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Audit of nasogastric feeding at home

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Nasogastric (NG) feeding is indicated for short term use – <4 weeks. The numbers of patients at home on NG feeding is increasing each year⁽¹⁾. This audit aimed to establish the number of patients on NG feeding at home, length of time on NG feeding, problems associated with NG feeding at home and clinical outcomes.

Within Lothian there are currently 317 patients on home enteral tube feeding (HETF). The Community Enteral Nutrition Team received 193 new HETF referrals between April 2010 and March 2011. Dietetic case records and patient database were audited between April 2010 – March 2011. Data was collected for 64 patients.

There were 42 new patients (21.7%) discharged on NG feeding with 22 (6.9%) receiving NG feeding prior to April 2010. The patients had a mean age of 59 years of age (range 17–80 years). 56% female and 44% male. Patient diagnosis were Cancer 29 (45.3%), CNS & Mental Health 18 (28.1%), Non Malignant GI 4 (6.3%) and Other Conditions 13 (20.3%).

Outcomes	No. (%)
Discontinued NG Feeding	30 (46.8%)
Alternative Feeding Tube	8 (12.5%) 6 gastrostomy, 2 Jejunostomy
Died, due to underlying disease	12 (18.9%)
Remained on NG Feeding	14 (21.9%)

Length of time on feeding ranged from 1.1 weeks to 265 weeks with an average of 26 weeks. There were 17 documented cases of tube displacement; 5 documented cases of blocked tubes; 2 documented cases of problems with who would re-pass NG tube in the community and 5 documented cases of physical problems associated with NG feeding such as nasal discomfort/abdominal bloating/nausea.

In 2009 the number of new NG patient referrals was 32 (16.5%) demonstrating an increase in NG feeding at home. This reflects the data produced by BANS 2010¹). This audit shows that NG feeding can be used for long term HETF, although there can be associated problems.

This audit has highlighted that further work is required to accurately determine the problems associated with NG feeding and how they can be effectively managed in the community. Further work is required to establish why patients are on long term NG feeding and have not had a gastrostomy feeding tube inserted. This audit process has also highlighted the usefulness of BANS recording for extrapolating useful data more efficiently for the future.

1. British Artificial Nutrition Survey (BANS) (2010) *BAPEN*.