Royal Hospital for Neuro-disability

GUIDELINES FOR INVESTIGATING ENTERAL TUBE RELATED INCIDENTS

When completing DATIX investigations for incidents involving enteral tubes, document each of the following points:

INCIDENTS RELATED TO TUBE REMOVAL

1. Make and type of tube (balloon or bumper retained, jejunostomy etc).
2. If balloon retained tube, document date of last change. Is the change overdue?
3. If balloon retained, check balloon volume documentation for last 6 weeks including:
    a. Correct volumes instilled?
    b. Volumes in/out documented correctly?
    c. Any noticeable decreases or pattern to show balloon failing/leaking?
    d. Was sterile water used to inflate balloon (not saline or anything else)?
4. Is this a repeat incident- for the patient or a staff member? If so, document the numbers of the linked incidents.
5. Was the tube secured at time of removal? If so, with what (Clinifix, Cinch, binder etc)?
6. Does patient wear an abdominal binder? If so, when - in bed/chair/both? Was it in situ at time of incident?
7. Was an extension set in use at the time? If so, what is the indication for use and when was it last changed?
8. Does the patient exhibit behaviours that challenge? Is this an established pattern?
9. Describe in detail what led up to the incident- interview all staff members involved and document findings in chronological order.
10. Was the tube kept for examination? If so, check all component parts are correct and intact; if balloon still intact inflate with water to check the balloon for leakage and that the inflation valve is working and not damaged;

Please consider:

An inflated balloon that is pulled out via traction will often burst due to pressure. A burst balloon is therefore NOT always a sign of tube/balloon failure. It usually indicates that the tube has been pulled out with force. If accidental tube removal occurs more than once in 3 months, the patient should be placed on enhanced monitoring for 7 consecutive days/nights.

INCIDENTS RELATED TO TUBE BLOCKAGE

1. Make and type of tube (balloon or bumper retained, jejunostomy etc).
2. If balloon retained tube, document date of last change. Is the change overdue?
3. Describe in detail what led up to the incident - interview all staff members involved and document findings in chronological order.
4. Is this a repeat incident - for the patient or a staff member? If so, document the numbers of the linked incidents.
5. Was the tube flushed pre & post feed/medication or if the feed was paused? If gastro-jejunal tube was the volume 100ml or over?
6. Was the tube flushed using a push/pause technique?
7. Was an extension set in use at the time? If so, what is the indication for its use and when was it last changed?
8. If medication involved, what was given - crushed tablets/ dispersible tablets? Was the medication prepared correctly?
9. Was the tube noted to be rigid when last flushed?
10. If tube is a narrow bore jejunal tube, are all medications prescribed as liquid formulations? If not, please refer to medical team and pharmacy for urgent review to prevent repeat blockage.
11. Size of tube (if a size 12Fr balloon retained tube in situ, and recurrent incident complete enteral patient referral on EPR for Enteral Team to consider dilation of stoma up to accommodate size 14Fr tube).

FOR ALL OTHER INCIDENTS INVOLVING ENTERAL TUBES

1. Make and type of tube (balloon or bumper retained, jejunostomy etc).
2. If balloon retained tube, document date of last change. Is the change overdue?
3. Is this a repeat incident - for the patient or a staff member? If so, document the numbers of the linked incidents.
4. Describe in detail what led up to the incident - interview all staff members involved and document findings in chronological order.

For any incident, consider the need for shared learning once an investigation is completed.