Survey of common practice when NGT feeding under restraint in adolescents with eating disorders

Sarah Fuller – Specialist Eating Disorders Dietitian, Rhodes Wood Hospital
Oliver Street – Specialist Eating Disorders Dietitian, Ellern Mede Service for Eating Disorders
Why we did the project

• Peer attended a QNIC review of a general adolescent unit. Identified that a patient was receiving NGT feeds via pump feed and needing physical interventions for over 4 hours a day
  • Lots of patient distress
  • Lots of anxiety on the ward from other patients
  • Staff risk and burnout

Noticed that this was very different from what specialised ED units do and shared concerns with unit Dietitian.

Discussed in peer supervision and the project evolved... We wanted to support other Dietitians and units in similar positions by identifying common practice.
What we did

• Initial survey via ‘survey monkey’ sent out via QNIC ward managers list and British Dietetic Associations CAMH eating disorders group
  • This received 60 responses (45% response rate)
  • The draft data was published in Complete Nutrition in 2016
• Subsequently NHS England gave a list of all units they commission for ED treatment. We could then identify which units to call and chase up – total number of units to contact = 135.
• Peer review at the CAMH eating disorders sub group of the Mental Health group of the British Dietetic Association.
Results

• 134 responses from 135 units (General Adolescent, Children’s Units, Eating Disorders, PICU) i.e. 99% response rate.
• 58 of 134 can NGT feed = 43.3%
• Of which 46 can NGT feed with physical interventions = 79% (i.e. only 34.3% of all units surveyed)

Common practice identified:
• Number of feeds when no PI required = 4 on average
• Number of feeds when PI required = 2.5 on average
• Average volume of bolus feed = 564ml (range 330-1000ml)
• Preferred route is via syringe bolus 31 units of 43 responses (72%)

Ellern Mede Case Study

• RC was 11 year old, female admitted under section of MHA.
• Total dietary refusal and over exerciser.
• Anthropometrics on admission
  • Weight = 45.3kg,
  • Height = 167.4cm,
  • BMI 15.74kg/m²,
  • 87.03% weight for height.
• Gradually increased normal food and reduced feeds. Worked hard to be granted leave for a friend’s birthday.
• Attended party and ate a slice of cake, after the party overdosed on paracetamol and taken to A+E. Returned to unit refusing all meals and snacks.
• Initial nasogastric feeding recommenced on:
  • 500mls of Fortisip multi-fibre 200mls of water t.d.s.
  • Provides 2,250kcals and 2,000mls of Fluid.
• However, then showed high levels of resistance to feeds, RC required 5 person support.
Ellern Mede Case Study

- RC’s anxiety levels, before, during and after feeds was significantly high and often she had not de-escalated from one feed before it was time for the next one.

- Because of increased risk of injury to RC and staff, it was agreed to trial two feeds a day.
  - 500mls of Fortisip compact fibre plus 500mls of water BD,
  - Provided 2,400kcals and 2,000mls of fluid.
  - Time between feeds was maximised to produce a therapeutic window.

- Began to engage in therapy and resistance to feeds diminished. RC returned to 3 feeds a day to promote normal eating pattern. Overnight pump feed was agreed while the patient gradually increased amount of food and fluid she could tolerate during the day until no feeds were required.

- Length of admission: 10 months.
Case study 2 – Rhodes Wood

• BT is a 13y old girl admitted informally to Rhodes Wood from her local Paediatric ward with acute refusal to eat and drink, self-harming – needed NGT feeding.

• Anthropometrics:
  • Weight = 32.9kg
  • Height = 152.9cm
  • IBW = 74.2%

• On admission started to eat and drinking but stopped after a few weeks when a decision needed to be made regarding which parent she lived with.

• Initially little resistance to NGT feeds but when she started to resist was detained under MHA and transferred to our intensive support ward.

• As family situation deteriorated further, so did her mental health, ended up refusing all food and fluids and needing up to 6 staff to maintain her safety in feeds
  • Feeds reduced form 3 a day to 2 a day
  • Volume increased to 1,000ml per feed – ensure compact with water to maintain hydration.

• Patient now drinking water but continues to be NGT fed with varying levels of resistance and or assaulting staff after feeds.
Other factors that we consider

• Medical monitoring
• Psychiatric perspective
• Nursing perspective
• Mental Health Act perspective
Medical perspective

Ellern Mede Consultant Paediatrician, advises:

“When prescribing large volume feeds, e.g. 2 x 800-1,000 ml boluses, and they are tolerated by the patient, i.e. no vomiting, the following should also be considered to fully assess the medical stability of the patient:

• 24-hour urine output – as this will help identify if the patient is dehydrated
• Monitoring of blood sugar levels if symptomatic of hypoglycaemia
• Blood biochemistry may be required if the patient is
  - On a small total volume of fluids, i.e. less than 1800 ml/day
  - Shows signs of a poor urine output
  - There is a pre-existing medical condition
  - Other signs of clinical dehydration and or constipation.

Note: weekly liver function tests may be helpful (especially to monitor the ALT levels) to identify if there is any emerging fatty liver profile. Persistently raised ALT’s would indicate further investigation and a liver ultrasound.”
Psychiatric perspective

Dr Hind Al Khairulla, Consultant Psychiatrist Ellern Mede, says:

“Patients and staff alike report high levels of anxiety pre and during NGT feeding times and therapeutic alliance is interrupted throughout these periods. It may, therefore be helpful to reduce the number of feeds given over a 24-hour period to minimise the trauma caused and reduce the high levels of anxiety experienced by patients. Post-feed guilt also tends to be extreme immediately following administration of feeds and tends to drop as time passes by. Less number of feeds would therefore allow patients more quality time to interact with others and engage positively in activities unrelated to their eating disorder thus having a positive impact on mood and eating disorder cognitions.”
Nursing perspective

Sharon Donaldson, Rhodes Wood Hospital Director, states:

“There are few nursing interventions that impact on the staff member delivering the care and the patient receiving the care as significantly as the process of NGT feeding under restraint. Whilst it is recognised that in the severely ill patient group this is a lifesaving intervention, the delivery of this intervention can be a traumatic experience for both the patient and the staff member. Both experiencing feelings of guilt and distress once the act is complete. Minimising this intervention to twice daily enables nursing staff to be confident they are delivering the least restrictive option to maintain physical health, whilst optimising the opportunity for therapeutic engagement between feeds – enabling staff to offer support to work towards acceptance of feeding without physical intervention during these periods. Supervision and support of staff, as well as debriefing and motivational enhancement work with patients, is essential in maintaining the standards of clinical care in this challenging area.”
Mental Health Act perspective

The Mental Health Act The code of practice states that:
‘Any restrictions should be the minimum necessary to safely provide the care or treatment required having regard to whether the purpose for the restriction can be achieved in a way that is less restrictive of the person’s rights and freedom of action’.

Furthermore, ‘Restrictive interventions must only be used with great caution on children and young people who are not detained under the Mental Health Act’.

Therefore, if a patient is requiring physical interventions for the NGT feeds, a reduced number of feeds for the shortest possible time should be considered as part of their care plan. This conflicts with general practice, i.e. that feeds should be given after each meal and snack to promote normal eating patterns.
Dietetic feedback

• Published initial findings in Complete Nutrition (May, 2016)
• Feedback has been positive from Dietitians across the UK (South Wales, Scotland, Newcastle, Luton, Leicester)

  • ‘we are currently dealing with the sickest young person we have ever worked with and it is really reassuring that we can feed twice a day’

  • ‘working on a Paediatric ward we would usually only feed via pump – it is good to know that we can bolus feed via a syringe and this would reduce the distress for our eating disorder patients on the ward’

  • ‘we would never usually give a bolus more than 600ml – it is great to know that we can build the tolerance to much larger volumes’
Recommendations going forward

• Disseminated at IEDC March 2017
• Possibility of formalising the guidance working with other agencies e.g. QNIC, Royal College of Psychiatrists or BDA
Any questions?