# Tube Feeding Policy

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1 NQS

<table>
<thead>
<tr>
<th>QA2</th>
<th>2.1.1</th>
<th>Each child’s health needs are supported.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.1.4</td>
<td>Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.</td>
</tr>
<tr>
<td></td>
<td>2.3.2</td>
<td>Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.</td>
</tr>
</tbody>
</table>

2 National Regulations

<table>
<thead>
<tr>
<th>Regs</th>
<th>90</th>
<th>Medical conditions policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>91</td>
<td>Medical conditions policy to be provided to parents</td>
</tr>
<tr>
<td></td>
<td>92</td>
<td>Medication record</td>
</tr>
<tr>
<td></td>
<td>93</td>
<td>Administration of medication</td>
</tr>
<tr>
<td></td>
<td>95</td>
<td>Procedure for administration of medication</td>
</tr>
<tr>
<td></td>
<td>96</td>
<td>Self-administration of medication</td>
</tr>
</tbody>
</table>

3 EYLF

<table>
<thead>
<tr>
<th>LO3</th>
<th>Children are happy, healthy, safe and connected to others.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Educators promote continuity of children’s personal health and hygiene by sharing ownership of routines and schedules with children, families and the community</td>
</tr>
<tr>
<td></td>
<td>Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all</td>
</tr>
</tbody>
</table>

4 Aim

4.1 To aid children who are having difficulty with intake and or maintaining adequate nutrition, tube feeding may be required if the child demonstrates:
   i. Difficulty in swallowing.
   ii. Severe gastro-oesophageal reflux.
   iii. Poor gag reflex
   iv. Recurrent aspiration of food and fluids into the lungs.
   v. Obstruction of the esophageus.
   vi. Under nutrition and/or hydration.

4.2 To implement an individual Medical Management Plan in consultation with the Parents/Doctor/Specialists to ensure the child's wellness and well-being whilst at the service.

4.3 To ensure that educators have the appropriate skills to implement the required administration procedures.
5 The Kids’ Uni Policies and Procedures apply to Kids’ Uni North, Kids’ Uni South, South Coast Workers Child Care Centre, Kids Uni iC – Preschool, After School Care and Vacation Care (Kids’ Uni OOSH)

6 Related Policies
Additional Needs Policy (CHI-ADM-POL-003)
Administration of Authorised Medication Policy (CHI-ADM-POL-004)
Emergency Service Contact Policy (CHI-ADM-POL-021)
Enrolment Policy (CHI-ADM-POL-022)
Food Nutrition and Beverage Policy (CHI-ADM-POL-027)
Health, Hygiene and Safe Food Policy (CHI-ADM-POL-030)
Immunisation and Disease Prevention Policy (CHI-ADM-POL-033)
Infectious Diseases Policy (CHI-ADM-POL-035)
Medical Conditions Policy (CHI-ADM-POL-038)
Privacy and Confidentiality Policy (CHI-ADM-POL-048)
Relationships with Children Policy (CHI-ADM-POL-050)

7 Implementation
6.1 Educators will be trained in this procedure before placement of child/ren. Training will be relevant specific to procedure and equipment used.
6.2 Re-training must occur on a periodic basis to ensure currency of knowledge.
6.3 If any problems or doubts arise during the procedure, educators must call the ambulance on phone number 000.

8 Types of Tube Feeding
7.1 There are four types of tube feeding:
   i. Gastrostomy - Surgical creation of an opening into the stomach to provide for administration of food for those that cannot swallow. This method is used if the feedings are to be long term and the stomach is functioning normally.
   ii. Jejunostomy- Surgical creation of a permanent opening, performed between the surface of the jejunum and the abdomen wall. This is usually done when the stomach cannot function normally.
   iii. Nasogastric- A soft silicone tube inserted through the nostril down the esophagus and into the stomach, usually for short term medication.
   iv. Skin level gastrostomy device- a plastic device that sits on the abdomen inserted through a gastrostomy in place of a tube. **NOTE** Nutrition is supplied in form of liquid formulas or a dissolvable form only.

7.2 The area of administration must be clear and free of any obstructions. Both educators will:
   i. Re-check the dosage and details of the medication or medical procedure immediately before it is given to the child.
   ii. Follow the medical procedure as outlined by the child’s Doctor, Specialist or Parent.
   iii. Follow the appropriate sterilisation procedure as outlined by the Health Professional/Medical Practitioner.
iv. Discard any disposable equipment appropriately, as outlined by the Parent, Doctor or Specialist. A medical sharps container is required for used needles and syringes.

7.3 Formula is not to be left hanging for longer than eight hours and all unused formula is to be discarded.

7.4 All cans of formula should be discarded if damaged, checked for the expiry date, wiped prior to opening, shaken before use and refrigerated. All cans must be labelled and dated at time of opening and discarded within 24 hours.

7.5 Complete the details of the Administration of Authorised Medication Record after the medication has been given to the child.

7.6 Oral hygiene is very important. Non-use of mouth to ingest food can cause severe oral hygiene problems such as tooth root and decay.

7.7 Once the above form is completed, it is to be filed with the child's file. When it is necessary for the medication or medical equipment to be taken home, it is the educator's responsibility to ensure that the Parent/Guardian collecting the child is/are given the correct medication and/or equipment.

7.8 Care of the equipment is important. Educators need to:
   
i. Check integrity of the feeding tube daily.
   
ii. Flush the tube with at least 10-20 mls of water before and after medication, before and after feeds, twice a day if continuous feeds, once a day if the tube is not in use or as per written instructions from the Doctor/Specialist.
   
iii. All tube feeding equipment should be rinsed after used with tap water and washed with soapy warm water.

7.9 Always secure the positioning of equipment to prevent accidents and ensure that there are no other children in the area that may cause harm to themselves or to the child being fed.

7.10 There is only a small window of opportunity to re-insert button/tube etc. This must be done by a Medical Practitioner only.

7.11 At any time during the course of tube feeding a child complications or reactions occur an Ambulance must be called. When calling the Ambulance it must be specified that the child requires tube feeding and the call for the ambulance is related to complications of this procedure. This is to ensure that the appropriate Ambulance Officer may be dispatched to treat the child.

9 Sources
Education and Care Services National Regulations 2011
National Quality Standard
NSW Department of Health / NSW Department of Disabilities Services
10 Review

This policy will be reviewed every 3 years and the review will include Management, Employees, Families and Interested Parties.

11 Version Control Table

<table>
<thead>
<tr>
<th>Version Control</th>
<th>Date Released</th>
<th>Next Review</th>
<th>Approved By</th>
<th>Amendment</th>
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<tr>
<td>1</td>
<td>May 2012</td>
<td>May 2013</td>
<td>Michele Fowler Manager – Kids Uni</td>
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<tr>
<td>2</td>
<td>Mar 2013</td>
<td>May 2013</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td>Paragraph inserted re application of policies across all centres. Migrated into new QA format.</td>
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<td>3</td>
<td>May 2013</td>
<td>May 2014</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td>Policy reviewed with no changes required.</td>
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<td>4</td>
<td>May 2014</td>
<td>Dec 2017</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td>Policy reviewed with no changes required. The review period changed to 3 years.</td>
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