

Leading the Way

Supporting blended diet for children and young people



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It's a very exciting time on the NNNG Committee, as our yearly conference #York23 is just around the corner. We have had a very successful year so far, with the start of the #RRR programme, the soon to be released New Good Practice NG guidelines, and the excitement surrounding the CN Awards.

#York23 has sessions surrounding blended diet, ready for the nutrition community to reflect on their current practice. I was very fortunate to catch up with Katie Angell, a Sister in the Children's Community Nursing (CCN) Team for The Newcastle Upon Tyne Hospitals NHS Foundation Trust, who has been leading the way in supporting blended diet for children and young people in the community, as well as the hospital.

Katie, tell us a little bit about how you support patients with a blended diet at home and in hospital?

In our work supporting holistic family centred care to children and young people with complex health care needs, we have a high percentage of patients with complex feeding. We work closely alongside our dietitian colleagues and inpatient-based ward teams. In our role providing nursing support to specialist education, we provide and support local authority education staff in administering enteral feeds during the school day; a number of these receive a blended diet. Prior to the ratification of our blended diet training pack, we would work alongside parents to deliver 'training' to school staff, where our nursing role would focus on the general care of the gastrostomy, and the parent would demonstrate the administration of the blended diet.

How did you start the process to having a blended diet training pack, and which key stakeholders did you engage with?

I became involved with the blended diet project work within our Trust in November 2021. The Trust policy and guideline for supporting blended diet for children and young people was almost complete at this stage, however, my team leader highlighted there were no nurses in the group. Moving forward, it was important to gain a nursing perspective to support with the hands-on practicalities of administering a blended diet and managing the enteral feeding device (gastrostomy button), and to use a consistent approach in hospital and at home. The Trust also felt a training package associated with the policy would be useful.

The Lead Dietitian in our small working group (Ruth Stanley) was fortunate enough to have been a member of the British Dietetic Association (BDA) working group, who contributed to researching and co-creating the BDA Toolkit (2021) document, and she provided an invaluable amount of expertise to our project. The training pack, which I have co-created, titled 'Information and training pack for the use of and administration of blended diet via established gastrostomy tubes' is now a ratified document within our Trust and includes general information and care advice about gastrostomy devices and further detailed information about the practical aspects of administering a blended diet. The training pack is complimented by two assessments of observed practice which cover the training of both Trust registered professionals and non-Trust professionals e.g. education staff, parents, and carers.

What have been the barriers to implementing this within hospitals and how have you overcome them?

The main barrier to implementing the blended diet training package was in addressing the practice streaming to fit with the directorate governance – the policy initially stated that in hospitals only hospital catering food or pre-packaged 'baby food' products could be administered by nursing staff, however in the community 'any food item' could be administered. The variance in this led to the somewhat lack of governance for those in the community, like myself. This was subsequently changed for the purposes of delivering training in the community and moving forward only manufactured products, such as 'stage 1 baby food' can be used to mitigate the risk element.

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In supporting blended diet throughout the hospital, there has been a large training requirement to overcome. This continues to be supported across the directorate to ensure that individual knowledge and skills are up to the required standard for inpatient staff.

It is great to see that practice is slowly moving on and blended diet is being more widely accepted, despite the lack of solid research studies on the benefits. The BDA Toolkit (2021) and the revised Enteral Products Safety Group (EPSG) Statement (2022) have certainly helped move practice away from blended diet being 'behind closed doors', needing disclaimers and individualised risk assessments, to more user friendly 'shared decision-making tools'.

As a Trust we have produced resources to support the use of blended diet within the hospital and community setting, including a ward information pack which advises on inpatient catering menu items and their nutritional value as a part blended meal, and also Gill Steel (pictured below), Lead Community HEF Dietitian, created a community 'blend ideas' recipe book which has a number of different light snacks and meal options and their nutritional content listed. All recipes have been individually tried and tested for their compatibility and suitability to blend. These resources hopefully give confidence to those starting out on the blended diet journey or those who are being challenged by a hospital admission and periods of ill health.

Do you have any practical tips for Nutrition Nurses supporting these patients?

1. Be open minded and have open conversations
2. Use the research and tools which are available, such as The BDA Toolkit (2021)
3. Use the shared decision-making tool to aid engagement

4. Following the BDA recommendations, we advocate a gastrostomy button (Mic-Key or Mini) 14f as the most suitable size for administering blended diet
5. Extension sets 'bolus' or 'right angle' connectors can be used for up to 2 weeks and washed after each administration – the plastic may take on the colour of the food product, particularly with tomato-based products! (don't worry about this)
6. Choosing the right blender can be a minefield depending on your personal preference and budget. Some charities may help fund blenders.
 - o Catering/industrial blenders are always going to achieve the appropriate consistency in the quickest and most efficient amount of time
 - o Mid-priced blender will achieve similar results
 - o USB blenders can be picked up for around £19.99 from the internet can work well for when people are out and about.

What impact has this had on patients and their families?

The families I work with have been 'overjoyed' with the higher level of support we are now able to provide. They have been forthcoming with their own tips and advice to share and welcoming of the resources we have available within the Trust.

"I think this training booklet is great! Well done - it is thorough and easy to follow."

"Thank you for all the work you have done on this - it's a huge step forward and it is great that Newcastle is leading the way!"

