Updating Inpatient Blenderized Tube Feeding Policy at Seattle Children's Hospital

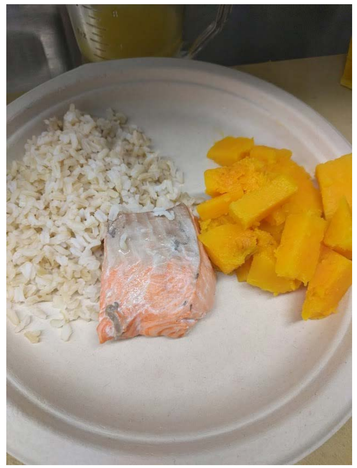
Erin Phelps, UW Nutritional Sciences, MS Student & Dietetic Intern

SCHOOL OF PUBLIC HEALTH · UNIVERSITY of WASHINGTON

excellent science, shared passion, enduring impact

Blenderized Tube Feeding History and Resurgence

Blenderized tube feeding (BTF) uses blended foods to feed a patient through a tube rather than a commercial tube feeding formula. While BTF fell out of use with the advent of commercial formulas, use is now increasing due to perceptions of increased tolerance and nutritive value with BTF.[1,2]

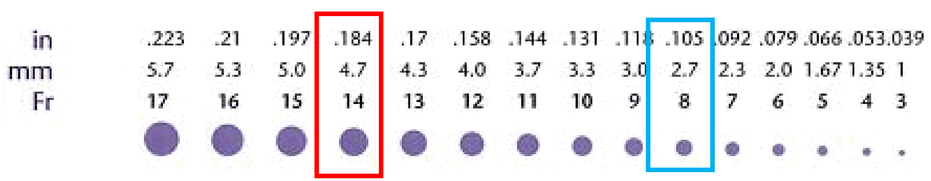


Hospital implementation of BTF has been difficult due to thick BTF formulas and poorly blended foods clogging feeding tubes as many children's tubes are smaller than the recommended size.

Current Inpatient BTF Policy

Current policy at Seattle Children's Hospital:

- 14 French G-tube or 8 French NG tube
- Options include:
  - Bring own BTF from home
  - Order standard SCH recipe
  - Home recipe prepared in SCH kitchen.



Special thanks to Cheryl Davis, RD, CD, CNSC, for her support on this project.

Current Practice and Planned Updates

- Most patients have an 8 French NG tube
- Preference for having SCH prepare home recipe.
- Difficulties with clogged tubes when making home recipes in the SCH kitchen.

Due to the frustration around clogged tubes with BTF and lack of use of the SCH standard recipe, a recent project undertook to update the standard recipe to increase appeal to families and ensure flow through 8 French tubes. This upcoming change necessitates updates to align practice and policy.

Recommendations

- Continue to allow minimum size 8 French NG tubes.
- Continue to allow BTF from home or order the new SCH standard BTF recipe from the SCH kitchen.
- No longer prepare individual home recipes, except in cases of clinical necessity.
- Add thinned, pureed foods to patient BTF options.

Policy updates were presented at an interdisciplinary Nutrition Support Committee meeting in May 2018. The committee members were enthusiastic and supportive of the proposed policy updates.

References:

1. Harkness, L. (2002). The history of enteral nutrition therapy: From raw eggs and nasal tubes to purified amino acids and early postoperative jejunal delivery. *Journal of the American Dietetic Association, 102*(3), 399-404.
2. Bobo, E. (2016). Reemergence of blenderized tube feedings: Exploring the evidence. *Nutrition in Clinical Practice, 31*(6), 730-735.