
Tube Feeding Exit Plans

Initiative Type

Model of Care

Status

Deliver

Added

23 May 2023

Last updated

27 October 2023

URL

<https://clinicaexcellence.qld.gov.au/improvement-exchange/tube-feeding-exit-plans>

Summary

A child that needs a temporary feeding tube (e.g. a nasogastric, nasojejunal, nasoduodenal tube) should have an organised, written plan to ensure that the tube fits the purpose intended and there is a set endpoint for removal, or the intended date for review.

This project hypothesised that the implementation of a tube exit plan, at or before placement of a temporary feeding tube, will reduce the length of duration of temporary tube feeding in children and

improve patient and family satisfaction with service delivery and quality of life. It is further hypothesised that improving the knowledge of health professionals with regards to best practice in temporary tube feeding, including tube weaning, would lead to better health outcomes for children and their families.

Key dates

Nov 2018

May 2023

Implementation sites

Queensland Children's Hospital Several other hospitals are aware of tube exit plans including Gold Coast University Hospital, Logan, Ipswich, but no formal implementation has been completed at these sites.

Partnerships

We had input from health consumers (parents with lived experience of having children with feeding tubes) reviewing the document and providing feedback.

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Aim

Empowering families to understand the management of their child's temporary feeding tube through a written documented plan.

Benefits

- improves communication between clinicians and families
- involves families in their child's care
- supports families to understand the journey of care for their child with a temporary feeding tube
- improves documentation in the child's medical notes

Background

This project was initiated following a parent from the multidisciplinary feeding clinic raising money to provide funding for this team to complete a gap analysis research project on the management of children with temporary feeding tubes. This research led to the creation of tube exit plans.

This research showed that children with temporary feeding tubes for in longer than five days are 'at risk' of prolonged tube feeding. Tube exit plans are vital for these children to ensure that there is a plan to remove the temporary feeding tube and prevent the risk of tube dependency.

The results of this research showed that tube weaning was one of the top three most requested training needs for Australian allied health clinicians. This highlights the gap in knowledge of clinicians managing children with temporary feeding tubes.

Tube dependency can have significant health related and psychological consequences to the child, their family, accompanied by the burden to the health service.

Solutions Implemented

- Tube exit plans were implemented as part of standard clinical care for clinicians at Queensland Children's Hospital (QCH).
- Improvements in the documentation of tube exit plans were seen in pre and post implementation research.

Evaluation and Results

The following journal articles were published as a result of this research

1. Syrmiss M, Frederiksen N, Reilly C, Bell K. A natural history of temporary tube feeding care at a children's hospital: A prospective audit of medical records. *J Child Health Care*. 2022 Nov 11:13674935221138635. doi: 10.1177/13674935221138635. Epub ahead of print. PMID: 36367960.
2. Syrmiss M, Reilly C, Frederiksen N, Bell KL. Characteristics and health service utilization of children most at risk for prolonged temporary tube feeding. *Nutr Clin Pract*. 2023 Apr 5. doi: 10.1002/ncp.10981. Epub ahead of print. PMID: 37017937.
3. Syrmiss, M., Frederiksen, N., & Reilly, C. (2019). Characterisation of information Hospitals Provide Parents on Tube Feeding, Including Tube Weaning. *Journal of pediatric nursing*, 44, e91–e97. <https://doi.org/10.1016/j.pedn.2018.11.008>
4. Tilyard R, Reilly C, Gallegos D, Syrmiss M, Frederiksen N, Press C. Temporary feeding tube dependency in pediatric patients: A retrospective analysis of risk factors and preventative practices. *Clin Nutr ESPEN*. 2020 Dec;40:320-326. doi: 10.1016/j.clnesp.2020.08.008. Epub 2020 Sep 8. PMID: 33183557.
5. Syrmiss, M., Frederiksen, N., & Reilly, C. (2020). Weaning children from temporary tube feeding: Staff survey of knowledge and practices. *Journal of paediatrics and child health*, 56(8), 1290–1298. <https://doi.org/10.1111/jpc.14927>
6. Hopwood, N., Moraby, K., Dadich, A., Gowans, J., Pointon, K., Ierardo, A., Reilly, C., Syrmiss, M., Frederiksen, N., Disher-Quill, K., Scheuring, N., Heves, R., & Elliot, C. (2021). Paediatric tube-feeding: An agenda for care improvement and research. *Journal of paediatrics and child health*, 57(2), 182–187. <https://doi.org/10.1111/jpc.15286>

Lessons Learnt

Implementing a new clinical standard of care can be challenging and needs many champions to promote it in the long-term.

Further Reading

A collection of three comprehensive peer-reviewed Queensland Health iLearn courses on temporary tube feeding management is available to Queensland Health clinicians.

