NUTRITION, FOOD SERVICE & DINING IN LTC

The best practices within this document are recommendations to support regulatory compliance to Ontario LTC legislation, promote optimal nutrition and hydration care and support person centered care. It is important to note, however, that residents' rights and preferences are paramount and should be respected regardless of legislation or best practice. The best practice document is based on resources and expertise from industry professionals and where applicable, are evidence-based. This is a living document that will transition with the evolution of the industry over time.

SUBJECT: ENTERAL NUTRITION	**Revised: 2023-11-30**
ONTARIO REGULATION 246/22 made under the FIXING LONG-TERM CARE ACT, 2021	
Nutrition Care and Hydration Programs	

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1. Purpose & Scope

- Enteral nutrition is used to provide appropriate nutrition support to residents who have a functioning gastrointestinal (GI) tract but are not able to meet their nutritional needs orally due to various factors, including difficulty chewing and/or swallowing or for those who are completely unable to eat on their own.

2. Key Concepts

- Enteral nutrition may be needed due to severe protein-energy malnutrition, head or neck conditions, critical illness, stroke, dementia and other reasons. Enteral nutrition may be required on a temporary or permanent basis.
- Enteral nutrition can vary according to placement location of the tube into the GI tract, type of formula required based on medical condition, and planned feeding regimen. Preference is for a closed system to reduce the risk of contamination and infection.
- Enteral nutrition in advanced dementia is generally not recommended. Resident or power of attorney (POA) / substitute decision maker (SDM) is provided with information on potential risks and benefits to allow an informed decision. The interprofessional team may benefit from consultation with an ethicist or clergy person to support family members.
- Feeding regimes and timing should be based on resident's wishes, quality of life and comfort.

3. Practice Recommendations

a. Appropriateness of Enteral Nutrition

- It is important to have discussions around the appropriateness of enteral feeding use for seniors living in long term care (LTC). These discussions should include the potential risks and benefits to allow residents and/or their POA/SDM to make an informed decision.
- Discussion includes the interdisciplinary care team including the registered dietitian (RD) and the physician. These can be very difficult conversations for POA/SDM if the resident is unable to voice their wishes. Discussions on the use of enteral nutrition as early as possible is recommended.
- In many cases, enteral nutrition is contraindicated in seniors, including those with advanced dementia. The role of the interdisciplinary care team is to work alongside the resident and/or POA/SDM to help them make informed decision with the resident's wishes, comfort and quality of life as a priority.

b. Assessment & Monitoring

Assessment

- The LTC home may receive advance notice of admission of residents requiring enteral nutrition, so the home is prepared and able to provide for the residents' needs with appropriate equipment, supplies and feeding formula.
- Residents who are admitted to the home on enteral nutrition are assessed upon admission by the Registered Dietitian (RD). Requirements for calories, protein and fluids are calculated and documented, and the diet order is adjusted as required. Other nutrients and fibre may be considered depending on the resident's health status. Refer to Enteral Calculation Worksheet in Tools section and follow home policy for how orders are to be written.
- RD considers the method of delivery, which is most often continuous or intermittent in LTC. The location of the feeding tube can vary. Those in LTC most often receive percutaneous endoscopic gastrostomy (PEG) feeding directly to the stomach or gastrojejunostomy (GJ) feeding to the stomach and small intestine. Both of these options allow for a more long-term solution. Nasogastric (NG) feeding may be used as a temporary solution.
- Nutrition and hydration care is provided for residents receiving enteral nutrition by the interdisciplinary care team and overseen by the RD, with input and support from resident/POA/SDM and appropriate referring source or previous providers (e.g.: acute care), as applicable.
- Assessment for the potential of refeeding syndrome should be completed. Refeeding syndrome can occur when someone who has been malnourished begins feeding again. If food is introduced too quickly, it can lead to shifts in fluids and electrolytes and this can cause serious complications. The most common symptom is hypophosphatemia.
- For residents consuming enteral nutrition for only part of their nutritional requirements, the RD should be clear in the plan of care and orders for the diet type, texture and liquid consistency that is tolerated, as well as any special instructions to promote safety.
- Specialized products and feeding protocols are recommended based on resident's medical condition.
- Feeding schedule should take into account resident's personal preferences, appointments, activities, programs, etc.

Monitoring

- Residents receiving enteral nutrition are considered to be at high nutrition risk and are monitored at minimum monthly by the RD, if residents are not considered to be stable. Residents with a new enteral nutrition placement may be monitored more frequently.
- Each resident is monitored on every shift by nursing staff to evaluate the resident's progress and condition, checked for symptoms of intolerance to the formula or administration method, and for signs/symptoms of dehydration.
- Signs and symptoms of enteral nutrition intolerance include, but are not limited to: vomiting, diarrhea, abdominal distention, stomach cramps, nausea, regurgitation of food or fluids, and/or constipation. These are also symptoms of other clinical concerns so it is important to work with the interdisciplinary care team to troubleshoot before assuming it is the enteral feed.
- If any intolerances are reported or observed, staff contact the physician for immediate direction and complete a referral to the RD.
- Periodic interdisciplinary assessment regarding transition back to oral feeds is considered, where appropriate.
- Signs and symptoms of intolerance, weight and pertinent lab values are monitored to best determine optimal formula, volume of formula and fluid, and rates of flow.

c. Orders & Plan of Care

- Enteral nutrition orders and routines are written by the physician or RD, specifying formula product name, total volume, method of delivery, rate of delivery, times of feeding, and volumes and times of required water flushes (manual or pump) for a 24-hour period. Refer to Enteral Calculation Worksheet in Tools section and follow home policy for how orders are to be written.
- Enteral nutrition orders include any positioning or head of bed elevations required.
- Orders include clear direction on the implementation of increased rates or volumes of formula.
- Plan of care includes orders and routines as well as any direction regarding oral feeding.

d. Transitioning to Oral Intake

- Where total or partial transition to oral nutrition is planned, the interdisciplinary care team in conjunction with the RD initiates and develops a comprehensive plan for transition including specific guidance for all staff and clear monitoring protocols.
- Assessment by speech language pathologist (SLP) is ideally needed to determine readiness to transition to oral nutrition and to determine appropriate food texture and fluid consistency. However, this decision may be left up to the internal interdisciplinary care team and/or in collaboration with POA/SDM.
- Risks of oral nutrition are discussed with resident and/or POA/SDM and documented. Discussion includes clear communication about what resident can/cannot consume.
- If there was history of involvement with an SLP or RD prior to admission to the LTC home, it is recommended for the home RD to reach out to collaborate on a transition plan as applicable.
- RD ensures that orders are clear to outline instruction for the reduction in rate and volume of formula to align with the transition to oral intake.

4. Home Specific Policies, Roles & Responsibilities

- Home policy should outline the following:
    - Effective implementation and management of the enteral nutrition program, including responsibilities for assessment, monitoring and plan of care
    - Process to organize the enteral feed formulary, types of feeding pumps and supply ordering.
    - Ethics and ethical framework
    - Staff training for administering and monitoring enteral feeds
    - Protocols for new admissions after hours or emergency situations
- Utilize these Best Practices to guide your home specific policies, roles, and responsibilities. Home specific polices take precedence over this document.

5. Resources & Tools

- Enteral Feeding Worksheet
- Writing Enteral Orders
- Nestle Health Science. (2023). Tube Feeding Intolerance Troubleshooting Guide. https://www.nestlemedicalhub.com/sites/default/files/2022-08/Tube-Feeding-Intolerance-Troubleshooting-Guide.pdf

6. Evidence & References

1. ASPEN. (2023). Clinical Nutrition Resources. https://www.nutritioncare.org/Guidelines_and_Clinical_Resources/Enteral_Nutrition_Resources/

2. ASPEN Nutrition Practice Recommendations Task Force. (2009). Enteral Nutrition Practice Recommendations. JPEN, Vol 33, Issue 2, pp. 122-167 https://aspenjournals.onlinelibrary.wiley.com/doi/epdf/10.1177/0148607108330314

3. Blowers, R. (2021). Feeding Tubes for Elderly: Pros and Cons. The Geriatric Dietitian https://www.thegeriatricdietitian.com/feeding-tubes-for-elderly/

4. Boullata, J.I., Carrera, A.L., Harvey, L., Hudson, L., McGlinnis, C., Wessel, J.J., Bajpai, S., Kinn, T.J., Klang, M.G., Martin, K., Pompeii-Wolfe, C., Wook, A., Guenter, P., (2017). ASPEN Safe Practices for Enteral Nutrition Therapy. Journal of Parenteral and Enteral Nutrition 41:1 January 2017 15–103 https://aspenjournals.onlinelibrary.wiley.com/doi/epdf/10.1177/0148607116673053

5. Mitchell, S.L., Mor, V., Gozalo, P.L., Servadio, J.L., Teno, J.M. (2016). Tub Feeding in US Nursing Home Residents with Advanced Dementia, 2000-2014. (letter). JAMA. 2016 August 16; 316(7): 769–770. doi:10.1001/jama.2016.9374 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4991625/pdf/nihms797122.pdf

6. Mundi, M.S., Patel, J., McClave, S.A., Hurt, R. (2018). Current perspective for tube feeding in the elderly: from identifying malnutrition to providing of enteral nutrition. Clinical Interventions in Aging 2018:3 1353–1364 https://www.dovepress.com/getfile.php?fileID=43431