

**RISK ASSESSMENT FINDINGS**

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| **Department/Service** |  |
| **Date** |  |
| **Assessor** |  |
| **Approved By** |  |
| **Review Date** |  |

**Relevant Legislation:**

The Management of Health and Safety at Work Regulations 1999

**RISK ASSESSMENT RECORD**

**ACTIVITY and/or ENVIRONMENT TO BE ASSESSED: Percutaneous endoscopic gastrostomy (PEG) Feeding of a liquidised Diet**

**DATE:**

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| **KEY (People at risk)** | **Likelihood (L)** | **Severity (S)** | **Risk Calculation** | **Risk Rating** |
| E = Employee YP = Young Persons  P = Public  C = Contractors  V = Visitors  EM = Expectant Mothers | 1. Very Low (rare/very unlikely)  2. Low (unlikely)  3. Medium (could occur/possible)  4. High (likely to occur/probable)  5. Very High (near certain to occur) | 1. Insignificant (nuisance/discomfort)  2. Minor (no lost time)  3. Moderate (time loss)  4. Significant (serious/incapacity to work)  5. Major (Death) | Likelihood x Severity  =  Rating | **1- 6** **LOW RISK** Monitor   * 1. **MEDIUM RISK** Monitor, review & reduce risk where possible   **14-25** **HIGH RISK** Further Action Required |

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| **1.Hazards Identified and potential harm it could cause** | **2. People**  **At Risk** | **3.Controls in Place** | **4.Risk Rating** | | | | **5. Further Action Required/ Recommendations** | **6.Target Date for Completion** |
| **L** | **S** | **Score** | **Risk** |

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| Nutritional deficiency and decline in nutritional status.  Non adherence to enteral  feeding care plan. Administering Liquidised diet. Potential increased feed volume. Risk of malnutrition and worsening of nutritional status. GI disturbance including vomiting, feed volume intolerance. |  | Recognised best practice in the UK – following full dietetic  Assessment recommend the administration of only products  defined as Foods for Special Medical Purposes are used as  Enteral feeds. |  |  |  |  | Provide dietary analysis of a menu plan provided by the patient/carer.  Consider the use of web based apps (question validity) which may be used to independently analyse nutritional adequacy.  Discuss the patient’s fluid requirements and consider the use of nutrient dense fluids to be used to dilute the feed to the required viscosity.  Consider total fluid volume of bolus and required flushes.  Assess the requirement for a broad spectrum vitamin and mineral supplement.  Discuss the option to combine modes of feeding rather than liquidised food being used as a sole source of nutrition.  Recommend detailed food and symptom diary is recorded by the patient/carer.  Recommend increased frequency of monitoring of anthropometry and nutritional status. |  |
| Patency of the enteral feeding device. Use of enteral feeding device outside of (and not in line with) the manufacturer’s guidance for use.  Blockage of device.  Reduced life span of tube.  Temperature control guidance  of liquidised feed. Below 8°C and above 63°C.  Enteral feeding device blockage. May require A&E visit, hospital admission to unblock or replace the device |  | * Refer to Enteral Plastic Safety Group (EPSG) statement.   <http://www.nnng.org.uk/2014/05/enteral-plastic-safety-group-epsg-statement/>   * Recognised UK practice to use medical device in line with manufacturer’s guidance. |  |  |  |  | Consider carer/patient whether they have been trained to replace device to prevent hospital admission.  Consider the lumen size at each connection junction.  Review and monitor the frequency of device change.  Consider cost impact of additional gastrostomy tubes which may be required.  Escalate and document in dietetic and medical records that your patient has\chosen to use a medical device which is outside the scope of the manufacturer’s information for use guidance. Temperature control guidance is unrealistic with this practice. |  |
| Food borne infection.  Bacterial load of the liquidised feed.  Potential contamination from the utensils used in preparation and the re-usable  Enteral feeding ancillary equipment. |  | Provision of a ready to feed UHT/sterile formulae.  Equipment designed for re-use within manufacture |  |  |  |  | Adherence to national food safety guidance. Consider a risk assessment of the food preparation area. Consider using food safety guidance recommended for weaning. Adherence to temperature control guidance of liquidised feed administered to meet infection control guidance.  Discuss food safety guidance if the administration of defrosted food is considered.  Consider increased supply of extensions sets and single use enteral feeding syringes to reduce the risk of contamination. |  |
| Infectious complications – Potentially Life Threatening. Food borne/ enteral feeding tube borne or stoma site infection. |  | Monitoring of food hygiene practices. Monitoring of enteral feeding tube integrity and stoma site |  |  |  |  | Highlight the importance of good hygiene practice. Ensure patient/ carer has been trained and demonstrated competency to clean and manage enteral feeding tube and stoma site in line with local policy.  Refer to National Nurses Nutrition Group (NNNG) Good Practice Consensus Guideline on Exit Site Management for gastrostomy Tubes in Adults and Children. <http://www.nnng.org.uk/wp-content/uploads/2013/10/Gastrostomy-Exit-site-guidelines-Final.pdf>  Ensure adequate flushing to maintain patency of the enteral feeding tube as per local policy.  Educate patient on how to identify signs and symptoms of infection and agreed course of action in line with local policy and NNNG guidance. |  |
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