Home Enteral Feeding (HEF) Supplies and Sustainability policy

Trust / Stakeholder contact details	
James Paget University Hospital (JPUH) adults	dieteticreferral@jpaget.nhs.uk
JPUH paediatrics	paediatricdieticians@jpaget.nhs.uk
Norfolk & Norwich University Hospital (NNUH) adults	dietitians.office@nnuh.nhs.uk Head & Neck Oncology Dietitians HN.OncologyDietitians@nnuh.nhs.uk
NNUH paediatrics	paedshef@nnuh.nhs.uk
Queen Elizabeth University Hospital (QEUH) adults	qehkl-tr.dietitians@nhs.net
QEUH paediatrics	qehkl-tr.paediatricdietitians@nhs.net
Norfolk Community Heathy & Care (NCHC) adults	hef@nchc.nhs.uk
East Coast Community Healthcare (ECCH) adults	dietetics@ecchcic.nhs.uk
Norfolk & Suffolk Foundation Trust (NSFT)	Eating disorders: CEN-CAEDS4professionals@nsft.nhs.uk Adults and mental health: contact clinician directly

Contact details:
Patients and carers please use this email for enquiries about the policy
nwicb.contactus@nhs.net
Medicines Optimisation Dietetic team (for healthcare professionals only):
nwicb.dieteticqueries@nhs.net

Introduction

This policy will set out recommended monthly allowances for Home Enteral Feeding (HEF) supplies dependent on clinical need for children and adults in Norfolk and Waveney (N&W) via the current Enteral Feeding home delivery service provided by Fresenius Kabi® (FK). All patients should be managed on the main Home Enteral Feeding (HEF) contract with FK unless there are specific items required which are unavailable through the contract.

In the first instance, options for adding products which are clinically justified to the existing HEF contract should be explored before using other providers. This should be discussed on an individual basis with the Medicines Optimisation Dietetic team at the ICB.

We anticipate that the HEF equipment and supplies recommended in the policy will be sufficient to meet the needs of patients in Norfolk and Waveney, however if clinicians would like to discuss the circumstances of individual patients, please contact the Medicines Optimisation Dietetic team at the ICB. Patients' HEF supplies will be reviewed regularly, at least annually, to ensure their supplies remain clinically appropriate.

Sustainability and reducing single-use plastics

Sustainability is an important consideration for the NHS, climate change poses a risk to our health, and the health of our planet. By reducing our carbon footprint, we can have a positive impact on our health and wellbeing, environment, save money, and reach net carbon zero. As part of this long-term sustainability planning the NHS is committed to reducing waste, water consumption, and improving air quality. HEF supplies are a significant use of resources, through the manufacturing, transportation, use, and disposal of single-use plastics. We want to ensure that HEF supplies, and equipment received by patients are clinically appropriate, equitable, as well as sustainable.

In line with the NHSE guidance to reduce single use plastic and the ICS green plan, single use plastics should only be used if clinically necessary. Most tube feeding plastics can be sterilised, washed, or used for 24 hours.

Higher risk patient groups

Some patients are at higher risk of infection due to their age, medical condition or feed type. Patients who are at higher risk of infection should sterilise their plastics prior to re-use.

The following patients should be routinely treated as higher risk:

- Jejunally fed children (as feed bypasses the protective acidic stomach environment)
- Infants under the age of 1 year (in line with WHO and NHS recommendations for feeding utensils)
- Some Immunocompromised patients* (see Appendix 1 for definition)

* Not all immunocompromised (see Appendix 1 for definition) patients will require their feeding equipment to be sterilised. This should be discussed on an individual basis with the MDT.

Patients requiring sterile, single use items

In some circumstances patients may require single use sterile equipment only, such as for patients undergoing bone marrow transplant. This should be discussed on an individual basis with the patient's MDT with a clear plan for review and update of regimes, dependent on changing clinical need.

See HEF equipment required for monthly delivery guideline amounts for allocation depending on tube and feeding regime type.

Table 1: Summary of HEF item use and clinical need

Items	Standard risk patients	Higher risk patients	Patients requiring single use items
Enteral Syringes	Wash reusable enteral syringes[1]	Wash and sterilise reusable enteral syringes[1]	Single use enteral syringes
Adaptors and single person plastics	24 hours use	1 per feed/bottle	Single use
Luer slip syringes (only single use available)	Single use	Single use	Single use
Extension sets for low profile tubes (2-4 per month)	Wash[2]	Wash and sterilise[2]	Wash and sterilise[2]
Giving sets	24 hours use	1 per feed/bottle	Single use
Feeding containers	Wash reuseable containers and their adaptors	Wash and sterilise containers and their adaptors	Single use

[1] Cleaning and reusing enteral feeding syringes NSICB
[2] Cleaning and reusing feeding tube extension sets NSICB

Enteral feeding tubes

Nasogastric (NG) Tubes

NG tubes can be supplied by the FK contract for adult and paediatric patients. Some adult patients may be suitable to have tube changes at home by the FK nurses if they have been assessed by Nutrition nurses at NNUH or are managed by the Nutrition Support Team at NNUH. However, this may not be suitable for some patient groups. Infants and children with NG tubes can have their NG tubes changed by the Children's Community Nursing Team (CCNT), or they may provide training to parents/carers. N&W HEF teams are not currently able to accept home NG feeding patients from out of area transfers unless there has been an agreed handover between consultants and agreement with the Nutrition support team and managing HEF team. Please ensure there is a process in place to replace NG tubes at the appropriate time, prior to discharge from hospital.

- NG tubes are normally changed every 3 months. Sizes include 6Fr to 12Fr and 50 to 120cm in length:
- 20ml syringes for aspirates to check pH (approx. 8 uses per day for paediatrics, approx. 5-6 uses per day for adults).

Paediatrics:

- Some babies may frequently displace their NG tube so the managing Dietitian may need to request supply of up to 14 per month. This should be reviewed regularly to avoid costly oversupply.
- The CCNT advise NG tubes without a guidewire specifically: Nutricare Infant Clear NGT. If there are stock issues, then the Nutricare Infant Clear NG tubes with a guidewire can be used with the guidewire removed.

Gastrostomy Tubes

Freka PEG

- Material: polyurethane feeding tube with soft silicone retention plates
- 9Fr (yellow) PEG: 30cm long, 1.9mm (int) – 2.9mm (ext) diameter
- 15Fr (blue) PEG: 35cm long, 3.6mm (int) – 4.8mm (ext) diameter
- 20Fr (yellow) PEG: 35cm long, 5mm (int) – 6.6mm (ext) diameter
- Replacement parts for Freka PEGs e.g. Fixation plates, side clamps, and end adapters can be ordered but usually come in large packs so should be avoided. Repair kits (fixation place, side clamp, and end adaptor contained) are available on FK contract as and when required (adhoc order).
- Larger diameter tubes may be required for blended diets. To be discussed with managing clinician.

Corflo PEG (Avanos)

- Material: polyurethane feeding tube
- Available as 12Fr, 16Fr, and 20Fr.
- Surgeons may request this PEG specifically via hospital supply chain (not available on EF contract, however Corflo PEG repair kits can be ordered ad hoc).

Balloon retained gastrostomy tubes/ RIG tubes

- Gastrostomy tubes which are secured internally with a balloon.
- Balloon retained gastrostomy tubes are usually changed every 3-4 months. Patients should always have 1 spare tube at home in case of accidental displacement, and to use when the tube is due for replacement. A new tube should be ordered immediately if the spare is used. This is usually ordered through FK directly unless the patient has used more tubes than specified by the dietetic team.
- There are four brands available:
    - MIC G-Tube (doesn't come with a clamp) (Avanos)
    - AMT Balloon G-Tube (Kebomed)
    - Flocare G-Tube (Nutricia)
        - Material: silicone, copolyester
        - Has integrated side clamp
    - Freka Gastrotube
- All above tubes should be ordered through the FK home enteral feeding delivery service.

Low-profile/ button gastrostomy tubes

- Balloon retained low-profile devices are provided through the EF contract and should be changed every 3-6 months, depending on manufacturer's instructions and clinical need.
- Dietitians should allocate an initial order of 4 x devices per year as 1 x device every 3 months. The allocation can be reduced if the patient requires tube changes less frequently. Only 1 spare tube should be available in case of tube failure or displacement. If a tube change is imminent then it may be appropriate to allow for an extra tube.
- Some patients may occasionally need to order more frequently due to issues such as leaking and pulled out tubes.
- Patients frequently requiring extra tubes should be reviewed- the tube type used should be suitable for the individual patient.

Low-profile/ button gastrostomy tubes continued

There are 3 types of low profile/ button gastrostomy available on the EF contract.

1) Mic-key (Avanos): comes in 12-24Fr with 0.8-5cm stoma lengths
    - Material: silicone
2) Mini Classic (Kebomed) buttons: comes in 12-24Fr with 1-6cm stoma lengths
    - Material: silicone
3) Freka Belly Button (FK): comes in 12-16Fr with 1.5-4.5cm stoma lengths (comes in larger size increments therefore may not work well for small children).
    - Material: silicone rubber

NOTE: patients with balloon devices (G tubes & low-profile devices) will require 8 x luer slip syringes (5 or 10ml) per month for changing their balloon water weekly- 2 syringes are required for each change (one to draw up fresh cooled boiled water), and one to remove existing water from the balloon.

Low profile/ Button extension or feeding sets

- All low-profile extension sets can be re-used for up to 14 days. After the administration of each feed the extension set should be cleaned following the instructions in Patient information leaflet: Cleaning and reusing feeding tube extension sets.
- For patients who are clinically Higher risk, extension set should be washed and then sterilised in sterilising solution for a minimum of 15 minutes. Please note- extension sets that are sterilised may degrade more quickly.
- For children with low profile feeding tubes; schools and respite care centres are expected to send extension sets home in a tub for parents to clean.
- Ensure that the extension sets ordered from FK match with the brand of the patients' low-profile device.
- Each manufacturer has their own extension sets - It is important to use compatible/ manufacturers extension sets only.
- Note: Mini Classic buttons **require Mini classic extension sets but a MiniOne button (not currently available through the FK contract) requires a MiniOne extension set, they are not transferrable.**
- Note: The MiniOne extension sets will fit with Mic-key devices. This may be appropriate for patients on blended diets due to the wider bore for MiniOne extension sets (MiniOne extension sets are available through the enteral feeding contract, however the MiniOne buttons are not).

Extension sets have 3 parts to them when considering which extension set is right for the patient:

1) **How it attaches to the low-profile device** – 2 options are available:
    a. Right-angled (most commonly used)
    b. Straight – sometimes used for blended diet/bolus feeding, however patient feedback suggests this is often not tolerated due to discomfort.
2) **Length** – 3 options available:
    a. 2" for medicine administration when volume is an issue
    b. 12" (most commonly used)
    c. 24" (usually requested for overnight feeding)
3) **The extension set end** – will always have ENFit port/s there are 2 x options:
    a. Single ENfit end (most commonly used)
    b. Double or Y port end (may be used for people on continuous/ pump feeding and medicines/water are given at the same time)

Jejunal feeding tubes

Jejunal feeding tubes are used for feeding directly into the jejunum either through a jejunal extension from an existing gastrostomy, or through a separate jejunostomy. The majority of people fed via the jejunum will not require additional sterilisation of their feeding equipment or use of single-use ancillary items, however children who are jejunally fed may be considered Higher risk, and therefore require additional sterilisation of equipment. Cooled boiled water should be used for water flushes.

PEG-J tubes:

- PEG tube with a permanent jejunal extension, placed in hospital.

Gastro-Jejunal (GJ)/trans-jejunal (TJ) tubes:

- There are various specialist GJ/ TJ tubes available- all are ordered and placed in hospital.

Low-profile GJ tubes:

- Low-profile GJ tubes require extension sets which can be ordered from FK.
- Mic-key GJ tubes: Mic-key extension sets can be used for both the gastric and jejunal port.
- Mini Kebomed G-JET tubes: The jejunal port MUST have a MiniOne extension set; The gastro port MUST have a Mini classic extension set.

Note: Specialist GJ/TJ tubes are currently not available through the FK home delivery service; however a temporary arrangement is in place to order these through NNUH and recharge the ICB while a permanent arrangement is sought.

Syringes

- Available to order from the FK contract, in various brands and sizes. Can be ordered as single syringes. Sizes available: 1 ml, 3 ml (or 2.5ml), 5 ml, 10 ml, 20 ml, 60 ml.
- All syringes used for feeds, medications and water flushes should be reusable unless the patient is Higher risk, or requires single use syringes.
- It is the responsibility of the Dietitian to provide patient/carers with clear instructions on which method they should use to clean their syringes- please see Patient information leaflet: Cleaning and reusing enteral feeding syringes.
- Single-use syringes can be identified by having the following symbol on the outer packaging 
- Single-use syringes should be discarded after each episode of use e.g. one syringe can be used to administer multiple medications at any one time.
- Regular sterilisation of reusable syringes will reduce their lifespan; this should be taken into consideration when arranging monthly allocation of syringes.

Table 2: Re-usable EnFit 60ml syringes available on FK contract

Medicina single patient use re-usable syringes	O-ring 40 washes & max 7-day use
GBUK HOME* single patient use re-usable syringes	O-ring 86 washes

*Feedback from local HEF teams is that GBUK HOME2 reuseable syringes are of poor quality and difficult to use and re-use.

Luer slip syringes

- There are various brands and sizes of Luer slip syringe on the FK contract which should be provided for people with balloon retained tubes. This is to allow weekly checking and changing of water in the balloons.
- Each patient with a balloon-retained device will be provided with 2 x single use syringes per week (Note: this is because reusable luer slip syringes are not available).
- Cooled boiled water should be used to replace balloon volume in balloon retained feeding tubes.

Syringe caps

- The use of syringe caps should be avoided. Medications should be prepared and drawn up into syringes just before administration via the feeding tube.
- Blended diets administered via feeding tubes should always be drawn up into enteral syringes just prior to administration, liquids should not be stored in syringes with syringe caps.

Giving Sets

- Giving sets are used to administer the feed via the feeding pump.
- For most standard risk patients, one giving set is required per day. See table below for re-use guidance for standard risk patients.
- With appropriate precautions in place to reduce the risk of contamination, it is safe to reuse a giving set that is capped (reuseable cap is provided with FK giving sets), attached to a ready-to-hang bottle and stored at ambient temperature for 24 hours. Refrigeration between feeds would further reduce the risk of bacterial growth (Hubbard et al, 2023)

Table 3: Giving set guidance for **standard and higher risk patients (not suitable for those requiring single-use items)**

Feed type	Recommendations
Ready to hang feeds	• One giving set per 24 hours • When administering split feeds the giving set should remain attached to the feed and placed in the fridge between uses. Storage at room temperature is acceptable for 24 hours if no fridge is available

Reconstituted feeds and infant formulae (made up with cooled boiled water as per manufacturers instructions)	• Feeds should be hung for a maximum of 4 hours at room temperature
	• Feeds should be made up fresh for each feed if having multiple feeds per day
	• When administering split feeds the giving set should remain attached to the feed container and placed in the fridge between uses.
	  ○ The giving set can be used for up to 24 hours if refrigerated between feeds.
	  ○ The giving set can be used for up to 10 hours if stored at room temperature between feeds

Other tips	• Feed should be allowed to warm up to room temperature before administration • Where the giving set is disconnected from the feed, it should be stored in a clean container and refrigerated to avoid contamination between uses

Table 4: Giving sets available on FK contract

Amika Pump set EasyBag Mobile ENFit **Available in box of 30** 	• The most-commonly used giving set • They fit EasyBags, varioline adaptors, or Peptamen bottles • Suitable to use in a rucksack
Amika Pump set EasyBag **Available in box of 30** 	• For use with drip stands only
Amika Pump Set Two Line Easybag **Available in box of 30** 	• For hanging two feed bags at the same time, usually used overnight or on continuous feeding regimens. • Suitable with EasyBags, varioline adaptors, or Nestle bottles • They do not work in a rucksack

Reservoirs/containers

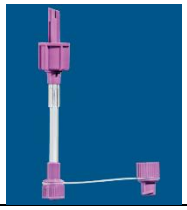
- Decanting of ready to hang feeds should be avoided.
- If larger volumes are required and ready to hang only comes in a small volume size, consider using the two-line giving set for extra water.
- Use of sterifeed bottles, Flexitainers, Hydrobags and duoline bags should mainly be used for modular/ infant formula and feeds that need to be reconstituted with water.

Table 5: Reservoirs/containers available on FK the contract

Sterifeed bottles: 130ml, 250ml, 500ml 	• **Reusable containers** • Use with the varioline adaptor for modular feeds or small feed volumes. Will require a giving set for pump administration • Can be washed/ sterilised multiple times • Can be recycled after use
FK Amika Pump set bag	• Used for patients requiring larger volumes of water, modular or powdered feeds. • Giving set attached • Not suitable for use with a rucksack, drip stand use only
FK Hydrobag 	• 1500ml capacity • Can be connected to EasyBag giving sets • Comes in boxes of 30
FK Amika Duoline/Pump Set Bag Mobile 	• Used for patients requiring larger volumes of water, modular or powdered feeds • Can be used for 24 hours in standard risk patients • Giving set attached • Can be used with large rucksack • Comes in boxes of 30
Abbott Flexitainer 500ml/1000ml	• Clear plastic containers for easy decanting of feeds or water, giving a patient the flexibility of specific feeding volumes. Single use only, use reusable options if appropriate e.g. sterifeed bottles for 500ml volumes. • Order in boxes of 30 • Use with Varioline adaptors

Adaptors

Table 6: Adaptors available on the FK contract

FK Bolus Adaptors 	• Bolus adaptors allow feed to be withdrawn from the Fresenius EasyBag/ Nestle bottles into an EnFit syringe for bolus feeding • These can be used for up to 24 hours in standard risk patients • Order in boxes of 15
FK Varioline adaptor 	• For use with sterifeed bottles, flexitainers, or wide necked non-FK bottles • Can be used up to 24 hours in standard risk patients • Individually ordered
FK Easy bottle adaptor 	• Similar to Varioline adaptor but for use with FK bottles, connects bottle to Easy Bag giving set. Comes with hanging bag to attach to drip stand. • Can be used up to 24 hours in standard risk patients • Order in boxes of 30
Bottle adaptors (or medicine bungs) 	• Need to remain in place while a medicine is in regular use until the medicine is no longer required or the bottle is empty. They should then be discarded. • Available in 18-19.5mm, 18.5-20.5mm, 20-21.5mm, 25.5-27mm, and stepped bottle adaptor. • These are available as single packs, or packs of 100

Sterile water

- Sterile water will only be supplied in exceptional clinical circumstances.
- Sterile water used for any other purpose e.g. respiratory equipment such as nebulisers should not be provided through the enteral feeding contract.
- Cooled boiled water should be used to make up powdered feeds.
- Cooled boiled water should be used for flushes for those under 1 year, those who are immunocompromised (see Appendix 1), jejunally fed, and for the inflation of balloon retained feeding tubes.
- Cooled boiled water should be prepared daily. Once boiled, leave at room temperature for approximately 30 minutes prior to use, then store in an airtight container in the fridge and discard after 24 hours.
- Freshly drawn tap water should be used for flushes for all other patients.

Other ancillaries

Table 7: Other ancillaries available on the FK contract

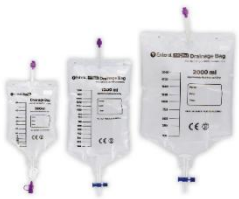
pH Indicator Paper	• pH indicator paper is used to check the position of NG tubes and newly replaced balloon retained tubes • NG tube position should be checked using pH indicator paper at least once a day, or before administering feed or medication, or after a coughing or vomiting episode • Most NGT-fed children who are on 8 feeds a day need 3 x boxes of 100/ month Suitable options on the contract (in order from least to most expensive) • AspHirate pH indicator strips x 100 • **GBUK Enteral pH indicator strips x 100 (this option is preferred by our clinical nurse advisors due to colour clarity)** • Johnson pH indicator strips x 100 • Entral pH indicator strips x 100 • GBUK Enteral pH indicator strips x 25
Enteral Drainage Bags 	• Enteral drainage bags can be supplied by the home enteral feeds contract for selected patients. It is not normal practice for patients to use drainage bags and will need to be discussed with a HEF dietitian. Drainage bags are normally changed daily depending on manufacturer's instructions and clinical need
Farrell Valves (Avanos®) with EnFit connector 	• Avanos Farrell Valve closed enteral decompression system is a closed reservoir system intended to allow the evacuation of excess gas (gastric distention/bloating) and drainage/collection of enteral contents. Can be used for neonates, paediatric, and adult patients • Suitable only when all other clinical strategies to manage excess gas/bloating/discomfort have been trialled e.g. gastric decompression using enteral syringe, feed changes (e.g. more or less fibre, change in fibre type, semi elemental feeds), appropriate medications on discussion with GP/pharmacist • Discuss suitable individuals with HEF clinical leads before commencing • A 1–2-week trial of product should be used initially to determine symptom improvement • FK nurses can train patients and their carers on the use of this product

Table 7 continued

ENPLUGS (GBUK) and ACE stoppers (Medicina)
 
	These products are designed for emergency use to stop the stoma tract from closing, until a replacement feeding tube can be placed. These should be kept with the patient at all times in case of tube displacement.
	
	ENPLUGs
	• Each pack contains a range of sizes to ensure the tract can be saved
	• White colour
	• Made from soft silicone
	• Sizes available:
	  ○ Small contains 10Fr, 12Fr, 14Fr and 16Fr plugs (4cm length)
	  ○ Large contains 10Fr, 12Fr, 14Fr and 16Fr plugs (7cm length)
	  ○ Extra large contains 18Fr and 20Fr plugs (7cm length)
	
	ACE stoppers
	• Individually ordered
	• Clear colour
	• Made from soft silicone
	• Comes with a dressing to secure
	• Available sizes: 8-14Fr, 15-100mm lengths

Amika rucksacks	• Small: for children. Can be used with 500ml Easybags or sterifeed bottles of decanted feed and the Amika pump • Large: for adults or children using Easybags upto 1500ml and the Amika pump 
Fixation/securement devices	Medicina gastrostomy tidy waist belt • Useful for patients who pull on their gastrostomy tubes or are at risk of accidental displacement. Tubing is secured in a pouch • Machine washable • Available in small (75-114cm- suitable for children) and large (117-152.5cm- suitable for adults) sizes

Items which are not available through the enteral feeding contract: gloves, dressings, and dressing packs

Alternative care settings

Temporary care settings e.g. respite centres/ schools

Patients/parents/carers are expected to supply temporary care settings with sufficient enteral feeding equipment to last the duration of their stay. This includes the use of reuseable items which should be used in the same way outside the patient's home, as in the home.

Syringes and other equipment will be sent to other care settings in a clean plastic box with the patient's name clearly labelled on the front. The equipment should then be sent back home with the patient, for the patient/parents/carers to clean. If the patient is having a prolonged stay at an alternative care setting, it is expected that the staff will wash and reuse the syringes.

Note: Syringes and other ancillaries are for single-patient use: equipment for each individual should be washed, cleaned and stored separately from other patient's items.

Permanent care settings e.g. nursing homes

Patients who reside in permanent care homes should use the same types and volumes of reusable enteral feeding equipment as those in their own homes as per HEF equipment for monthly delivery guideline amounts. However, it is acceptable to allow some variation according to the managing dietitian's clinical judgement to allow for small increases in volumes, particularly for nursing homes with multiple residents requiring artificial enteral nutrition, to reduce the risk of cross contamination and support care staff.

Recycling guidelines

The following items can be recycled in household recycling bins in Norfolk and Suffolk:

- Clean Oral Nutritional Supplement (ONS) bottles, caps and dessert pots
- ONS tetrapak cartons: Can be recycled at home in recycling bin for Norfolk postcodes, Suffolk households will also be able to recycle these at home from June 2026, or when notified of upgrade to recycling arrangements (otherwise households need to take these to their local Recycling centre).
- Tins and plastic lids
- Reuseable bottles, Flocare containers and other decanting containers
- Solid plastic enteral feed bottles and lids (HDPE- high density polyethylene)
- Cardboard, paper packaging and booklets

Recyclable at soft plastics recycling at larger supermarkets

- Plastic bags inside delivery boxes

Currently not suitable for household recycling in N&S- dispose of in general waste

- Fresenius Kabi EasyBag tube feed bags
- Sachets
- Giving sets
- Feeding tubes and extension sets
- Purple enteral syringes (both single-use, and reusable versions)- see Patient information leaflet: Cleaning and reusing enteral feeding syringes for wash and reuse information leaflet. Unfortunately, both Suffolk and Norfolk County councils are unable to recycle plastic syringes. This will be checked again when this information is reviewed.

Table 2: HEF equipment guideline for monthly delivery for standard and higher risk patients

Tube type	Equipment	Quantity required per month for pump feeding	Quantity required per month for bolus feeding	Comments
NG	Replacement NG tubes	1 tube every 3 months*	1 tube every 3 months*	*1 spare tube should always be available For patients at risk of frequent tube displacement (e.g. children and babies) max 14 per month
	60ml EnFit Reusable syringe[1] • Medicina single patient use re-usable syringes • GBUK HOME single patient use re-usable syringes	4	8	Wash and reuse for standard risk Wash and sterilise for high risk
	20ml EnFit Reusable syringe for aspirates	4	4	Wash and reuse for standard risk Wash and sterilise for high risk
	EnFit Reusable syringes for administration of medications[2]	This will vary considerably between patients depending on: • The number of different medicines administered at each episode • Whether the syringe is reused for different medicines during the same administration episode • How many doses are administered per day (e.g. BD, TDS, etc.) • The type and dose size for the medicine • Consider single-use syringes for medicines which are sticky or difficult to clean • Minimise syringes as much as is appropriate for the individual • E.g. for a patient having 2 medicines once daily, administered with the same 20ml syringe, allow 4 per month • Total reusable syringes per month per patient should not exceed 28 for each size required (e.g. can have up to 28 x 60ml, and up to 28 x 20ml)		
	pH indicator strips	2 packs	2 packs	
	Amika pump set EasyBag mobile	28[#]	0	[#]see giving sets info if on multiple/split feeds for info on re-use

Balloon retained gastrostomy (NOT low profile) e.g. RIG	60ml EnFit Reusable syringe[1] • Medicina single patient use re-usable syringes • GBUK HOME single patient use re-usable syringes	4	8	
	5/10ml Luer slip syringe depending on balloon size	8	8	
	EnFit Reusable syringes for administration of medications[2]	See information in NG section		
	pH strips	1 pack as a one off	1 pack as a one off	Can be added to order when required due to low usage
	Amika pump set EasyBag mobile	28[#]	0	[#]see giving sets info if on multiple/split feeds for info on re-use
	Spare tube • RIG: 14Fr MIC (Avanos) gastrostomy tube (no side clamp)	1 tube every 3 months	1 tube every 3 months	If out of stock, alternatives are: AMT 14Fr Balloon G Tube ENFit™ OR Flocare 14Fr ENFit™ Balloon Gastrostomy Tube 5ml
	Stopper: • ENPLUG stoma Plug Large (10-16Fr 7cm length) OR • ACE stopper FR14 60mm	1 as a one off	1 as a one off	Reorder as needed
Balloon retained gastrostomy (low-profile)	60ml EnFit Reusable syringe[1] • Medicina single patient use re-usable syringes • GBUK HOME single patient use re-usable syringes	4	8	
	5/10ml Luer slip syringe depending on balloon size	8	8	
	EnFit Reusable syringes for administration of medications[2]	See information in NG section		
	pH strips [link to pH strips info]	1 pack as a one off	1 pack as a one off	Can be added to order when required due to low usage
	Amika pump set EasyBag mobile	28[#]	0	[#]see giving sets info if on multiple/split feeds for info on re-use

	Spare tube: brand and size to be decided individually based on patient. Options are • MIC-KEY button 12-24Fr • AMT Mini Classic 12-24Fr • Freka Belly button 12-16Fr	1 tube every 3 months	1 tube every 3 months	
	Extension sets Ensure extension set matches low profile tube used • MIC-KEY button sets come in boxes of 5 • Mini Classic: individually ordered • Freka Belly button: individually ordered	2-4 per month	2-4 per month	
	Stopper: • ENPLUG stoma Plug small pack 10-16Fr (4cm length) or large pack 10-16Fr (7cm length) OR • ACE stopper 12/14FR 60mm	1 as a one off	1 as a one off	Reorder as needed
PEG	60ml EnFit Reusable syringe[1] • Medicina single patient use re-usable syringes • GBUK HOME single patient use re-usable syringes	4	8	
	EnFit Reusable syringes for administration of medications[2]	See information in NG section		
	Amika pump set EasyBag mobile	28[#]	0	[#]see giving sets info if on multiple/split feeds for info on re-use
NJ, JEJ, PEG-J	60ml EnFit Reusable syringe[1] • Medicina single patient use re-usable syringes • GBUK HOME single patient use re-usable syringes	4	8	
	EnFit Reusable syringes for administration of medications[2]			
	Amika pump set EasyBag mobile	28[#]	0	[#]see giving sets info if on multiple/split feeds for info on re-use
Other specialist tubes	See information on page 6 for GJ/TJ tubes. Supplies to be determined based on guideline amounts for other feeding tubes			

Notes for HEF equipment required for monthly delivery guideline amounts:

[1]Consider extra provision for patients who sterilise their equipment as items deteriorate more quickly.

[2] Drug administration via enteral feeding tubes is almost always an unlicensed method of administration. Where a patient with an enteral feeding tube requires oral medication, alternative (licensed) routes of administration should be sought. If there is no alternative to using the enteral feeding tube for administration, the medicine should be administered with the largest functional syringe size, as small syringes create high intraluminal pressures and may damage the tube.

Reusable syringes for administering medications can be supplied through the HEF delivery service. Select a syringe size that can accurately measure the required volume for medicines and flushes. Smaller sizes may be required for children due to smaller doses.

Appendix 1: Definition of immunocompromise

The Green Book of Immunisation and Infectious Diseases definition for immunocompromise, which is nationally recognised, is:

- Immunosuppression due to acute and chronic leukaemias and lymphoma (including Hodgkin's lymphoma)
- Severe Immunosuppression due to HIV/AIDS
- Cellular immune deficiencies (e.g. Severe combined immunodeficiency, Wiskott-Aldrich syndrome, 22q11 deficiency/DiGeorge syndrome)
- Being under follow up for a chronic lymphoproliferative disorder including haematological malignancies such as indolent lymphoma, chronic lymphoid leukaemia, myeloma and other plasma cell dyscrasias (list not exhaustive)
- Having received an allogenic (cells from a donor) stem cell transplant in the past 24 months and only then if they are demonstrated not to have on-going immunosuppression or graft versus host disease (GVHD)
- Having received an autologous (using their own stem cells) haematopoietic stem cell transplant in the past 24 months and only then if they are in remission
- Those who are receiving, or have received in the past 6 months, immunosuppressive chemotherapy or radiotherapy for malignant disease or non-malignant disorders
- Those who are receiving, or have received in the past 6 months, immunosuppressive therapy for a solid organ transplant (with exceptions, depending upon the type of transplant and the immune status of the patient)
- Those who are receiving or have received in the past 12 months immunosuppressive biological therapy (e.g. anti-TNF therapy such as alemtuzumab, ofatumumab and rituximab) unless otherwise directed by a specialist
- Those who are receiving or have received in the past 3 months immunosuppressive therapy including:
    - Adults and children on high-dose corticosteroids (>40mg prednisolone per day or 2mg/kg/day in children under 20kg) for more than 1 week
    - Adults and children on lower dose corticosteroids (>20mg prednisolone per day or 1mg/kg/day in children under 20kg) for more than 14 days
    - Adults on non-biological oral immune modulating drugs e.g. methotrexate >25mg per week, azathioprine >3.0mg/kg/day or 6-mercaptopurine >1.5mg/kg/day