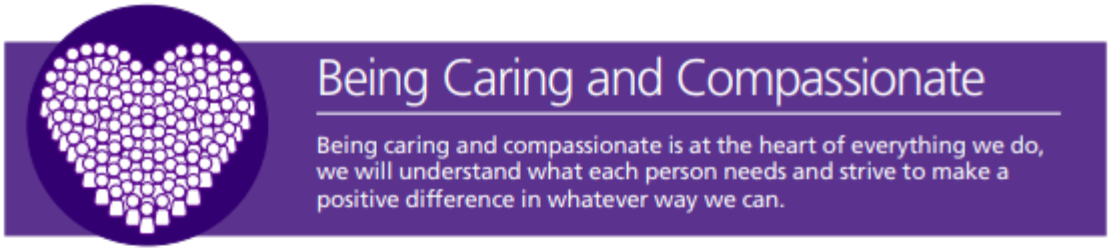
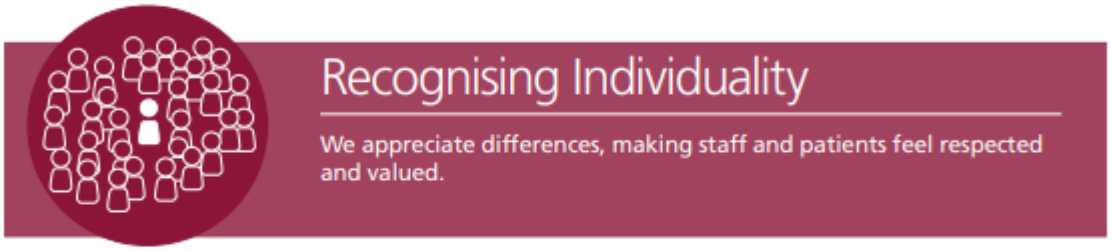
Student Information Booklet – Nutrition Team

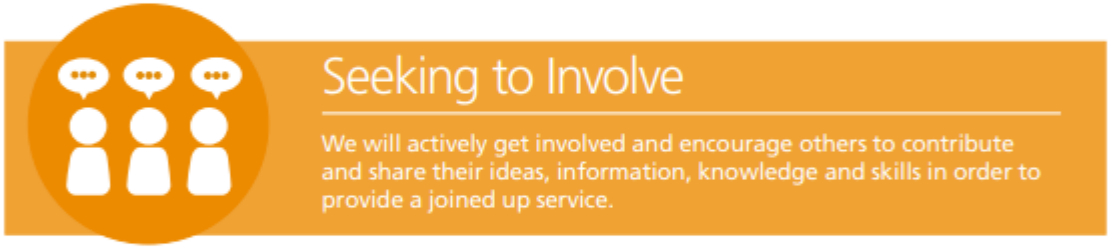
Lancashire Teaching Hospitals NHS Foundation Trust

Welcome!

Welcome to your 2 week placement with the Nutrition Team at LTHTR. We hope you enjoy your time with us. We are a team of Clinical Nurse Specialists who deal with the insertion and management of enteral feeding devices, intestinal failure, TPN management and administration, training and education and much more.







Housekeeping

7 day service, including weekends and bank holidays. 8am-4pm.

Contact details: 01772528386 (Office)

Bleep 3057.

Email: nutrition.team@lthtr.nhs.uk

Fire assembly point is on the grass opposite the Day Treatment Centre entrance. The nearest fire extinguisher is in the corridor, outside the nutrition nurses office (Foam).

Sickness reporting: If you are unable to attend work due to sickness, or for any other reason, please contact the nutrition nurses on 01772 528386 as soon as possible. Remember, we only tend to be in the office from approximately 7:30am onwards so if there is no answer, call back at 8am. You can ask to discuss this with your practice assessor or LEM confidentially (if you need to) or with any of the nutrition nurses who are available.

The Nutrition Team.

The Nutrition Team was set up back in 2008 by our Consultant Nurse, Tracy Earley. Tracy set up the service right from its foundations to what it is now.

The nutrition team aims to provide a 7 day service (including bank holidays) across both sites to deliver specialist care, advice and assistance with the management of enteral feeding and intestinal failure.

We are a specialised team of 6 CNS' who all come from different Nursing backgrounds. We all have different special interests but all work together to maintain the high standards expected here at LTHTR.

Our Nutrition Team Members.

Consultant Nutrition Nurse - Tracy Earley

Nutrition Nurses: Ext 8386/8424/8387 (Bleep 3057)

Karen Hamlin (Lead Nurse)

Lucy Taylor (Lead Nurse)

Yvonne Clarkson

Caron Gregory

Jessica Quayle

Pamela Boyes

Gillian Armstrong (HCA)

Annie Owens (HCA)

Clinical Support Manager

Rachel Ward

Secretaries (ext 3057):

Donna Middleton, Cathryn Billington

Day to day working.

Everyone starts at 8am, we go through our handover and discuss any patients that we may be concerned about or who may need to be reviewed. The band 7's will allocate our day to day working pattern, this includes:

- TPN ward round:
  - Generally, a band 7 NMP will attend the TPN ward round. Here they are accompanied by a Dietitian and a Specialist Clinical Pharmacist. Patients are reviewed who are already on TPN and new referrals are seen. On a Friday, the Nurse who is working the weekend will attend the ward round so they know the patients for over the weekend.

- Clinic:
  - Clinic will vary on a daily basis. Frequent attendees include dislodged gastrostomy tubes, blocked gastrostomy tubes, water balloon changes, blocked NG's, dislodged NGs, PICC bloods, PICC dressings, Magnesium infusions, general issues with tubes and gastrostomy assessments.
  - All patients who are seen in clinic require a letter to be typed for each visit, you will have the opportunity to do some letters also.

- Wards
  - Again, this will vary on a day to day basis. Patients who need treatment will be highlighted on the handover and then any bleeps throughout the day will be answered / triaged / actioned. Ward jobs tend to include: trouble shooting of enteral feeding devices (particularly NG tubes), insertion of NG tubes, PEG/RIGG assessments, TPN etc.
  - NG Audits.

- Chorley
  - Generally, we go over to Chorley 3 times per week (Monday / Wednesday / Friday). The Dietitians at Chorley will contact us if they need us for anything outside of these days. You will have the opportunity to accompany a CNS over to CDH to review patients and carry out any jobs over at CDH.

Below is a list of objectives which you will have the opportunity to do while with the Nutrition Team:

- Nasogastric tube insertion
- Insertion of a nasal bridle
- Troubleshooting NGs
- Ward audits for nasogastric tubes
- Water balloon changes
- Troubleshooting gastrostomy tubes
- Balloon gastrostomy replacement
- Dilation of gastrostomy tract
- Removal of gastrostomy tubes
- Peripheral bloods / insertion of a peripheral cannula
- Obtaining central line bloods
- Central line dressings
- Obtaining cultures from a central line
- Observe / administration of intravenous infusions
- TPN ward round
- Observe TPN administration
- Sit in on a gastrostomy assessment
- Watch a PEG insertion / RIGG insertion
- Assessment of mental capacity
- Best interests decision making and meetings

Your dedicated practice assessor for your time with the Nutrition Team is:

However, all other members of the Nutrition Team will be working alongside you. We do not bite, please do not worry and ask any questions at all. There is no such thing as a daft question! ☺

Different types of enteral feeding tubes

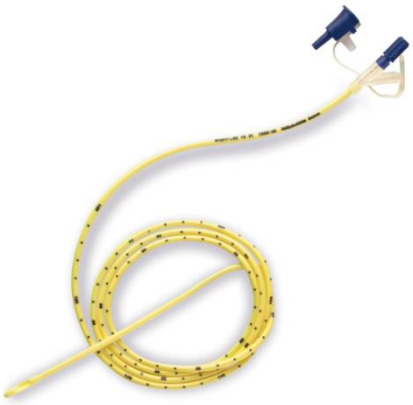
Nasogastric – generally a 10Fr tube passed via the nose, down the oesophagus and into the stomach. This tube can be passed at the bedside (with or without ENT involvement) or by interventional radiology (IR). Position confirmed as safe to use by 1) gaining an aspirate of 5.5 or less 2) Chest x-ray

- If a chest x-ray is performed to confirm tube position, it must be reviewed by both a 1) radiologist and 2) other competency assessed practitioner (e.g. Doctor, ACP etc) and documented as safe for use using CCDD (clavicles, carina, diaphragm, deviates left).

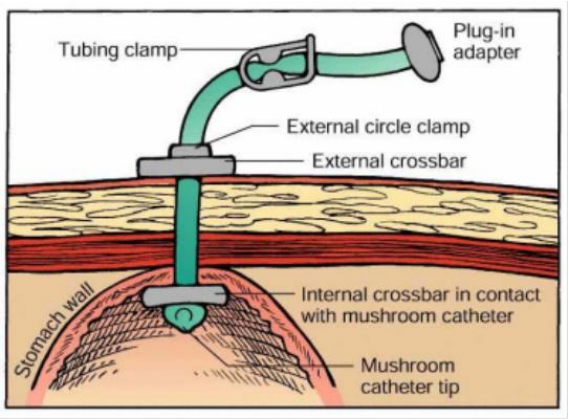
Nasojejunal – always an 8Fr tube (yellow) which is passed via the nose, down the oesophagus, into stomach and down to jejunum. This tube can be passed either at the bedside by a competent Nutrition Nurse or in IR.

Nasojejunal tubes are usually secured with a nasal bridle on insertion to prevent dislodgement.

Ongoing checks with NJ tubes: Every time the NJ tube is accessed the position marker at the nose MUST be checked and documented.



Percutaneous Endoscopic Gastrostomy (PEG) – a tube which is placed in the stomach, using endoscopic and pull through technique. PEGs placed at LTH are always a 16Fr Corflo. PEGs at LTH are placed by the Nutrition Nurses, with a Consultant Gastroenterologist performing the endoscopic procedure.

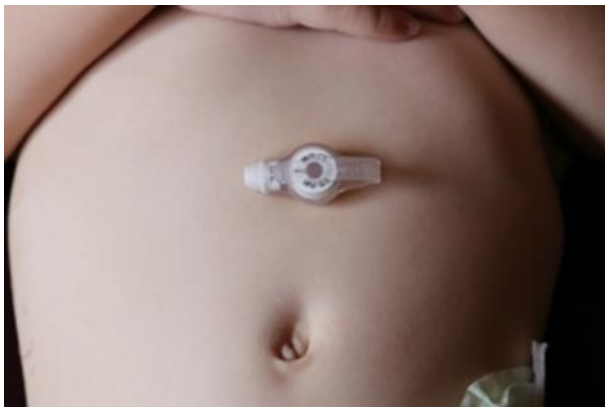


Radiologically Inserted Gastrostomy with Gastropexy (RIGG) – a tube which is placed directly into the stomach in Interventional Radiology. At LTH, RIGG tubes are often a 16Fr MIC the other tubes which can be used are AMT. For RIGG insertion a patient must have a nasogastric tube placed prior to the procedure which is then removed afterwards.

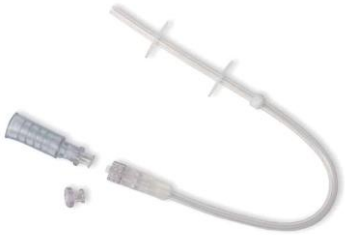
Also known as a 'balloon tube'

Both PEG and RIGG tubes are gastrostomy tubes! They do the same job but are just placed differently. Patients are assessed for suitably by nutrition nurses and booked depending on the outcome of the assessment.

Low profile gastrostomy tubes (MIC-KEY / MINI) – These are balloon gastrostomy tubes which are placed following a period of having a MIC / AMT.

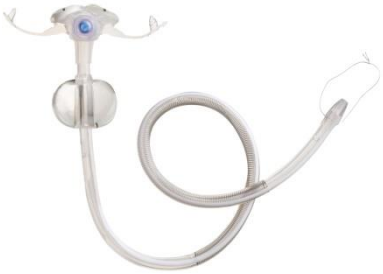


Jejunostomy – Jejunostomy tubes are placed surgically and require a general anaesthetic. When they are first placed they have a Dacron cuff and two sets of wings to anchor them in place. If the wings become exposed / the tube splits it will need to be exchanged in IRDU and a balloon tube placed.



Transgastric jejunostomy – These tubes are placed in IRDU by a Consultant Radiologist. The tubes we use at LTH are a 16Fr MIC with a 45cm jejunal extension. These tubes have a gastric port and a jejunal port.

G-JET – These tubes are a low profile version of the above, again placed by a Consultant Radiologist in IRDU. We only have 3 patients with them in the community.



Freka PEG with jejunal extension for Duodopa administration – These tubes are placed endoscopically and are specific for Parkinsons. Annually, we assess approx. 1 patient.

If a balloon tube fails, it will have to be replaced. Either in IRDU / clinic dependant on the tube.

Other terms you may hear:

PEGogram – a contrast study performed in x-ray if you are concerned regarding the placement of a gastrostomy tube.

JEJogram – a contrast study performed in x-ray every time a jejunostomy tube is changed.

Different *brands* of tubes:

Corflo Primary – Endoscopically placed PEG at LTH (usually have a white hard flange, white clamp and a y-port).

Corflo balloon – Sometimes used in the community. We do not stock these routinely.

Freka Primary – Endoscopically placed at BVH (usually have a triangle flange and specific freak ends.

MIC balloon – Radiologically placed at LTH / can be used for tube exchange.

AMT balloon – Used for tube exchange in clinic (cheaper than a MIC).

Freka balloon – Placed Endoscopically at BVH (PEXACT).

MICKEY / MINI (balloon) – Low profile balloon tubes.

GJET – low profile transgastric jejunostomy tube.

Flocare – these are our smallest balloon gastrostomy tubes (10Fr).

(This is very confusing and we do not expect you to understand them all. They all look different and can normally be recognised, but we try and guide you as best we can).

Total Parenteral Nutrition (TPN).

Total parenteral nutrition is the intravenous administration of nutrition which may include: proteins, carbohydrates, fats, minerals, electrolytes, vitamins and other trace elements. At LTHTR, TPN is always administered via a central line. TPN may be given when a patient is suffering from intestinal failure.

Intestinal failure (IF) is described by Pironi et al (2014) as the reduction in gut function below the minimum necessary for the absorption of macronutrients and/or water & electrolytes – such that intravenous supplementation is required to maintain health and/or growth.

Types of intestinal failure:

1. Self-limiting – acute post op ileus, acute inflammation.
2. Prolonged – gastrointestinal complication, enterocutaneous fistula, abdominal sepsis
3. Long term – short bowel syndrome, chronic obstruction, motility disorder.

Pironi et al (2015). Intestinal failure in Adults: Recommendations from the ESPEN expert groups. Clin Nutr 34(2): 171-180.

The need for TPN is assessed by the nutrition team, following a referral from the patient's parent team, on the daily TPN ward round.

Further reading:

- Gabe, S. (2017). Definitions & types of intestinal failure [Online]. Retrieved from Definitions and types of intestinal failure (stmarksacademicinstitute.org.uk)
- Pironi, L. (2016). Definitions of intestinal failure and the short bowel syndrome. Best Practice & Research Clinical Gastroenterology 30(2) Pg 173-185 [Online]. Retrieved from Definitions of intestinal failure and the short bowel syndrome - ScienceDirect