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ASPEN: Safe Practices for Enteral Nutrition Therapy Update

The American Society for Parenteral and Enteral Nutrition (ASPEN) has convened an expert task force to update the 2016 ASPEN Safe Practices for Enteral Nutrition Therapy.[1] This update will provide best practice recommendations regarding safety in each step of the enteral nutrition (EN) process for any patient receiving EN in any care setting. ASPEN recognizes the impact this document has on the safe care of thousands of patients worldwide. A critical initial step in this update is determining the questions this document will address, which aim to be both **comprehensive** in that they cover the critical safety questions clinicians involved in the provision of EN must answer and **relevant** in that all questions are important to the safe provision of EN to patients. ASPEN also recognizes the importance of input from all key stakeholders in clinical guidance documents and invites any member of the public to provide input on the proposed list of questions during the open comment period. **Submit comments using this form by Friday 10/18/2024.**

Some topics relevant to the safe provision of EN therapy are addressed in other ASPEN publications and/or are not within the scope of this update, including the education, training, and required competencies for clinicians who provide EN therapy;[2-6] indications for EN therapy, which includes recommendations for patients on mechanical ventilation and patients receiving paralytic therapy;[7] recommendations for patients in the prone position;[8] placement of an enteral access device (EAD) and verifying the location of the feeding tube tip[6,9]; transitioning from parenteral nutrition (PN) to EN;[10] transitioning from EN to an oral diet;[11] and wound care for complications that may occur at the access site.[12]

Proposed List of Questions:

Section 1: Organizational Infrastructure Needed for Safe EN Use

Subtopics within Section 1	Proposed Questions
Overarching Systems in Place for Safe EN	• How is a clinically appropriate and cost-effective formulary developed, and which experts should be involved in its development? • What organizational systems need to be in place to ensure EN quality control and safe EN practices? • What system-based measures enhance the safety of EN administration? • What are the essential components of EN administration that should be included in nursing policies, procedures, and practices? • How can electronic health records and clinical decision support optimize the safety of the EN order and review process? • What systems should be in place when patient and/or family/caregiver request use of home EN product in hospital?
EN Shortages	• What steps can/should be taken in the event of an EN product shortage or recall to maintain safety and minimize complications? • What steps can/should be taken in the event of an enteral administration set/device shortage?
System for Documentation of Errors	• What are the best practices to systematically identify, document, and report errors associated with EN within an organization and externally to patient safety organizations? • What essential EN components should be documented by nursing staff if an error occurs?

Section 2: Securing a Safe Route of Delivery of EN

Subtopics within Section 2	Proposed Questions
EAD/Route of Delivery	• What are the critical components to consider when selecting an EAD for a patient? • How long should large bore nasogastric tubes be used for enteral feeding? • When should post pyloric placement be considered? • What are the safe and effective methods to secure EADs to prevent their displacement? • How soon after placement of a long-term percutaneous gastrostomy tube can feedings begin? • How often should you replace long-and short-term EADs? • What should be done if jejunal tube migration is suspected?

Section 3: EN Use Process: Practice Recommendations to Optimize Safety

Subtopics within Section 3	Proposed Questions
Prescribing, Communicating, Transcribing, & Order Review	• What are the *critical* (required) elements for a complete EN order? • What are the *supplementary* (auxiliary) elements to the EN order that may improve patient safety? • What is the most effective way to communicate the recommendation for EN therapy to the licensed prescriber? • What is the most effective way to transcribe the EN order? • How often should the EN order be reviewed for renewal in the acute care, chronic care, and home care settings? • What are the best practices for independent EN order review for safe and optimal EN preparation and delivery?
Dispensing (Procurement, Labeling, Dispensing)	• What factors need to be considered when determining whether to use a closed or open EN system? • What are the minimum requirements for the safe preparation of EN formulas that need to be decanted from small commercial containers or reconstituted from dry powder? • What are the critical elements of the EN order that need to appear on the patient-specific label to minimize the opportunities for error? • How can the critical elements of the EN order be added to a commercial container to ensure proper patient identification? • How does one best avoid errors associated with sound-alike, look-alike product names and labels?
Administration: General	• What are the best practices to maintain tube patency and prevent tube clogging? What are the optimal types, frequency, and amount of water for tube flushes? • Is there a maximum volume of formula safely administered through a small bowel feeding tube? • What practices maintain safety throughout EN administration regarding pump issues? • What are the essential steps in EN administration to minimize risk of aspiration? • What are the best practices for cleaning and sanitizing EN supplies? How often should tubing, bags, and syringes be changed? • What are important factors to consider when using open systems in the acute care and homecare settings?

Administration: Select Patient Populations (Special Considerations)	• Under what circumstances (if any) should EN be held to improve patient safety (prior to transportation, prior to procedures, surgery, or extubation)?
Monitoring/ Reassessment	• What is the most accurate method to measure the amount of formula infused? Who is responsible for monitoring whether the amount recorded was infused? • What are the minimum monitoring parameters and timeframes for reassessment to allow for safe management of the patient receiving EN? • Is it clinically necessary to check gastric residual volumes?
Transitions of Care	• What are the criteria and factors to consider to safely transition a patient on EN from the hospital to home or an alternate care site? • If the patient is going home on a different formula or different feeding method than the one used in the hospital, what are best practices to promote patient success? • What is the best method to communicate enteral prescriptions and care instructions during patient transfer or discharge home or alternate care site? • What is the optimal timing and method of instruction to provide patient/caregiver education on EN for patients transitioning to home, and what are the important components to include to promote efficacy, safety, and quality of life?

Section 4: Management of EN Complications

Subtopics within Section 4	**Proposed Questions**
EN Complications and Management	• What are best practices in opening a clogged gastric or jejunal feeding tube? • What are the current methods to prevent enteral misconnections? • Can the EN feeding system be a source for contamination and infection, and how can contamination in the EN feeding system be best prevented? What are safe practices to minimize the risk of EN-related pulmonary aspiration?

Section 5: Recommendations for Safe Medication Administration via EADs

Subtopics within Section 5	**Proposed Questions**
Medication Administration	• What factors should be evaluated to safely order, prepare, and administer medication concomitantly with EN? • When prescribing medications to be administered via an enteral route, what is the most effective way to communicate the route and site of administration?

References:

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