Shared learning

Theme of the week

Patient Feeding Complications Post Removal of PEG.

Date

02/12/2024

Background and context

Whilst at RHN, the patient accidentally dislodged his enteral feeding tube, that could not be reinserted locally. This required an admission to the acute hospital for the tube to be re-sited and replaced. The acute hospital discharged the patient back to RHN on 01.05.2024 without a PEG tube, and handed over to the teams that the patient had been tolerating a PO diet and fluid intake well. RHN SLT was on leave and there was no immediate liaison from RHN SLT to SGH SLT to hand over. The patient had not been trialled on PO medications, thus was now the only route of access. On readmission, patient was observed to refuse medications, snacks and require a lot of prompting to eat and noted coughing. A further incident of choking resulted in a further admission to acute services one week later, where he was treated for AP.

What happened?

SLT was on annual leave, which resulted in a lack of cover to liaison between acute services and the RHN prior to readmission. SGH was not completing food charts as requested by ward management.
The MDT agreed to re-admit and monitor
Meal Mat was in place.
There is a possibility that the patient's medications may have occasionally been administered in the in-correct preparation. The patient's MAR chart did not provide a point of reference of how the medications should be prepared in line with the patient's oral intake consistency.

What should have happened?

A thorough handover should have been achieved between SGH SLT and RHN SLT - outlining the risks. This should be achieved prior to confirming acceptance back to RHN.
Nursing and Medical to have liaised with RHN Pharmacy to ensure the medication chart (MAR) should have reflected the correct preparation for each prescribed medication.

What we will do differently next time

SLTs to include information about oral medications in dysphagia training .
In unusual high risk scenarios, re-admission will be done with further detailed handover from acute services.
Registered nurses and ward medical team will liaise with RHN pharmacy, to ensure that medications are prepared in accordance to their license and patient meal mat. This will be clearly instructed on the MAR chart as a point of reference to ensure safe medication administration.
Ward management to liaise with local safeguarding team if acute services insisting on unsafe discharge.

What have we learned?

Handover procedure for SLT leave has been reviewed and team reminded of process. Covering therapists reminded they need to follow up following acute admissions.
In unusual cirumstances that present potential high risks, wider MDT to discuss risks of readmission
The importance of interdisciplinary working among a patient's treating teams to ensure that all aspects of their medical and nursing care is provided safely and in accordance to their personalised gudelines.
Ward staff to liaise with Drs and pharmacy.

☑ I have read this

Name	Job role	Signature