Risk Assessment Template for Enteral Tube Administration of Liquidised Diet

Potential Risk	What could go wrong?	Causes / Hazard	Consequences	Current controls	Risk ranking			Recommendations	Risk Ranking		
					C	L	R		C	L	R
1	Nutritional deficiency and decline in nutritional status.	Non adherence to enteral feeding care plan. Administering Liquidised diet. Potential increased feed volume.	Risk of malnutrition and worsening of nutritional status. GI disturbance including vomiting, feed volume intolerance.	Recognised best practice in the UK – following full dietetic assessment recommend the administration of only products defined as Foods for Special Medical Purposes are used as enteral feeds.				Provide dietary analysis of a menu plan provided by the patient/carer. Consider the use of web based apps (question validity) which may be used to independently analyse nutritional adequacy. Discuss the patient's fluid requirements and consider the use of nutrient dense fluids to be used to dilute the feed to the required viscosity. Consider total fluid volume of bolus and required flushes. Assess the requirement for a broad spectrum vitamin and mineral supplement. Discuss the option to combine modes of feeding rather than liquidised food being used as a sole source of nutrition. Recommend detailed food and symptom diary is recorded by the patient/carer. Recommend increased frequency of monitoring of anthropometry and nutritional status.			

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2	Patency of the enteral feeding device.	Use of enteral feeding device outside of(and not in line with) the manufacturer's guidance for use. Blockage of device. Reduced life span of tube. Temperature control guidance of liquidised feed. Below 8°C and above 63°C.	Enteral feeding device blockage. May require A&E visit, hospital admission to unblock or replace the device. Manufacturers' product licence voided, thus eliminating the purchasers rights to refund if faulty.	Refer to EPSG statement. Recognised UK practice to use medical device in line with manufacturer's guidance. .				Consider carer/ patient whether they have been trained to replace device to prevent hospital admission. Consider the lumen size at each connection junction. Review and monitor the frequency of device change. Consider cost impact of additional gastrostomy tubes which may be required. Escalate and document in dietetic and medical records that your patient has \chosen to use a medical device which is outside the scope of the manufacturer's information for use guidance. Temperature control guidance is unrealistic with this practice.			

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3	Food borne infection.	Bacterial load of the liquidised feed. Potential contamination from the utensils used in preparation and the re-usable enteral feeding ancillary equipment.	Wide ranging depending on the clinical condition of the patient, consider degree of immunocompro-misation, gut integrity, history of gut infections altering flora, and stoma site integrity.	Provision of a ready to feed UHT/sterile formulae. Equipment designed for re-use within manufacturer's guidance.				Adherence to national food safety guidance. Consider a risk assessment of the food preparation area. Consider using food safety guidance recommended for weaning. Adherence to temperature control guidance of liquidised feed administered to meet infection control guidance. Discuss food safety guidance if the administration of defrosted food is considered. Consider increased supply of extensions sets and single use enteral feeding syringes to reduce the risk of contamination.			

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4	Legal action of the health professional. HCPC (Health and Care Professions Council)/ RCN (Royal College of Nurses),	Litigation of the health professional.	Formal complaint to HCP supporting the patient.	Record card and care plan documentation				Consider the patients care package and impact on this mode of feeding may have on their professional practice. Escalate the risk assessment outcome to the care staff that may be required to administer this mode of feeding during day-care services or respite care. Completed detailed risk assessment to demonstrate potential risks were highlighted at the onset and the patient or carer with capacity made a fully informed choice to continue with the practice. Consider an MDT or GP led best interests meeting to ensure responsibility is defined. Documentation to demonstrate that the outcome of the risk assessment followed trust guidance and was escalated as per the policy. Ensure an 'agreement of care' document is signed and in place. Improve research evidence.			

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5	Cost Implication	Unplanned financial impact.	Increased cost of dietetic resource due to the risk assessment process, full nutritional analysis and recommended increased anthropometry monitoring. Increased cost to patient/ family to follow this regimen. Potential increased costs to the local health-care economy due to the management of any nutritional, infectious, enteral feeding tube complications Service impact to GP/ Nurse / A &E equipment budget, caused by increased provision of enteral feeding devices and equipment.					Recommend industrial blender in order to reach the required consistency, at a cost of £250-£400. Consider individual commissioned finance package to highlight the potential impact of additional equipment.			

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6	Infectious complications – Potentially Life Threatening.	Food borne/ enteral feeding tube borne or stoma site infection.	Localised gut/ stoma site infection. Peritonitis which may require surgical intervention. Depending on severity may require ITU admission	Monitoring of food hygiene practices. Monitoring of enteral feeding tube integrity and stoma site				Highlight the importance of good hygiene practice. Ensure patient/ carer has been trained and demonstrated competency to clean and manage enteral feeding tube and stoma site in line with local policy. Refer to NNNG Good Practice Consensus Guideline on Exit Site Management for gastrostomy Tubes in Adults and Children. Ensure adequate flushing to maintain patency of the enteral feeding tube as per local policy. Educate patient on how to identify signs and symptoms of infection and agreed course of action in line with local policy and NNNG guidance.			

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