

Enteral Feeding

The role of the dietitian

Enteral feeding, also known as tube feeding, refers to intake of food via the gastrointestinal (GI) tract. The GI tract is composed of the mouth, esophagus, stomach and intestines.

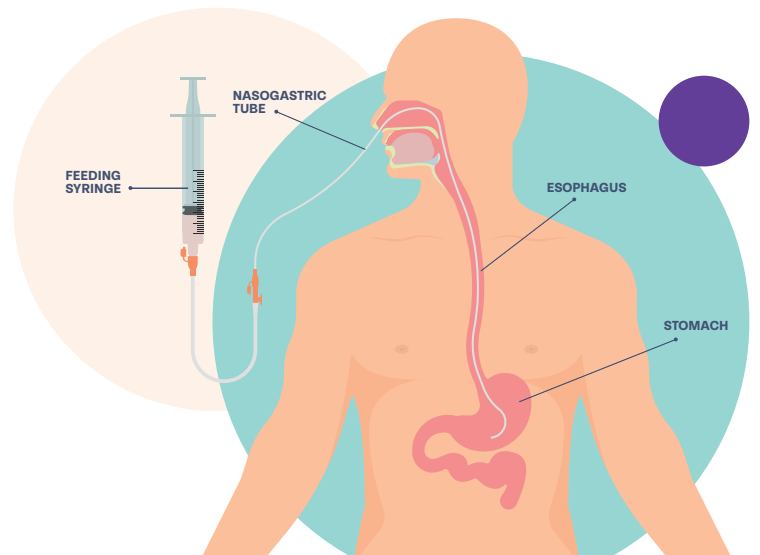
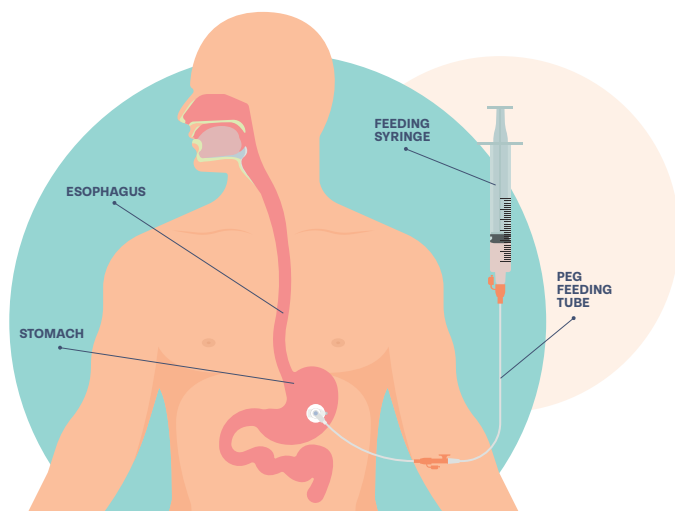
A person on enteral feeds usually has a condition or injury which prevents them eating a regular diet by mouth, but their GI tract is still able to function. For example, the person may have difficulty swallowing (dysphagia) or a critical illness such as cancer. In children it may be related to failure to thrive or feeding difficulties.

People living with feeding tubes are at risk of poor health outcomes

If not monitored correctly, people living with feeding tubes may be at risk of:

- Malnutrition, dehydration and weight loss – if the feeding regime does not meet their nutrition and fluid requirements.
- GI upset such as diarrhoea, constipation, or vomiting.
- Aspiration (formula lodged in lungs) due to incorrect tube positioning or dislodgement.
- Mouth discomfort or infection.

Percutaneous Endoscopic Gastrostomy (PEG)



Nasogastric

The dietitian's role in enteral feed management

Dietitians check people meet their nutrition-care needs whilst they're unable to eat food through their mouth. In tube feeding management, dietitians:

- Estimate daily nutrient intakes.
- Assess the person's nutritional needs for food, fluid, and nutrition.
- Develop a specific feeding regime which includes choosing a formula, and establishing volume, frequency, and timing of feed administration.
- Monitor regime tolerance and change the feeding regime as needed.
- Monitor nutrition outcomes such as weight status to ensure regime is meeting nutrition goals.
- Assist in transitioning from tube to oral feeds, if appropriate.
- Educate family and carers regarding feeding regime and administration.
- Work as part of a team with doctors, nurses, and speech pathologists.

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