



Tube Feed or Not Tube Feed?

***Helping Individuals and Families
Make the Decision***

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Tube Feed or Not Tube Feed?

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Tube Feed or Not Tube Feed?

Instructions

This inservice provides many of the tools you need to educate staff on the role of adequate nutrition in the prevention and treatment of pressure in your facility:

Slides for the Inservice:

- The slides can be shown on computer or projected on a screen using a data projector.
- You can show the slides directly from the Acrobat file by simply clicking on the icon that looks like a computer screen. Or you can go to the tool bar and click on “View” and “Full Screen” to show the slides on your screen.
- Then click the down arrow button or the page down button on your keyboard.

Presenter’s Notes for the Inservice:

- Review the presenter’s notes prior to presenting the slides.
- The presenter’s notes offer additional information not included on the slides, suggestions for how to present some of the information, and activities you may want to incorporate.

Handouts for the Inservice:

- Simply copy the handouts and the pre- post-tests for participants.
- Do not provide the answer key for the pre-post tests.
- You can choose to give the test before and after the training, or just after the training to determine the effectiveness of your inservice and whether or not additional training is needed.



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Slides



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Objectives

Participants will:

1. Understand the benefits and risks of tube feeding
2. Understand which individuals are candidates for positive outcomes from tube feeding
3. Learn key points of discussion for patients and family members who must make a decision about tube feeding



Tube Feeding

- Sometimes known as enteral nutrition (EN) or artificial nutrition and hydration (ANH)
- Used to deliver nutrients and fluids to those who cannot or will not eat and drink orally
- Tubes are flushed with fluids to help meet fluid needs
 - Tube feeding is considered a medical intervention, similar to other interventions like dialysis



Types of Enteral Feeding

1. Naso-gastric tube
 - Usually used for short-term access (less than 4 weeks)
2. Percutaneous endoscopic feeding tubes
 - Gastric (PEG) and variation of PEG
 - Jejunal tube (PEJ)
3. PEG tubes are the most common form of tube feeding



Delivery Methods

- Continuous feeding via feeding pump (up to 24 hours/day)
 - Some pumps can be programmed to deliver fluids
- Bolus feeding
 - Specified volume given via syringe through the tube
- Gravity feeding
 - Specified volume allowed to drip into the tube over time



Who Can Benefit From Tube Feeding?

Tube feeding can provide calories/protein for those who:

- Can't consume adequate food or fluids for an extended period of time
- Have GI obstruction, fistulas, or impaired GI motility
- Have severe swallowing problems (dysphagia)
- Have neurological disorders (ex. Parkinson's)
- Are malnourished and can't maintain adequate intake



Who Can Benefit from Tube Feeding?

- Many people are successfully tube fed for both short and long periods of time
- EN is necessary and appropriate in many situations, including but not limited to:
 - Recovery from trauma
 - Recovery from burns or surgery
 - Recovery from stroke



Contraindications of Tube Feeding

- Severe vomiting or diarrhea
- Severe intestinal obstruction or less than 50% of bowel remaining
- Acute pancreatitis
- Septic shock
- Inability to obtain or maintain enteral access



Risks Associated with Tube Feeding

- Infection around surgical site (PEG and PEJ tubes)
- Intolerance to feeding (nausea, vomiting or diarrhea)
- Fluid overload or electrolyte imbalance
- Potential for the individual to pull the tube out
- Need for additional interventions (catheters, blood draws, and medications) to manage complications of tube feeding
- Quality of life issues:
 - Limited mobility when attached to a feeding pump
 - Lack of socialization due to not attending meals
 - Deprived sensory pleasures of eating
 - Sleep disruption for feedings and/or flushes
 - Some individual may want to pull the tube out



Aspiration

- Inhalation of mouth, esophagus, or gastric contents into the lungs, sometimes causing aspiration pneumonia
- Can occur in anyone, even healthy individuals, who can aspirate on saliva
- The potential risk for aspiration during tube feeding is often overlooked
- Feeding tubes don't prevent aspiration



Aspiration Pneumonia

- Can be a serious complication of tube feeding
- Has been reported as the most common cause of death after placement of a PEG feeding tube
- Tube feeding can decrease but not eliminate risk for aspiration and aspiration pneumonia
 - Good oral care may be as important, or more important, than other techniques for preventing aspiration
 - Brushing teeth regularly
 - Daily tooth or denture care
 - Swabbing of the tongue or oral mucosa



Who Might *Not* Benefit from Tube Feeding?

Evidence does not support tube feeding to improve health or sustain life in:

- Those with a limited life span
- Advanced age
- Those with advanced dementia
- Medical problems that might affect tolerance to the feeding
 - GI problems



Appetite and End of Life

- Loss of desire to eat and drink is a natural part of the progression of many terminal illnesses
- Eating problems are considered a natural part of the disease process for those with dementia



Who Makes the Choice for Tube Placement?

- Ideally, an individual has a Living Will or other documents that indicate their wishes regarding tube feeding
- After weighing the risks and benefits, the decision should default to the individual (or their surrogate/health care power of attorney if unable to make their own decisions)
 - Factors that affect decisions include:
 - Emotions related to life and death, food, love, and nourishment
 - Religious, ethnic, and cultural background
 - Opinions of family, friends, and health care providers



Key Points For Discussion

- Does the individual suffer from a condition that will benefit from tube feeding?
- Will tube feeding improve the outcome and/or speed recovery/improve prognosis?
- Does the individual have an incurable disease, but one in which quality of life and well-being can be maintained or improved by tube feeding?
- Does the anticipated benefit outweigh the potential risks of tube feeding?



Key Points For Discussion

- Is tube feeding in harmony with the expressed or presumed desires of the individual?
 - If unable to make his/her own decisions, is it in harmony with the surrogate's understanding of the individual's wishes?
- Are there sufficient resources available to manage the tube feeding properly?



- Will tube feeding benefit the individual's overall well-being?
- Will tube feeding negatively affect the individual's quality of life?

Considerations

- Family members may not accept that their loved one is succumbing to their illness, but rather think that tube feeding will help them get better or stay nourished
- Families may feel a moral duty and emotional need to provide food and water to their dying loved ones, even if the risks outweigh the benefits



Helping Individuals Choose

- Present the benefits and risks of tube feeding
 - Allow time for questions
- Provide evidence-based answers to questions
 - Provide supporting resources as needed
- Refer to other health care providers as needed



Patient/Family Resources

- Consider the Conversation provides a series of videos on end-of-life decisions:
<http://www.considertheconversation.org/>
- Aging with Dignity's Five Wishes form outlines an individual's wishes in certain end of life situations:
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- Family Caregiver Alliance. End of Life Decision-Making:
http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=401

Professional Resources

- The American Geriatrics Society Feeding Tubes in Advanced Dementia Position Statement
- A.S.P.E.N Ethics Position Paper
- American Medical Association Policy on End of Life Care
- American Academy Of Hospice and Palliative Medicine Statement on Artificial Nutrition and Hydration Near the End of Life
- National Hospice and Palliative Care Organization Commentary and Position Statement on Artificial Nutrition and Hydration
- Position of the Academy of Nutrition and Dietetics: Ethical and Legal Issues in Feeding and Hydration





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Presenter's Notes



**Tube Feed or
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Audience: Nursing staff, nursing assistants/aides

Welcome to our inservice on Tube Feed or Not Tube Feed? Helping Individuals and Families Make the Decision.

Presenter Note (Optional): Before we get started, let's test your knowledge with a short pre-test.

Objectives

Participants will:

1. Understand the benefits and risks of tube feeding
2. Understand which individuals are candidates for positive outcomes from tube feeding
3. Learn key points of discussion for patients and family members who must make a decision about tube feeding



Our objectives today are to:

1. Understand the benefits and risks of tube feeding
2. Understand which individuals are candidates for positive outcomes from tube feeding
3. Learn key points of discussion for patients and family members who must make a decision about tube feeding

Tube Feeding

- Sometimes known as enteral nutrition (EN) or artificial nutrition and hydration (ANH)
- Used to deliver nutrients and fluids to those who cannot or will not eat and drink orally
- Tubes are flushed with fluids to help meet fluid needs
 - Tube feeding is considered a medical intervention, similar to other interventions like dialysis



- Tube feeding is sometimes known as enteral nutrition (EN) or artificial nutrition and hydration (ANH).
- It is used to deliver nutrients and fluids to those who cannot or will not eat and drink orally.
- Tubes are flushed with fluids to help meet fluid needs.
- Tube feeding is considered a medical intervention (i.e. a nutrient delivery system), similar to other interventions like dialysis.

Types of Enteral Feeding

1. Naso-gastric tube
 - Usually used for short-term access (less than 4 weeks)
2. Percutaneous endoscopic feeding tubes
 - Gastric (PEG) and variation of PEG
 - Jejunal tube (PEJ)
3. PEG tubes are the most common form of tube feeding



There are 3 main types of enteral feeding:

1. Naso-gastric tube: Usually used for short-term access (less than 4 weeks).
2. Percutaneous endoscopic feeding tubes: Gastric (PEG) and variation of PEG, and jejunal tube (PEJ).
3. PEG tubes are the most common form of tube feeding.

Delivery Methods

- Continuous feeding via feeding pump (up to 24 hours/day)
 - Some pumps can be programmed to deliver fluids
- Bolus feeding
 - Specified volume given via syringe through the tube
- Gravity feeding
 - Specified volume allowed to drip into the tube over time



Delivery methods for tube feeding formulas include:

1. Continuous feeding via feeding pump (up to 24 hours/day). Some pumps can be programmed to deliver fluids.
2. Bolus feeding: Specified volume (ie: 240 mL can) given via syringe through the tube.
3. Gravity feeding: Specified volume (ie: 240 mL can) allowed to drip into the tube over time.

Who Can Benefit From Tube Feeding?

Tube feeding can provide calories/protein for those who:

- Can't consume adequate food or fluids for an extended period of time
- Have GI obstruction, fistulas, or impaired GI motility
- Have severe swallowing problems (dysphagia)
- Have neurological disorders (ex. Parkinson's)
- Are malnourished and can't maintain adequate intake



Tube feeding can provide calories/protein for those who:

- Can't consume adequate food or fluids for an extended period of time.
- Have GI obstruction, fistulas, or impaired GI motility.
- Have severe swallowing problems (dysphagia).
- Have neurological disorders (ex. Parkinson's).
- Are malnourished and can't maintain adequate intake.

Who Can Benefit from Tube Feeding?

- Many people are successfully tube fed for both short and long periods of time
- EN is necessary and appropriate in many situations, including but not limited to:
 - Recovery from trauma
 - Recovery from burns or surgery
 - Recovery from stroke



- Many people are successfully tube fed for both short and long periods of time.
- Enteral nutrition (EN) is necessary and appropriate in many situations, including but not limited to:
 - Recovery from trauma
 - Recovery from burns or surgery
 - Recovery from stroke

Contraindications of Tube Feeding

- Severe vomiting or diarrhea
- Severe intestinal obstruction or less than 50% of bowel remaining
- Acute pancreatitis
- Septic shock
- Inability to obtain or maintain enteral access



The following are contraindications of tube feeding (it is not appropriate to tube feed individuals with these issues):

- Severe vomiting or diarrhea
- Severe intestinal obstruction or less than 50% of bowel remaining
- Acute pancreatitis
- Septic shock
- Inability to obtain or maintain enteral access

Risks Associated with Tube Feeding

- Infection around surgical site (PEG and PEJ tubes)
- Intolerance to feeding (nausea, vomiting or diarrhea)
- Fluid overload or electrolyte imbalance
- Potential for the individual to pull the tube out
- Need for additional interventions (catheters, blood draws, and medications) to manage complications of tube feeding



- Quality of life issues:
 - Limited mobility when attached to a feeding pump
 - Lack of socialization due to not attending meals
 - Deprived sensory pleasures of eating
 - Sleep disruption for feedings and/or flushes
 - Some individual may want to pull the tube out

There are risks associated with tube feeding. These risks include:

- Infection around surgical site (PEG and PEJ tubes)
- Intolerance to feeding (nausea, vomiting or diarrhea)
- Fluid overload or electrolyte imbalance
- Potential for the individual to pull the tube out
- Need for additional interventions (catheters, blood draws, and medications) to manage complications of tube feeding
- Quality of life issues include limited mobility when attached to a feeding pump, lack of socialization due to not attending meals, deprived sensory pleasures of eating, sleep disruption for feedings and/or flushes, and the potential need for restraints to prevent the person from pulling the tube out.

Aspiration

- Inhalation of mouth, esophagus, or gastric contents into the lungs, sometimes causing aspiration pneumonia
- Can occur in anyone, even healthy individuals, who can aspirate on saliva
- The potential risk for aspiration during tube feeding is often overlooked
- Feeding tubes don't prevent aspiration



- Aspiration is the inhalation of mouth, esophagus, or gastric contents into the lungs, sometimes causing aspiration pneumonia.
- Aspiration can occur in anyone, even healthy individuals, who can aspirate on saliva.
- The potential risk for aspiration during tube feeding is often overlooked.
- Contrary to popular belief, feeding tubes do not prevent aspiration.

Aspiration Pneumonia

- Can be a serious complication of tube feeding
- Has been reported as the most common cause of death after placement of a PEG feeding tube
- Tube feeding can decrease but not eliminate risk for aspiration and aspiration pneumonia
- Good oral care may be as important, or more important, than other techniques for preventing aspiration
 - Brushing teeth regularly
 - Daily tooth or denture care
 - Swabbing of the tongue or oral mucosa



- Aspiration pneumonia can be a serious complication of tube feeding.
- It has been reported as the most common cause of death after placement of a PEG feeding tube.
- Tube feeding can decrease but not eliminate risk for aspiration and aspiration pneumonia.
- Good oral care may be as important, or more important, than other techniques for preventing aspiration:
 - Brushing teeth regularly
 - Daily tooth or denture care
 - Swabbing of the tongue or oral mucosa

Who Might *Not* Benefit from Tube Feeding?

Evidence does not support tube feeding to improve health or sustain life in:

- Those with a limited life span
- Advanced age
- Those with advanced dementia
- Medical problems that might affect tolerance to the feeding
 - GI problems



For those with a limited life span because of age, advanced dementia or medical problems that might affect tolerance of the enteral feeding (such as GI problems), there is little evidence to support the use of tube feeding to improve health or sustain life.

Appetite and End of Life

- Loss of desire to eat and drink is a natural part of the progression of many terminal illnesses
- Eating problems are considered a natural part of the disease process for those with dementia



Loss of desire to eat and drink is a natural part of the progression of many terminal illnesses.

Eating problems are considered a natural part of the disease process for those with dementia.

Who Makes the Choice for Tube Placement?

- Ideally, an individual has a Living Will or other documents that indicate their wishes regarding tube feeding
- After weighing the risks and benefits, the decision should default to the individual (or their surrogate/health care power of attorney if unable to make their own decisions)



- Factors that affect decisions include:
 - Emotions related to life and death, food, love, and nourishment
 - Religious, ethnic, and cultural background
 - Opinions of family, friends, and health care providers

- Ideally, an individual has a Living Will or other documents that indicate their wishes regarding tube feeding.
- If no documents are on file, the interdisciplinary team should discuss advance directives regarding tube feeding with the individual and/or their family/surrogate.
- After weighing the risks and benefits, the decision should default to the individual (or their surrogate/health care power of attorney if unable to make their own decisions).
- Factors that affect decisions include:
 - Emotions related to life and death, food, love, and nourishment
 - Religious, ethnic, and cultural background
 - Opinions of family, friends, and health care providers

Key Points For Discussion

- Does the individual suffer from a condition that will benefit from tube feeding?
- Will tube feeding improve the outcome and/or speed recovery/improve prognosis?
- Does the individual have an incurable disease, but one in which quality of life and well-being can be maintained or improved by tube feeding?



- Does the anticipated benefit outweigh the potential risks of tube feeding?

Key points for discussion with the individual and/or family/surrogate include:

- Does the individual suffer from a condition that will benefit from tube feeding?
- Will tube feeding improve the outcome and/or speed recovery/improve prognosis?
- Does the individual have an incurable disease, but one in which quality of life and well-being can be maintained or improved by tube feeding?
- Does the anticipated benefit outweigh the potential risks of tube feeding?

Key Points For Discussion

- Is tube feeding in harmony with the expressed or presumed desires of the individual?
 - If unable to make his/her own decisions, is it in harmony with the surrogate's understanding of the individual's wishes?
- Are there sufficient resources available to manage the tube feeding properly?



- Will tube feeding benefit the individual's overall well-being?
- Will tube feeding negatively affect the individual's quality of life?

- Is tube feeding in harmony with the expressed or presumed desires of the individual? If unable to make his/her own decisions, is it in harmony with the surrogate's understanding of the individual's wishes?
- Are there sufficient resources available to manage the tube feeding properly?
- Will tube feeding benefit the individual's overall well-being?
- Will tube feeding negatively affect the individual's quality of life?

Considerations

- Family members may not accept that their loved one is succumbing to their illness, but rather think that tube feeding will help them get better or stay nourished
- Families may feel a moral duty and emotional need to provide food and water to their dying loved ones, even if the risks outweigh the benefits



Family members may not accept that their loved one is succumbing to their illness, but rather think that tube feeding will help them get better or stay nourished.

Families may feel a moral duty and emotional need to provide food and water to their dying loved ones, even if the risks outweigh the benefits.

Helping Individuals Choose

- Present the benefits and risks of tube feeding
 - Allow time for questions
- Provide evidence-based answers to questions
 - Provide supporting resources as needed
- Refer to other health care providers as needed



So how can you help individuals make the right choice for themselves?

- Present the benefits and risks of tube feeding. Allow time for questions.
- Provide evidence-based answers to questions. Provide supporting resources as needed.
- Refer to other health care providers as needed

Patient/Family Resources

- Consider the Conversation provides a series of videos on end-of-life decisions:
<http://www.considertheconversation.org/>
- Aging with Dignity's Five Wishes form outlines an individual's wishes in certain end of life situations:
<http://www.agingwithdignity.org/five-wishes.php>



- Family Caregiver Alliance. End of Life Decision-Making:
http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=401

Patients and families may benefit from the following resources listed on the slide:

- Consider the Conversation provides a series of videos on end-of-life decisions:
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- Aging with Dignity's Five Wishes form outlines an individual's wishes in certain end of life situations: <http://www.agingwithdignity.org/five-wishes.php>
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Note to presenter: these resources can also provide good background information for this presentation.

Professional Resources

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- A.S.P.E.N Ethics Position Paper
- American Medical Association Policy on End of Life Care
- American Academy Of Hospice and Palliative Medicine Statement on Artificial Nutrition and Hydration Near the End of Life
- National Hospice and Palliative Care Organization Commentary and Position Statement on Artificial Nutrition and Hydration
- Position of the Academy of Nutrition and Dietetics: Ethical and Legal Issues in Feeding and Hydration



The following are a few key references you might wish to review for further information. I'll be happy to share the links to these professional resources if you want them:

- The American Geriatrics Society Feeding Tubes in Advanced Dementia Position Statement: <http://onlinelibrary.wiley.com/doi/10.1111/jgs.12924/pdf>
- A.S.P.E.N Ethics Position Paper: <http://ncp.sagepub.com/content/25/6/672.full.pdf+html>
- American Medical Association Policy on End of Life Care: <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/about-ethics-group/ethics-resource-center/end-of-life-care.page>
- American Academy Of Hospice and Palliative Medicine Statement on Artificial Nutrition and Hydration Near the End of Life: <http://aahpm.org/positions/anh>
- National Hospice and Palliative Care Organization Commentary and Position Statement on Artificial Nutrition and Hydration: http://www.nhpc.org/sites/default/files/public/ANH_Statement_Commentary.pdf
- Position of the Academy of Nutrition and Dietetics: Ethical and Legal Issues in Feeding and Hydration: <http://www.eatrightpro.org/resource/practice/position-and-practice-papers/position-papers/ethical-and-legal-issues-in-feeding-and-hydration>

Presenter Notes:

Questions and Answers.

Optional: Post-test.



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Tube Feed or Not Tube Feed?

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Contraindications of Tube Feeding

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- Acute pancreatitis
- Septic shock
- Inability to obtain or maintain enteral access



Risks Associated with Tube Feeding

- Infection around surgical site (PEG and PEJ tubes)
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Appetite and End of Life

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 - If unable to make his/her own decisions, is it in harmony with the surrogate's understanding of the individual's wishes?
- Are there sufficient resources available to manage the tube feeding properly?



- Will tube feeding benefit the individual's overall well-being?
- Will tube feeding negatively affect the individual's quality of life?

Considerations

- Family members may not accept that their loved one is succumbing to their illness, but rather think that tube feeding will help them get better or stay nourished
- Families may feel a moral duty and emotional need to provide food and water to their dying loved ones, even if the risks outweigh the benefits



Helping Individuals Choose

- Present the benefits and risks of tube feeding
 - Allow time for questions
- Provide evidence-based answers to questions
 - Provide supporting resources as needed
- Refer to other health care providers as needed



Tube Feed or Not Tube Feed?

Patient/Family Resources

- Consider the Conversation provides a series of videos on end-of-life decisions:
<http://www.considertheconversation.org/>
- Aging with Dignity's Five Wishes form outlines an individual's wishes in certain end of life situations:
<http://www.agingwithdignity.org/five-wishes.php>



- Family Caregiver Alliance. End of Life Decision-Making:
http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=401

Professional Resources

- The American Geriatrics Society Feeding Tubes in Advanced Dementia Position Statement
- A.S.P.E.N Ethics Position Paper
- American Medical Association Policy on End of Life Care
- American Academy Of Hospice and Palliative Medicine Statement on Artificial Nutrition and Hydration Near the End of Life



- National Hospice and Palliative Care Organization Commentary and Position Statement on Artificial Nutrition and Hydration
- Position of the Academy of Nutrition and Dietetics: Ethical and Legal Issues in Feeding and Hydration

Tube Feed or Not Tube Feed?

Pre/Post Test

True/False (*Circle your choice*)

1. Tube feeding is a medical intervention, similar to other interventions like dialysis.
True False
2. Naso-gastric tubes are usually used for short-term access (less than 4 weeks).
True False
3. Percutaneous endoscopic feeding tubes (PEG) are not a common form of tube feeding.
True False
4. Enteral nutrition is necessary and appropriate in many situations, including but not limited to: recovery from trauma, stroke, burns or surgery.
True False
5. Risks associated with tube feeding include malnutrition and dehydration.
True False
6. Aspiration is inhalation of mouth, esophagus, or gastric contents into the lungs, sometimes causing aspiration pneumonia.
True False
7. Only sick people can aspirate.
True False
8. Feeding tubes don't prevent aspiration.
True False
9. Tube feeding can eliminate risk for aspiration and aspiration pneumonia.
True False
10. Evidence does not support tube feeding to improve health or sustain life in people with advanced dementia.
True False

Tube Feed or Not Tube Feed?

Pre/Post Test Answer Key

- 1. True**
- 2. True**
- 3. False**
- 4. True**
- 5. False**
- 6. True**
- 7. False**
- 8. True**
- 9. False**
- 10. True**