



Background

On observation, patients typically used incorrect techniques to administer medications via enteral feeding tubes (EFT). Appropriate methods of medication preparation and administration via EFT reduces patient harm and provides accurate dosing. This was not specifically addressed in the handbook 'Don't Rush to Crush' (DRC).

Description

A patient-specific resource was designed to educate patients on the correct preparation and administration of medicines via EFT and provide a standardised process for pharmacists to educate patients on discharge. In consultation with the SHPA and the DRC Handbook, a one-page leaflet was prepared which included: equipment and methods required for crushing medications. It was developed in conjunction with the hospital's gastrostomy guidelines and discharge checklists. It will be used with electronic medicines management system generated discharge prescriptions to document appropriate crushing methods with each medication listed.



Action

This resource will be incorporated into the next DRC edition. Once publication is finalised, the implementation process will be to disseminate and educate nurses, pharmacists and other allied health professionals on its use. Discharge planning and ward pharmacist processes will incorporate it to assist patients to manage their medication administration at home.

shpa
Giving medicines into your enteral tube
Patient information

Your medicines
Your discharge information includes a list of your medicines. If a medicine is not available in a liquid form your pharmacist can advise the best method of preparing and giving it into the tube. Ask your pharmacist to write the letter A, B or C next to each medicine and follow the step by step instructions over the page. Only use the method indicated by your pharmacist. Timing of enteral feeding is important for some medicines because enteral nutrition may affect absorption. This won't matter as much if you have a PEG-J tube. Ask your pharmacist if you are unsure about when to take your medicines in relation to your enteral nutrition.

Giving your medicines
You will need an enteral syringe to give medicines into your enteral tube. It is very important to use the syringe that fits your tube connection. Ask your pharmacist which is the correct option for your tube.

Enteral syringe

Tablet crushers

Liquid medicines

1. Stop the enteral feed (if on continuous feeding).
2. Draw 30 mL of water into an enteral syringe and use this to flush the tube.
3. Draw the required dose into the enteral syringe.
4. Draw an equal volume of water into the enteral syringe and mix well.
5. Give the mixture into the tube immediately.
6. If other medicines have to be given, flush the tube with at least 5 mL of water between each one.
7. After the final medicine is given, flush the tube with 30 mL of water.
8. Restart the feed when appropriate.

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Giving medicines into your enteral tube

A Method A: Disperse the tablet in water

1. Stop the enteral feed (if on continuous feeding).
2. Draw 30 mL of water into an enteral syringe and use this to flush the tube.
3. Remove the plunger and place the tablet in the enteral syringe. Replace the plunger.
4. Draw 10 to 20 mL of water into the enteral syringe and allow the tablet to disperse. This may take several minutes. Shake gently if required. Make sure the tablet is completely dispersed so it does not block the tube.
5. Give the dispersion into the tube immediately.
6. Rinse the enteral syringe with another 10 mL of water and give this into the tube as well.
7. If other medicines have to be given, flush the tube with at least 5 mL of water between each one.
8. After the final medicine is given, flush the tube with 30 mL of water.
9. Restart the feed when appropriate.

B Method B: Crush the tablet

1. Stop the enteral feed (if on continuous feeding).
2. Draw 30 mL of water into an enteral syringe and use this to flush the tube.
3. Crush the tablet to a fine powder using a mortar and pestle or a tablet crusher.
4. Add 10 mL of water to the powder and mix well.
5. Draw the mixture into the enteral syringe.
6. Rinse the crushing device twice with 10 to 20 mL of water so that all the medicine is removed and add this to the enteral syringe. Shake gently to make an even mixture so that it does not block the tube.
7. Give the mixture into the tube immediately.
8. Rinse the enteral syringe with another 10 mL of water and give this into the tube as well.
9. If other medicines have to be given, flush the tube with at least 5 mL of water between each one.
10. After the final medicine is given, flush the tube with 30 mL of water.
11. Restart the feed when appropriate.

C Method C: Disperse the contents of a capsule or sachet

1. Stop the enteral feed (if on continuous feeding).
2. Draw 30 mL of water into an enteral syringe and use this to flush the tube.
3. Open the capsule or sachet and add the contents to the enteral syringe.
4. Draw 10 to 20 mL of water into the enteral syringe and mix well. Shake gently if required to make an even mixture so that it does not block the tube.
5. Give the mixture into the tube immediately.
6. Rinse the enteral syringe with another 10 mL of water and give this into the tube as well.
7. If other medicines have to be given, flush the tube with at least 5 mL of water between each one.
8. After the final medicine is given, flush the tube with 30 mL of water.
9. Restart the feed when appropriate.

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Identify patients with enteral feeding tubes

Multidisciplinary Teamwork

Medication Management

Patient Education

Ensure safe & effective medication administration

Ensure continuity of care

Evaluation

The document was piloted at the draft phase with patients admitted with EFT, (n=3). They were provided with the draft resource and feedback form to report on its information, aesthetics and usefulness. All patients' feedback was positive. They found the resource helpful and stated that the information regarding the methods used to prepare and administer medications via EFT were easy to follow and concise.

Implications

The need for a standardised process to guide staff and patients in the administration of medications via EFT was recognised locally. Taking this idea to and working with SHPA and DRC Handbook will enable this resource to be used more widely across the country and benefit more patients.