

## Tube Feeding Status Critical Element Pathway

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Use this pathway for a resident who has a feeding tube.

### Review the Following in Advance to Guide Observations and Interviews:

- Most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C – Cognitive Patterns, G – Functional Status, J – Health Conditions, K – Swallowing/Nutritional Status, and O – Special Treatments, Procedures, and Programs.
- Physician's orders (e.g., kind of feeding and its caloric value, volume, rate, duration, and mechanism of administration [e.g., gravity or pump], water flushes, medications, therapy or restorative for swallowing or feeding skills).
- Pertinent diagnoses.
- Care plan (e.g., order for tube feeding; oral care; alternatives if the resident refuses or resists staff interventions to consume foods, fluids or enteral feedings; monitoring intake of foods and fluids daily and when to report deviations; how often weights are to be monitored if weight falls out of usual body weight parameters; rehabilitative/restorative interventions and specific measures, such as assistive devices, to promote involvement in improving functional skills; and the necessary interventions to prevent complications from the tube feeding such as aspiration, dislodgment, infection, pneumonia, fluid overload, fecal impaction, diarrhea, nausea, vomiting).

### Observations:

- When does staff initiate, continue, and terminate feedings?
- Does the resident's level of alertness and functioning permit oral intake? If not, describe.
- Are assistive devices and call bells available for the resident who is able to use them? How does staff provide assistance for the resident who is dependent?
- How does staff try to minimize the risk for complications including:
  - Physical complications (aspiration, leaking around the insertion site, intestinal perforation, abdominal wall abscess or erosion at the insertion site);
  - Implementing interventions to minimize the negative psychosocial impact that may occur as a result of tube feeding;
  - Providing mouth care, including teeth, gums, and tongue;
  - Checking that the tubing remains in the correct location consistent with facility protocols;
  - Elevating the head of bed at least 30 degrees during feeding and for 30 to 60 minutes after feeding unless contraindicated;
  - Using standard precautions and clean technique and following the manufacturer's recommendations when stopping, starting, flushing, and giving medications through the feeding tube;
  - Ensuring the cleanliness of the feeding tube, insertion site, dressing (if present) and nutritional product;
  - Providing the type, rate, volume, and duration of the feeding as ordered by the practitioner and consistent with the manufacturer's recommendations;
  - Checking gastric residual volumes (GRV) and contacting the resident's physician per facility policy or as ordered;
  - Ensuring that additional water ordered for flushes or additional hydration is administered per order;
  - Staff examining and cleaning the skin site around the feeding tube and equipment;
  - Storing feeding syringes in a clean area. When reused should be labeled with resident's name and date opened; rinsed with hot water after each use; and disposed of within 24 hours.

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- How does staff respond if there is evidence of possible complications, such as diarrhea, nausea, vomiting, abdominal discomfort, nasal discomfort (if a nasogastric tube is being used); evidence of leakage or skin irritation at the tube insertion site; or risk of inadvertent removal of the tube?
- During the provision of care, what are staff practices for handling, hang-time, and changing tube-feeding bags? Is it consistent with standards of practice for infection control and manufacturer instructions?
  - Does staff wash hands thoroughly and apply clean gloves before handling the formula, delivery system, or feeding tube;
  - How does staff maintain a clean work area, equipment, and delivery system;
  - Does staff not touch any part of delivery system that comes into contact with the formula? Do they maintain proper storage and handling of the formula;
  - How does staff maintain proper temperature of formula during storage and delivery? Do they cover opened, unused formula, and store it in the refrigerator per facility policy; and
  - Does staff avoid adding water, colorants, medications, or other substances directly to the formula? If not, describe.
- How are medications administered via the tube? Are staff following physician's orders and standards of practice?
- How does staff verify the amount of fluid and feeding administered independent of the flow rate established on a feeding pump, if used (e.g., labeling the formula with the date and time the formula was hung and flow rate)?
- How does staff implement care-planned interventions?
- How does staff provide therapy or restorative care to improve swallowing or feeding skills, if indicated?
- Is the resident resistant to assistance or refusing food or liquids? How does staff respond?

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### Resident, Resident Representative, or Family Interview:

- How does staff involve you in the development of the care plan including goals and approaches?
- How does staff ensure the interventions reflect your choices and preferences?
- How have you responded to the tube feeding?
- How did staff try to maintain your food intake prior to inserting a feeding tube (e.g., identifying underlying causes of anorexia, hand feeding, changing food consistency, texture, form, offering alternate food choices, or providing assistive devices)?
- What did staff tell you about the relevant benefits and risks of tube feeding? How were you involved in discussing alternatives and making the decision about using a feeding tube?
- What significant physical, functional, or psychosocial changes have you experienced? What has staff done to address any concerns?
- Has staff talked to you about the continued necessity of the feeding tube?
- How have you felt since the feeding tube was placed?
- Have you had recent nausea, vomiting, diarrhea, abdominal cramping, inadequate nutrition, or aspiration? If so, what did staff do?
- What is the facility doing to help you eat again, if possible?
- Has the tube accidentally dislodged? If so, what happened? How did staff respond?
- If the resident has a naso-gastric tube: How long do you expect to have the naso-gastric tube? What did staff tell you about the possibility of a gastrostomy tube?

### Staff Interviews (Nursing Aides, Nurse, DON, Practitioner)

- What was the cause of the decreased oral intake/weight loss or impaired nutrition? What attempts were made to maintain oral intake prior to the insertion of a feeding tube?
- What risks and benefits were discussed with the resident or resident representative before consent was obtained to insert tube? What alternatives to the feeding tube were discussed?
- What are the specific care needs for the resident (e.g., special positioning, personal care, insertion site care, amount of feeding taken in)?
- How did you determine what the resident's nutritional and hydration needs are? How do you ensure the resident's nutritional and hydration needs are being met, such as periodically weighing the resident? How did you decide whether the tube feeding was adequate to maintain acceptable nutrition and hydration parameters or when to reevaluate and make adjustments?
- What complaints have been voiced or exhibited by the resident? What physical or psychosocial complications has the resident experienced that may be associated with the tube feeding (e.g., nausea or vomiting, diarrhea, pain associated with the tube, abdominal discomfort, depression, withdrawal)? How have these concerns been addressed?
- How do you ensure the care plan is implemented correctly?

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- What periodic reassessment and discussion with the resident or resident representative has occurred regarding the continued appropriateness/necessity of the feeding tube?
- How do you monitor and check that the feeding tube is in the right location?
- How do you provide care for the feeding tube (e.g., how to secure a feeding tube externally, provision of needed personal, skin, oral, and nasal care to the resident, how to examine and clean the insertion site, and whether staff can define the frequency and volume used for flushing)?
- What conditions and circumstances would require a tube to be changed?
- How do you manage and monitor the rate of flow (e.g., use of gravity flow, use of a pump or period evaluation of the amount of feeding being administered for consistency with orders)?
- Are staff who are providing care and services to the resident who has a feeding tube aware of, competent in, and utilizing facility protocols regarding feeding tube nutrition and care? If not, describe.
- What, when, and to whom do you report concerns with tube feedings or potential complications from tube feeding?
- What do you do if the resident requests food or fluids and they are NPO?

#### Interview Staff Responsible for Oversight and Training:

- How did the facility determine the resident was at risk for impaired nutrition, identify and address causes of impaired nutrition, and determine that use of a feeding tube was clinically indicated?
- What circumstances led to the placement of the feeding tube (e.g., if/when the tube was placed in another facility)?
- What were the calculated nutritional needs for the resident? How do you ensure that the resident receives close to the calculated amount of nutrition daily?
- How does staff monitor the resident for the benefits and risks related to a feeding tube? How have you addressed adverse consequences of the feeding tube (e.g., altered mood, nausea and vomiting, pain, or restraint use to try to prevent the resident from removing the feeding tube)?
- How are staff trained and directed regarding management of feeding tubes, tube feedings in general, and in addressing any specific issues related to this individual resident?
- How does the facility periodically reassess the resident for the continued appropriateness/necessity of the feeding tube? How do you ensure the care plan was revised and implemented, as necessary, with input from the resident or resident representative?
- Note: If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.

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### Record Review:

- Review MDS, CAAs, tube feeding records, interdisciplinary progress notes, and any other available assessments regarding the rationale for feeding tube insertion and the potential to restore normal eating skills, including the interventions tried to avoid using the feeding tube before its insertion, restore oral intake after tube insertion, and prevent potential complications.
- What is the clinically pertinent rationale for using the feeding tube?
  - What was the assessment of the resident's nutritional status, which may include usual food and fluid intake, pertinent laboratory values, appetite, and usual weight and weight changes;
  - What was the assessment of the resident's clinical status, which may include the ability to chew, swallow, and digest food and fluid; underlying conditions affecting those abilities (e.g., coma, stroke, esophageal stricture, potentially correctable malnutrition that cannot be improved sufficiently by oral intake alone); factors affecting appetite and intake (e.g., medications known to affect appetite, taste, or nutrition utilization); and prognosis;
  - What relevant functional and psychosocial factors (e.g., inability to sufficiently feed self, stroke or neurological injury that results in loss of appetite, psychosis that prevents eating) does the resident have;
  - What interventions were tried prior to the decision to use a feeding tube? What was the resident's response to them;
  - What was the calculation of free water for residents being fed by a naso-gastric or gastrostomy tube;
  - Are there plans for removal of a tube, including the functional status of the resident and anticipated level of participation with rehabilitation to improve nutrition, hydration, and restore eating skills? If not, why; and
  - What review has occurred of medications known to cause a drug/nutrient interaction or having side effects potentially affecting food intake or enjoyment by affecting taste or causing anorexia, increasing weight, causing diuresis, or associated with GI bleeding such as Coumadin or NSAIDs?
- Is there documentation of informed consent? Was the resident or resident representative made aware of the risks and benefits of a feeding tube? Were alternatives to a feeding tube discussed?
- Prior to inserting a feeding tube, did the prescriber review the resident's choices, instructions, and goals, including all relevant information that may be identified in advance directives?
- How does staff monitor for actual or potential complications related to the tube feeding and how does staff address the complications?
- If a resident was admitted with a tube feeding, was a baseline care plan developed within the first 48 hours to meet the needs of the resident?
- Is the care plan comprehensive? Does it instruct staff on how to check for placement and how often? Does it address identified needs, measureable goals, resident involvement, treatment preferences, choices, and plan to restore eating skills if possible? Has the care plan been revised to reflect any changes?
- For a resident receiving hospice services, is the most recent hospice care plan included?
- Did staff notify the practitioner if they suspected or identified a concern with the resident's ability to maintain adequate oral intake or complications related to use of the feeding tube?
- Was the resident or resident representative notified of any changes in condition in relation to the feeding tube or inability to take nutrition orally?
- If concerns are identified, review the facility's policies and procedures for tube feedings, staffing, staff training, and functional responsibilities.
- Review records of incidents and corrective actions related to feeding tubes or documentation of staff knowledge and skills related to the aspects of administering tube feeding.

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### Critical Element Decisions:

- 1) Did the facility provide appropriate treatment and services to:
  - Ensure that a resident is not fed by enteral methods unless the resident's clinical condition demonstrates that use of enteral feeding was unavoidable?
  - Prevent complications for a resident who receives enteral feeding?
  - Restore the resident's normal eating skills, if possible?If No, cite F693
  
- 2) Did the staff use appropriate hand hygiene practices and implement appropriate standard precautions when assisting with tube feeding?  
If No, cite F880
  
- 3) For the newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan, within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?  
If No, cite F655  
NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.
  
- 4) If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?  
If No, cite F636  
NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.
  
- 5) If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?  
If No, cite F637  
NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.
  
- 6) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?  
If No, cite F641

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- 7) Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?

If No, cite F656

NA, the comprehensive assessment was not completed.

- 8) Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary to meet the resident's needs?

If No, cite F657

NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised

**Other Tags, Care Areas (CA) and Tasks (Task) to Consider:** Right to be Informed F552, Right to Refuse and Advance Directives F578, Notice of Rights/Rules F572, Choices (CA), Notification of Change F580, Dignity (CA), Professional Standards F658, Nutrition (CA), Hydration (CA), Unnecessary Medications (CA), Sufficient and Competent Staffing (Task), Physician Supervision F710, Pharmacy F755, Resident Records F841, Physician Delegation to Dietitian/Therapist F715, QAA/QAPI (Task).