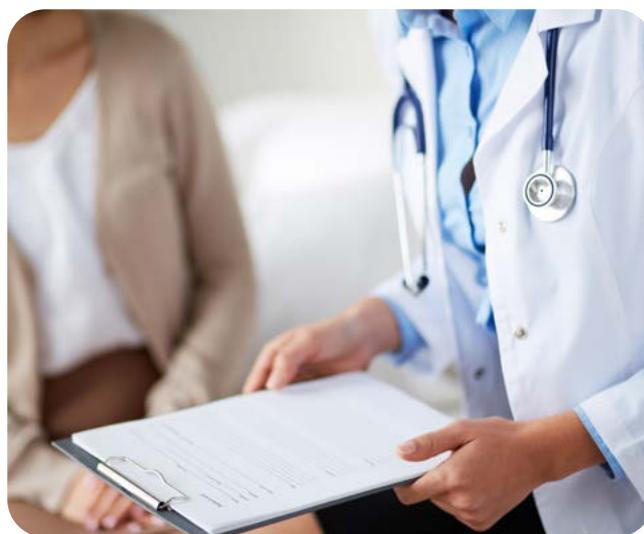
For example, you may be required to clean the tube site and administer a feed during your shift. However, you wouldn't be able to make changes to the formula.

Make sure you:

- understand your job responsibilities
- identify shift tasks and their timing
- follow your client's care plan and relevant procedures
- know and meet your client's communication preferences, as specified in their person-centred care plan
- clarify any concerns with your supervisor
- document all actions and observations to enable others to support your client

FOLLOWING CARE PLANS

Each client receiving tube feeds will have a folder including the information relating to their tube feeding.



This information should include:

- the nutrition plan written by the dietitian
- 'details of enteral feeding tube and contacts' form
- documentation for clients with a balloon tube
- tube feed administration forms
- instructions/details of any special care required or products for the tube and/or stoma
- instructions for specific oral and dental care
- weight chart
- bowel chart

If your client's communication preferences aren't included in the care plan, ask your supervisor and check with your client and/or their family/carer.

Note that a care plan is sometimes referred to as a 'specific health management plan'. The name of the care plan varies across settings.

You must carefully follow each instruction in the care plan to ensure that the client receives care of their stoma site and their enteral nutrition in the same way every time, no matter which staff member or person is assisting them.

If you have any questions or concerns about the information in the care plan, contact your supervisor.

RESPECTING CLIENT PRIVACY AND DIGNITY

Respecting a client's privacy and dignity are key principles of providing person-centred care and part of your duty of care. Supporting tube feeding requires sensitivity in performing stoma care and administering feeds and medication. Make sure you:

- Explain to the client the tasks you need to undertake and answer any questions, using their preferred communication methods.
- Always gain the clients consent.
- Respect and ensure the client's privacy and dignity when undertaking tube feeding.
- Don't discuss personal details with others not directly related to support.

MAKING MEALTIMES ENJOYABLE

It's important to remember for clients with intermittent feeding that receiving feeds is their mealtime. Help to create a calm environment by reducing distractions such as loud televisions and radios. Involve the clients in the procedures and engage in conversation about their day, activities they may have scheduled, etc. If you are working in your client's home, you could have a cup of tea or drink and sit with them while they are receiving their feed.



If your client can eat or take liquid orally, provide their tasters, which are small volumes of pleasure food or liquid when receiving their feed. Tasters are discussed later in the resource.

Regardless of whether your client receives continuous or intermittent feeds, encourage them to join others at mealtimes, whether family members or other residents, depending on the care setting.

PROMOTING AND FACILITATING ACCESS TO PROFESSIONAL SUPPORT

A network of professionals involved in supporting someone with a PEG or PEJ tube include a:

- speech pathologist who monitors and advises swallowing
- dietitian who ensures the client receives adequate nutrition
- general practitioner
- stomal therapist or Home Enteral Nutrition (HEN) program
- pharmacist who will advise on medication management
- gastroenterologist who will perform the surgery and monitor progress after surgery



Another professional who can help is a social worker or psychologist. They can assist with counselling about the lifestyle adjustments.

Supporting lifestyle adjustments

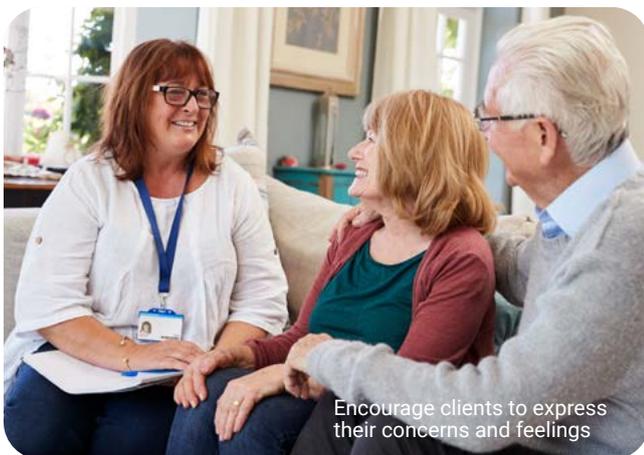
People living with a PEG or PEJ tube often need to make significant lifestyle adjustments.

Some physical adjustments relate to their changed body image, issues with maintaining healthy body weight, and privacy needs associated with the new way of obtaining nutrition. The length of time it takes for enteral nutrition requires reorganisation of their usual activities. It also may impact their recreational activities, especially activities like swimming. These changes may have a physical and psychological impact on their personal or intimate relationships.

Other concerns may include the impact having a gastrostomy may have on the social aspect of their lives. There may be concerns that social dynamics could change if they cannot eat and drink in public. They may feel that this could significantly impact major social events such as a wedding or birthday parties. Also, their enteral nutrition will need to be scheduled around these events. Wanting to be with others socially will remain an essential part of their lives and needs to be incorporated into their changed circumstances.

Having a gastrostomy can cause a range of emotional responses. Explain to your client that feelings of anger, grief, fear, or isolation are likely to occur and sometimes reoccur. Encourage your client to express their feelings but also to focus on enjoying their future.

Your client should connect with the people in their network and professionals to obtain support with lifestyle adjustments. Help facilitate access to the support within the scope of your role. Consult with your supervisor for guidance on facilitating support.



FOLLOWING ORGANISATIONAL PROCEDURES

By following your organisation's infection control and tube feeding management procedures, you'll be able to minimise your clients' risk of developing infections or food poisoning.

Your organisation will have procedures for the following relevant to tube feeding management.



These may include the:

- hand washing and drying
- use of personal protective equipment, including how to put on, remove and dispose of gloves and face masks
- handling and disposing of biological and contaminated waste

Removing protective gloves



1 Pull contaminated glove from rib downward, turning inside out.



2 Remove and dispose of contaminated glove.



3 Using clean hand place fingers under glove and turn inside out.



4 Roll downward and dispose of contaminated glove.

Make sure you know the procedures and ask your supervisor to clarify any concerns or questions.

Your organisation may have specific procedures or guidelines for:

- care of tube insertion sites and stomas and to prevent infection
- handling and storage of enteral nutrition formula to prevent bacterial growth, which can cause food poisoning
- administering feeds and medication to ensure clients safely receive nutrition and medicine

Make sure you know these procedures and follow them when working with clients who need tube feeds. In the following sections, you'll learn how to apply best practices for tube feeding management.

PROVIDING TUBE AND STOMA CARE

Daily care of the tube insertion site and stoma is essential to prevent infection.

CRITICAL POINTS FOR CARE

- › Check the stoma and tube insertion site every day.
- › Clean the tube site at least daily and more frequently if it is leaking.
- › Record the measurement of the skin disc against the calibrations on the tube, compare this figure to the previous measurements.
- › The water in the balloon can be checked monthly by a doctor, registered nurse, or stomal therapist.

These actions are discussed below.

PROVIDING DAILY CARE

The procedure for the daily care of the tube and stoma involves the following steps:

- › Gather the equipment:
 - client's care plan
 - warm, soapy water
 - cotton tip swabs
 - face washers or gauze
- › Wash and dry your hands, following your organisational infection control procedure.
- › Apply disposable gloves, following your organisational infection control procedure.
- › Explain the procedure to the client and check if they have any questions.
- › Obtain the client's verbal consent.
- › Rotate or turn the tube 360° gently between the thumb and forefinger.

NEVER do this with a PEJ tube, as this can pull the tube out of the correct position

- › Wash area around the tube with warm, soapy water using a soft cloth.
- › Clean under the external skin disk or button flange using a cotton-tipped applicator in a spiral motion starting from the middle and working outwards.
- › Gently dry skin with fresh washer or gauze.
- › A small piece of non-woven gauze may be required to protect clothing.

DON'T use heavily taped dressings as they may irritate the skin or cause infection

- You can use a protective cream around the site, e.g. pawpaw ointment or others if indicated in the care plan.
- Follow your organisational infection control procedure to remove and dispose of waste.
- Follow your organisational infection control procedure to remove and dispose of gloves.
- Follow your organisational infection control procedure and wash and dry hands.

ASSESSING STOMA APPEARANCE

It is normal for the stoma to produce small amounts of thin, yellow-green discharge that gets crusty and sticks to the tube. This is not considered stoma leakage. You may occasionally see small amounts of stomach contents, water or formula leaking from the stoma. This is especially common after tube changes.

Granulation tissue is the new tissue that forms when a wound is healing and is normal around the stoma. Sometimes extra tissue forms around some feeding tubes, over time. Granulation tissue around the stoma is normal and is not a problem unless it is painful. If it is painful, consult the doctor or a stomal therapy nurse.

Potential problems with the stoma include fluid leakage, which can result in:

- skin excoriation (redness and burnt skin)
- cellulitis (red, inflamed tissues)
- dermatitis
- ulceration
- bleeding
- hypergranulation (red, swollen, and/or weeping tissue around the site)



Stoma with infection



Stoma with infection

If there is a large amount of ooze, refer the client to their doctor or stomal therapist.

Pain, soreness, redness, swelling, or unusual, bloody, formula-like, or odorous ooze is not normal. In these situations, immediately consult the doctor or a stomal therapy nurse.

MEASURING AND RECORDING THE TUBE LENGTH

If the balloon slips away from the inside stomach wall, it could cause an intestinal obstruction. Pressure may build inside the stomach, causing leaking from the stoma and/or vomiting. So, it's important to measure and record the tube length.

Before every feed, note the length of the tube that is outside the client's body. This must be recorded in the care plan to measure any tube migration.

Measure the length from the insertion point to the end of the tube. The tube should have measurement markings on it.

If the tube length is longer or shorter than recorded in the client's care plan, immediately notify the client's doctor or stomal therapist.

A low-profile tube doesn't require measuring, although you should check at least daily.

ADMINISTERING TUBE FEEDS

Nutrition supplements in formulas and liquified medication can be delivered through a PEG or PEJ tube.

Nutrition supplements include:

- balanced formula
- ready to use liquid formula
- powder mix formula

Some clients may be given other fluids through a PEG or PEJ tube, including water, coffee, tea, and juices.

HANDLING AND STORING ENTERAL NUTRITION FORMULA



When working with enteral nutrition formulas, practice good hygiene techniques. The formulas are an excellent medium for food poisoning bacteria to grow if not correctly handled or stored.

Enteral nutrition formula must be stored precisely according to the manufacturer's guidelines. Opened containers must be labelled with the name of the person, dated with the time of opening, and used within 24 hours of opening. Keep them sealed and refrigerated until used. Formula stored in the refrigerator should be removed 30 minutes before use to allow it to return to room temperature. Never use formula at refrigerator temperature.

Take care not to spill enteral nutrition fluid on the floor. It is very sticky, so spills should be mopped up immediately and thoroughly using warm water to prevent any accidents. You'll need to rinse the floor several times to remove the fluid completely.

CARING FOR EQUIPMENT

All equipment used when giving tube feeds should be rinsed in cold water and then washed in warm soapy water immediately after, to reduce the risk of blocked tubes and bacteria growing.

Equipment includes:

- syringes
- measuring cups
- pump sets
- gravity feed sets
- re-usable formula reservoirs/bottles
- extension tubes

APPLYING SAFE ADMINISTRATION PRACTICES

Always check your client's care plan before assisting your client with their enteral nutrition. Enteral feeding should occur within a timed period. This means that a certain volume of fluid should be delivered at a specified rate over a designated time frame. The amount will be stated in the client's care plan.

Before administering a feed, make sure your client is comfortably positioned as the feed/ may take anywhere from 30 minutes to six to eight hours, depending on the feeding method.

Feeds should only be given when your client is sitting upright, with their head and shoulders elevated at > 30° angle, or whilst standing.

Wait for one hour after the feed before lying the person flat. However, most people are more comfortable when positioned with their head and shoulders raised. Lying down can cause your client to cough and/or vomit, leading to aspiration and further complications.

If the person starts to cough or choke during a feed or have difficulty breathing, **STOP** the feed.

Immediately notify a health care professional.

FLUSHING TUBES

Flushing of the tubing is required both pre (before) and post (after) feed or medication. A preflush will make sure the tubing is clear. A postflush will ensure feed or medication is not blocking the tube and has reached the intestines.

Flushes are also recommended every four hours for clients on continuous feeds and when the tubes aren't in use.

When flushing a giving set, ensure the medication port is closed. When flushing the medication port, ensure that the giving set is closed. When giving medication, perform a flush between each medication. More information on giving medications is provided later in the booklet.

GIVING FEEDS USING THE SYRINGE OR BOLUS METHOD

Syringe or bolus feeding involves giving a feed over 10–30 minutes.

Below are the steps for administering a feed using the syringe method, including water flushes:

- Gather the equipment:
 - client's care plan
 - extension set
 - measuring jug
 - fresh tap water
 - feeding set
 - enteral nutrition formula
 - 60ml syringe
- Flush tube with water
- Wash and dry your hands, following your organisational infection control procedure.
- Apply disposable gloves, following your organisational infection control procedure.
- Explain the procedure to the client and ask if they have any questions.
- Obtain the client's consent.
- Measure and record tube migration, if client has standard tube.
- Make sure the client is sitting upright or their head and shoulders elevated at $> 30^\circ$ angle.
- Perform pre-flush:
 - ensure the medication port is closed
 - remove the plunger from the barrel of a 60ml syringe (See right)
 - connect the tip of the syringe into the end of the feeding tube or extension set (See right)
 - kink or clamp the tube or extension set, ensuring that it is above the level of the abdomen
 - fill the syringe with the prescribed amount of water, usually between 10–50ml (See right)
 - unkink or unclamp the tubing and allow the water to drain freely
- Fill the syringe with the formula.
- Hold the syringe to regulate how fast the feed is given.
 - if the syringe is held up high, the feed will be fast
 - if you want the feed to go slower, hold the syringe down lower
- Refill the syringe when 5–10ml of feed remains to stop air from getting into the stomach.

Remove the plunger



Connect the tip of the syringe into the end of the feeding tube or extension set



Fill syringe with water



Syringe or bolus feeds



Post-flush



- Post-flush:
 - ensure the medication port is closed
 - remove the plunger from the barrel of a 60ml syringe
 - connect the tip of the syringe into the end of the feeding tube or extension set
 - kink or clamp the tube or extension set, ensuring that it is above the level of the abdomen
 - fill the syringe with the prescribed amount of water, usually between 10–50ml
 - unkink or unclamp the tubing and allow the water to drain freely
- Kink the tube and remove the syringe, replacing the cap.
- Remove the extension set.
- Seal the PEG with its stopper until the next scheduled feed.
- Remove all used equipment, clean and/or dispose of it as recommended in the client's care plan and organisational waste procedure.
- Follow your organisational infection control procedure to remove and dispose of gloves.
- Follow your organisational infection control procedure and wash and dry hands.
- Document actions and observations according to your organisation's standards.

For a low-profile or button tube, you need a right-angled adapter and/or extension tube. This is available through the HEN program.

If the formula has a thick consistency, you can use a plunger to draw up and gently administer the formula. However, make sure you never use excessive force to flush the feeding tube. If this becomes a problem, discuss this with the dietitian.

GIVING FEEDS USING THE GRAVITY/DRIP METHOD

Here are the steps for administering a feed using the gravity/drip method:

- Gather the equipment:
 - client's care plan
 - IV pole
 - measuring jug
 - feeding set
 - extension set
 - enteral nutrition formula
 - 60ml syringe
- Wash and dry your hands, following your organisational infection control procedure.
- Apply disposable gloves, following your organisational infection control procedure.
- Explain the procedure to the client and check if they have any questions.
- Obtain the client's verbal consent.
- Measure and record tube migration if client has long tube.



- Make sure the client is sitting upright or that their head and shoulders are elevated at $> 30^\circ$ angle.
- Ensure the medication port is closed. (See right)
- Put the right amount of feed into the feed container.
 - Avoid filling the container with more than eight (8) hours of formula to reduce the risk of bacterial growth and food poisoning (check maximum hang time on the label).
- Connect the feed container to the gravity giving set. (See right)
- Hang the container and run the formula through the gravity giving set line until almost at the end, then clamp off the giving set.
- Gently squeeze the clear drip chamber until the feed half fills the drip chamber. (See right)
- Perform pre-flush:
 - ensure the medication port is closed
 - remove the plunger from the barrel of a 60ml syringe
 - connect the tip of the syringe into the end of the feeding tube or extension set
 - kink or clamp the tube or extension set, ensuring that it is above the level of the abdomen
 - fill the syringe with the prescribed amount of water, usually between 10–50ml
 - unkink or unclamp the tubing and allow the water to drain freely
- Connect the tip of the giving set into the end of the feeding tube or extension set (for low-profile devices).
- Release the clamp on the gravity set until you get the correct drip rate (usually 2 drips per second).
- Perform post-flush:
 - ensure the medication port is still closed
 - remove the plunger from the barrel of a 60ml syringe
 - connect the tip of the syringe into the end of the feeding tube or extension set
 - kink or clamp the tube or extension set, ensuring that it is above the level of the abdomen
 - fill the syringe with the prescribed amount of water, usually between 10–50ml
 - unkink or unclamp the tubing and allow the water to drain freely
- Kink the tube and remove the syringe, replacing the cap.
- Remove the extension set.
- Seal the PEG/PEJ with its stopper.

Ensure the medication port is closed.



Connect the feed container to the gravity giving set.



Gently squeeze the clear drip chamber until the feed half fills the drip chamber.



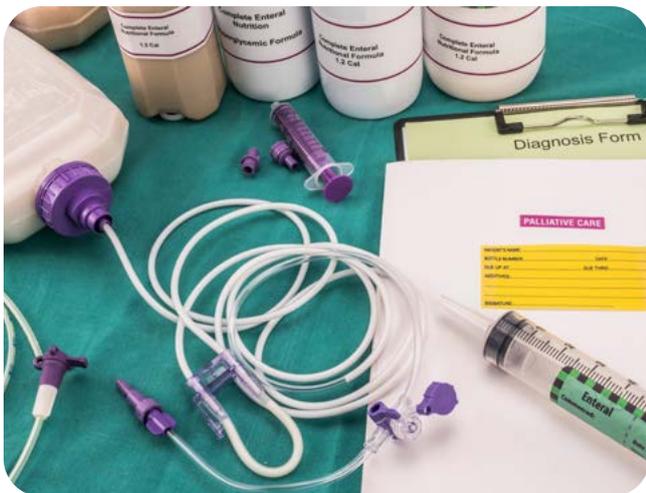
- Remove all used equipment, clean and/or dispose of it as recommended in the client's care plan and according to your organisational infection control procedure to dispose of waste.
- Follow your organisational infection control procedure to remove and dispose of gloves.
- Follow your organisational infection control procedure and wash and dry hands.
- Document actions and observations according to your organisation's standards.

To **flush a PEJ tube (when using a pump)**, stop pump and slowly push warm, clean water into the side opening of the G-port or J-port of the connector. Then restart pump.

Don't drawback on the PEJ feeding port with a syringe or suction.

GIVING FEEDS USING THE PUMP METHOD

Pumps available for tube feeding have different setups. Refer to the instructions provided by the hospital dietitian. The following is a general outline for delivering feeds via a pump.



- Gather the equipment:
 - client's care plan
 - IV pole with an enteral pump attached
 - feeding set
 - enteral nutrition formula
 - warm tap water
 - 60ml syringe
- Wash and dry your hands, following your organisational infection control procedure.
- Apply disposable gloves, following your organisational infection control procedure.
- Explain the procedure to the client.
- Obtain the client's verbal consent.

- Measure and record tube migration if client has long tube.
- Ensure the medication port is closed.
- Fill clean feeding bottle/bag with the required amount of feed:
 - make sure the client is sitting upright or that their head and shoulders are elevated at > 30° angle
 - avoid filling the container with more than eight (8) hours of formula to reduce the risk of bacterial growth and food poisoning (check maximum hang time on the label)
 - if using a ready to hang formula that doesn't require filling a feeding bottle/bag, take the next container of formula out and gently shake it



Enteral feed pump

- Ensure the pump is connected to a power point and turned on.
- Attach the pump set to the feeding bag/bottle according to instructions from the dietitian.
- Remove the cap from the connector end of the pump set.
- Hang the feeding bottle/bag on the pole/hook attached to the client's chair or bed, or free-standing pole.
- If the pump set has a drip chamber, follow the instructions provided by the hospital/dietitian/manual.
- Follow instructions given to remove air from the pump set and allow the formula to flow through.
- Perform pre-flush:
 - double-check the medication port is closed
 - remove the plunger from the barrel of a 60ml syringe
 - connect the tip of the syringe into the end of the feeding tube or extension set
 - kink or clamp the tube or extension set, ensuring that it is above the level of the abdomen
 - fill the syringe with the prescribed amount of water, usually between 10–50ml
 - unkink or unclamp the tubing and allow the water to drain freely

Ensure the medication port is closed.



Connect the feed container to the gravity giving set.



Gently squeeze the clear drip chamber until the feed half fills the drip chamber.



- Insert the connector end (pointed end) of the pump set into the feeding port of the PEG/PEJ tube and secure the cap of the feeding port to the pump set.
- Refer to the instructions for the pump to fit the pump set in the pump.

- Set prescribed rate of feed on the pump and follow pump instructions to commence feed.



- Stop the pump when the feed is complete.
- Perform post-flush:
 - ensure the medication port is closed
 - remove the plunger from the barrel of a 60ml syringe
 - connect the tip of the syringe into the end of the feeding tube or extension set
 - kink or clamp the tube or extension set, ensuring that it is above the level of the abdomen
 - fill the syringe with the prescribed amount of water, usually between 10–50ml
 - unkink or unclamp the tubing and allow the water to drain freely
- Remove the extension set and seal the PEG/PEJ with its stopper until the next scheduled feed.
- Remove all used equipment, clean and/or dispose of it as recommended in the client's care plan and according to your organisational infection control procedure to dispose of waste.
- Follow your organisational infection control procedure to remove and dispose of gloves.
- Follow your organisational infection control procedure and wash and dry hands.
- Document actions and observations according to your organisation's standards.



VENTING PROCEDURE

Abdominal discomfort and bloating may be caused by excessive air or gas in the stomach. Allowing the air to escape is called venting or decompression. The venting process will only take a couple of minutes and should be performed before each feed or medication administration. It may also be necessary to vent/decompress after a feed, particularly if your client shows signs of discomfort or is restless.

Here are the steps for the venting or decompression procedure with PEG/PEJ tubes with balloons:

- › If venting is before feed or medication administration, follow the procedure for flushing.
- › Attach a 60ml catheter tip syringe to the feeding port.
- › Add the required amount of water to the syringe as per the care plan.
- › Lower the syringe below the stomach.
- › Allow contents and air (froth and bubbles) to vent via the syringe.
- › Drain the contents back into the stomach by raising the syringe above the stomach.
- › Flush with water if care plan indicates to do so.
- › Kink the feeding tube.
- › Remove syringe.
- › Recap the feeding tube.
- › If venting is after feed or medication administration and water flushing:
 - follow your organisational infection control procedure to remove and dispose of gloves
 - follow your organisational infection control procedure to wash and dry hands
 - document actions and any observations according to your organisation's standards

Venting PEG/PEJ tubes low-profile tube

These devices have a non-reflux valve in the tip of the tube which prevents the stomach contents from refluxing up the tube and spilling from the feeding port. A decompression tube is inserted into the stoma, which opens the non-reflux valve and allows the air to escape.

CLEANING EQUIPMENT

- › Rinse syringes, containers and feeding sets with cold water first.
- › Wash equipment in warm soapy water.
- › Rinse detergent out with warm water.
- › Allow equipment to dry on paper towelling. Cover with clean tea towel until dry.
- › Place dry equipment in clean container and place in refrigerator until required.
- › Do not leave dirty equipment to stand before cleaning it.
- › Do not use boiling water or other sterilizing solution unless specified in the care plan.
- › Do not wash equipment in the dishwasher.

Note: If reusing plastic bottles and feeding and giving sets, they should only be used for 4 days maximum, and then discarded as they may become a problem in regards to food safety

ADMINISTERING MEDICATION

Make sure that you always check the medication sheet for the correct dose and time that medication should be given. That is, before or after a feed.

Be sure to **check the medication sheet completed by the Doctor** before administering medication. Find out if:

- the medication is available in liquid form
- the tablet can be crushed, or the capsule opened
- the medication should be given on an empty or full stomach
- how much water can be used for flushes

If there is not a notation by the Doctor to crush tablets or open capsules, then **DO NOT CRUSH!** Follow your organisation's policy and procedure.

If the client has a J-tube/PEJ, make sure that the medication will work because it will be bypassing the stomach.

Most medications can be given via the feeding tube. It is recommended that liquid medications are used whenever possible such as suspensions, elixirs, or soluble medicines.

Those that come in tablet or capsule form should be dissolved in water. If your client has medicine that only comes in a tablet form, check with the pharmacist that the tablet can be crushed to be dissolved in water.

If the tablet can be crushed, make sure that it is crushed to make a fine powder and mix it well with 20–30ml warm water. Make sure that the tube is flushed with 20–30ml of warm water before and after medication administration.

When there is more than one medicine to administer, give each separately and flush the tube with 5ml of warm water between the administration of each medicine.

Medicine mustn't be put into the feeding bottle/bag with the formula.

NEVER crush enteric-coated or timed-release tablets or capsules.

Enteric coated, is a protective out casing of a medication which forms a barrier controlling the location in the digestive tract as to where the active medication is released.

NEVER mix any medicine with tube feeding formula.

NEVER mix medicines – give them one at a time.

DON'T administer medications through a PEJ's feeding port.

An appropriately **trained person** must only administer medications.

ADMINISTERING TABLETS

The procedure for administering a medication that is in tablet form involves the following steps:

- If the administration is before the feed:
 - gather the necessary equipment
 - wash and dry your hands, following your organisational infection control procedure
 - apply disposable gloves, following your organisational infection control procedure
- If the tablet is effervescent, dissolve in 20–30ml of water.



- If the tablet is not effervescent:
 - apply a face mask to protect yourself from fine powder particles
 - crush tablet using a mortar and pestle or tablet crusher
 - mix with 20–30ml of water and pour into the medicine cup
- Flush the tube with 10–20ml of water.
- Pour the medication solution into the syringe.
- Add 5–10ml of water to medicine cup to rinse medication from the sides of a cup and pour into the syringe.
- Flush the tube with the remaining amount of water.
- Remove the syringe and replace the cap on the tube or start feeding again.
- If the administration is after the feed:
 - follow your organisational infection control procedure to remove and dispose of gloves
 - follow your organisational infection control procedure to wash and dry hands
 - document actions and any observations according to your organisation's standards

ADMINISTERING CAPSULES

The procedure for administering a medication that is in capsule form involves the following steps:

- If the administration is before the feed:
 - gather the necessary equipment
 - wash and dry your hands, following your organisational infection control procedure
 - apply disposable gloves, following your organisational infection control procedure
- Break capsule open and pour contents of the capsule into a medicine cup.



- Dissolve in 20-30ml water.
- Flush tube with 10-20ml of water.
- Pour medication solution into the syringe.
- Add 5–10ml of water to medicine cup to rinse medication from the sides of the cup and pour into the syringe.
- Give solution through the medication or feeding port.
- Remove the syringe and replace the cap on the tube or start feeding again.
- If the administration is after the feed:
 - follow your organisational infection control procedure to remove and dispose of gloves
 - follow your organisational infection control procedure to wash and dry hands
 - document administration of medication on care plan
 - document further actions and any observations according to your organisation's standards

ADMINISTERING LIQUID MEDICATION

The procedure for administering a medication that is in capsule form involves the following steps:

- If the administration is before the feed:
 - gather the necessary equipment
 - wash and dry your hands, following your organisational infection control procedure
 - apply disposable gloves, following your organisational infection control procedure
- Measure out the prescribed volume of liquid medication in a medicine cup.
- Flush tube with 10–20ml of water.
- Pour liquid medication into the syringe.
- Add 5–10ml of water to medicine cup to rinse medication from the sides of the cup and pour into the syringe.
- Flush tube with the remaining amount of water.
- Remove the syringe and replace the cap on the tube or start feeding again.
- If the administration is after the feed:
 - follow your organisational infection control procedure to remove and dispose of gloves
 - follow your organisational infection control procedure to wash and dry hands
 - document actions and any observations according to your organisation's standards

Some medications must be separated from enteral feeds.

Turn **OFF** the feed for one hour before the dose.

DON'T resume the feed for at least one hour after the medication has been given.

Check with the **pharmacist or health professional**.

TROUBLESHOOTING COMMON PROBLEMS

In this section, you learn how to identify and troubleshoot issues that are common to tube feeding.

LEAKING TUBE

Leakage around the insertion site can be caused by poorly fitting tubes or tube tugging at the insertion site. The cause may be a mechanical issue, such as deteriorating tubing or defective tubing, which may have been repeatedly clamped at the same site causing a hole in the tubing. Signs of a leaking tube include skin irritation or redness around the tube insertion site.

Discuss these concerns with the stomal therapist, HEN program nurse, or doctor. The tube may need replacing.

Make sure that the irritated skin is cleaned and dried more regularly and cream is applied.

BLOCKED TUBE

Tubes can become blocked because of inadequate flushing of the tube, inadequate crushing of medications, medications mixed with the enteral formula, or the curdling of gastric juices.

Signs that a tube is blocked include:

- the nutrition formula does not drain
- tube won't flush with water
- medication can't be administered
- the tube bulges when bolus feeding

DO NOT force feed formula or medication until the problem has been fixed, as this will make the situation worse.

To troubleshoot:

- Check that the clamp is open.
- Check whether the tubing is faulty such as leaking valves.
- Check that the infusion rate is not too slow.
- If these have been eliminated as causes, use the following method to unblock the tube:
 - ensure the clamp is open and the medication port is closed
 - use a 5ml Luer-lock syringe (or smallest syringe available that will fit onto the feeding tube)
 - Fill the syringe with warm water, and flush into the tube as much water as you can, then cap and squeeze tube between your fingers.
 - wait 10 minutes, then suck out as much of the tube content as possible
 - repeat for up to 30 minutes

- there is no evidence that other substances (such as fizzy soft drinks, urinary alkaliniser, etc.) are more effective than warm water
- call a health care professional if you are unable to clear the tube



DISLODGED TUBE

Tubes may become dislodged if the tube size is too small, the balloon has deflated, the disk dislodged, or because the tube was caught in clothing. Some people will deliberately pull at or remove their tubes. Bleeding at the stoma site may occur when a tube is partially or completely dislodged because of the local trauma. Other signs of dislodgement include nausea, vomiting, or abdominal pain.

If you discover a dislodged or partially dislodged tube, discontinue feeding immediately.

TUBE PARTIALLY OUT

If the tube is found to be partially out:

- Do not use the feeding tube
 - refer to the recorded measurements/markings
- Call a health care professional

This is not a medical emergency but does require prompt attention.

If the health professional is unavailable, go to the emergency department of the preferred hospital.

- Until help can be gained from a doctor or stomal therapist, keep the tube in place by taping it to the skin.

TUBE COMPLETELY OUT

If the tube is found to be completely out, it must be replaced within four hours. Otherwise, the opening to the stomach or intestine will begin to close within hours. Then:

- Cover the tube site with a small gauze dressing and tape to the skin.

Contact the health care professional or go to the emergency department of the preferred hospital **as soon as possible**.

Please remember to take the tube - this will ensure that the replacement tube is the same type.

RESPONDING TO MEDICAL COMPLICATIONS

Medical complications from enteral nutrition can include nausea or vomiting, diarrhoea, constipation, aspiration, and gastrointestinal (GI) bleeding.

Any actual or suspected medical complication should be immediately referred to the client's doctor or the HEN program.

ASPIRATION

Aspiration is a serious complication of enteral feeding. Signs and symptoms of aspiration include:

- vomiting
- heartburn
- coughing or choking
- difficulty breathing
- chest pain

There may also be a possible raised temperature, shortness of breath, or a moist cough, indicating pneumonia.

Notify the client's doctor **immediately** of their signs and symptoms.

You may need to call an ambulance.

Contact your supervisor.

NAUSEA OR VOMITING

About 20 per cent of people receiving enteral nutrition experience nausea and vomiting, which can increase the risk of aspiration.

Causes may include:

- medication side effects
- gastrointestinal problems such as reflux
- bowel obstruction
- constipation
- psychological or emotional stress
- formula intolerance
- the formula being given too quickly
- displaced tube

Nausea or vomiting may also occur after an overnight feed, and the person feels as if they have a full stomach.

Symptoms include:

- nausea
- vomiting
- abdominal distress
- distension or feeling bloated
- dry retching (heaving)

Stop the feed.

Notify the client's doctor or HEN program manager **immediately**.

You may need to call an ambulance.

Contact your supervisor.



DIARRHOEA

Diarrhoea is fairly common in tube-fed people and is thought to be anywhere from two per cent to 60 per cent of people, depending on the medical definition of diarrhoea.

Causes may include:

- formula intolerance
- the formula being given too quickly
- bowel inflammation
- side effects to medications, particularly antibiotics

Symptoms include:

- abdominal cramping or pain
- frequent, loose, or watery stools may occur

Stop the feed.

Notify the client's doctor or HEN program manager **immediately**.

You may need to call an ambulance.

Contact your supervisor.

CONSTIPATION

Causes may include:

- medication side effects
- inadequate fluid or fibre intake
- inactive or sedentary lifestyle
- slow bowel/gut emptying
- bowel obstruction

Symptoms include:

- abdominal cramping
- pain
- infrequent, hard stools which are hard to pass or not pass at all

Sometimes liquid stools can leak out and stain clothing or bed linen.

Stop the feed.

Notify the client's doctor or HEN program manager **immediately**.

You may need to call an ambulance.

Contact your supervisor.

Your client will require a further dietitian review once constipation has been resolved.

GASTROINTESTINAL BLEEDING

Signs and symptoms of gastrointestinal bleeding include:

- bright red blood coating the stool or rectum
- black tarry stool or diarrhoea
- coffee grounds looking vomitus, i.e. black or brown and smelly
- vomiting up bright red blood
- bright red blood leaking from or around the tube

The cause of these various types of bleeding can range from bleeding haemorrhoids, bleeding into the gut, or gastric ulcers.

Stop the feed.

Notify the client's doctor or HEN program manager **immediately**.

You may need to call an ambulance.

Contact your supervisor.

EATING AND TUBE FEEDS

If the client can eat and/or have drinks, follow the recommendations given by the speech pathologist and/or dietitian recorded in their care plan.

The recommendations include information about the:

- texture of food
- whether drinks require thickening
- equipment required to eat or drink
- seating/positioning of the person to eat or drink safely
- how to assist the person in eating or drinking
- quantity of food or drinks
- timing of meals, snacks, or drinks in relation to tube feeds
- special dietary requirements, e.g. high fibre or low-fat foods recommended by the dietitian

PROVIDING TASTERS

Having the primary source of nutrition via enteral feeding does not mean that the person has lost their sense of taste. On the advice and written directions of the client's dietitian and speech pathologist, provide the client with 'tasters' or pleasure foods.

Tasters are designed to stimulate and satisfy the client's sense of taste and are enjoyable. It also encourages belching, which is a natural way of decompressing the bowel. Tasters are given usually at the same time the client has their enteral nutrition.



If a client can have tasters, check their care plan for advice on the:

- method of making tasters
- preferred flavours or types
- how often the client can have the taster

The dietitian will advise on the best way to make a taster. An example of how to make a taster is a mouth swab dipped in the preferred flavour and frozen. Tasters made by this method are single-use only. The taster also may just be a lick of a spoon.

Flavours could be savoury, sweet, or preferred drinks. Examples of savoury flavours include strained soup or puree vegetables at the texture recommended by the speech pathologist. Sweet flavour examples include toppings, pureed fruit, milkshakes, vanilla or almond essence, and drinks such as freshly brewed coffee or tea, alcohol such as beer or spirits, and fizzy drinks such as soft drinks or champagne. Fizzy drinks can stimulate belching.

PROVIDING ORAL AND DENTAL CARE

Oral health can be compromised in people with a gastrostomy or jejunostomy because oral and dental care is often overlooked. Good oral health is crucial as it affects a person's appearance, facial expression, and breath freshness.

Poor oral or dental health can result in:

- dry mouth
- gum disease
- bleeding gums
- tooth decay
- bad breath
- cracked lips
- mucous plugs
- painful mouth due to infections/ulcers
- bad taste in the mouth
- loss of teeth
- an unusual appearance that may reduce interactions with other people
- oral thrush
- heart disease
- stroke
- pneumonia



PROVIDING DAILY CARE

A client's care plan should guide daily oral health and include regular dental check-ups.

Even if the client does not orally have any food or drink, it's essential to keep their mouth clean. Brush their teeth twice a day with a soft toothbrush or use a soft wet cloth to wipe their teeth. Make sure that the client's tongue is also cleaned at the same time as it can become quite coated. Lip balm/mouth sprays can be applied to stop your client's lips and mouth from drying out.

The client's care plan should indicate how frequently oral care should occur and consider whether the person has natural teeth, dentures, or both. The general guidelines for how often oral and dental care should occur are:

- twice-daily – morning and night for most people
- 4–6 hourly for people at risk of infection
- two hourly for people unable to control their oral secretions, i.e. who have regular saliva dribble

EXAMINING MOUTH AND TEETH

When examining a client's mouth and teeth, the following indicates a healthy mouth, gums, and teeth:

AREA	VISUAL APPEARANCE
Tongue	<ul style="list-style-type: none"> • should be pink and moist with no cracks or blisters, no signs of inflammation or discolouration
Lips, oral mucosa, gums	<ul style="list-style-type: none"> • should not be dry or cracked and no ulceration of the lips or inside the mouth • the lips and the oral mucosa (lining of the inside of the mouth) should be pink and moist, and the gums not inflamed or bleeding
Saliva	<ul style="list-style-type: none"> • the client's mouth should not be dry from not producing enough saliva • there should not be pools of saliva in their mouth • if there is saliva dribble from the corners of the mouth or if they have a hoarse voice, they may be aspirating saliva into their lungs • report any changes to the client's doctor
Teeth/dentures	<ul style="list-style-type: none"> • should be clean and free from debris • there should not be any plaque build-up, broken or sharp edges, and not painful looking • dentures should fit well

SUMMARY

Tube feeding management requires an understanding of the reasons for tube feeding, types of tube feeding, and tubes and feeding regimes. To support clients who receive tube feeds, you must make sure that you work within your scope of practice, take a person-centred approach to care, and maintain the client's privacy and dignity.

When administering feeds or medications, follow the client's care plan, organisational procedures and apply best practices to promote the health and wellbeing of your client. You must also identify and respond to common problems and medical complications.

RESOURCES

Australasian Society for Parenteral and Enteral Nutrition

Information and advice
<https://www.auspen.org.au/>

Gastroenterological Society of Australia

Education and resources for professionals and patients
<https://www.gesa.org.au/>

Living with Tube Feeding

Resources for patients/clients
<https://tubefeeding.com.au/>

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- Blood pressure – using a digital blood pressure machine
- Bowel management – elimination
- Coronavirus and infection control
- Dementia training for support workers
- Diabetes training for support workers
- Dysphagia for support workers
- End of life care
- Epilepsy training for support workers
- Epilepsy training and midazolam administration via intranasal and buccal routes
- Food safety awareness for support workers
- Infection control
- Managing behaviours with positive support
- Manual handling
- Nebuliser training for asthma
- Ostomy and stoma care for support workers
- Pressure injury – prevention and care for support workers
- Providing personal care with dignity and respect
- Shallow suctioning
- Tube feeding management
- Urinary catheter care
- Wound care awareness for support workers

FIRST AID TRAINING

- Cardiopulmonary resuscitation (CPR)
- Provide first aid
- Asthma and anaphylaxis
- Advanced first aid

MENTAL HEALTH

- Mental health first aid
- Leadership and resilience training
- Mental health awareness

And many others...

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