Supporting Learners with Healthcare Needs (including administration of medication)

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Signatures:

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SECTION 11

SUPPORTING LEARNERS WITH HEALTHCARE NEEDS (including administration of medication)

GUIDANCE AND PROCEDURES

Introduction

There will be occasions when a parent/guardian will request that a pupil be supported with a healthcare need that may include administering medication during the school day. This may be because of a short term or longer-term medical need. Schools need to ensure they have a policy for supporting learners with healthcare needs, this may be located in the schools Health and Safety policy. Schools may wish to separate short-term needs from long term needs in their policy. Whilst long term needs can be quite complex, it is easier to see that without staff support, the learner may have difficulty accessing education at school.

The Welsh Government has produced updated guidance on this subject, and schools should refer to that document in producing their policy.

https://llyw.cymru/cefnogi-dysgwyr-ag-anghenion-gofal-iechyd
https://gov.wales/supporting-learners-healthcare-needs-1

In devising a policy, schools should be mindful of providing an equitable provision for all learners, particularly for those who have long-term medical needs that may be a disability as defined by the Equality Act 2010.

This Section of the Schools Health & Safety manual does not seek to replicate the Welsh Government document but highlights some of the key points.

Administration of Medication

It is preferable for parents/guardians to administer medicine themselves at home, but it is recognised that this is not always possible or practicable. It is not the intention of this guidance to discourage the administration of medication, but to provide information and guidance on what procedures should be followed to assist in the smooth working of this process. Short term medical needs may be linked to infectious diseases and further guidance on these can be found in Section 24 of the Schools Health & Safety Manual.

Each request for medicine to be administered to a pupil should be considered on its merits. Under no circumstances should children bring medicine to school without requesting permission from the school via the office.

If a school agrees to administer medication, the procedure on how this will be done, and in which circumstances, should be clearly communicated to parents to avoid any confusion, and this should form part of the school's policy.

Headteachers are advised to consider the best interests of the pupil and the implications for the staff and the school, as a whole, in deciding whether to administer medicines and that their decisions are defensible if it is clear they have acted reasonably.

Where a Headteacher agrees to administer medicine to a child he/she is advised to follow the previously mentioned document from the Welsh Government – Supporting learners with healthcare needs 2017 (the forms that accompany this document can be found in Annexe 1), and ensure that the following safeguards should be observed:-

- For prescribed medication, clear medical direction should be received, preferably delivered by the parent, confirming that it is necessary for the child to receive medication during the school day and the required dosage. This may be detailed on the medication.
- Parents should inform the school if their child has a medical condition or long-term illness and this information should be included in a child's records'.
- Medicines, not prescribed by a doctor, must not be administered.
- Medicines, in the smallest practicable amount, should be taken to the school by the parent and delivered personally to the Headteacher or an appropriate member of staff.
- Medicines should be clearly labelled with the child's name, contents and dosage and should be kept in a locked cupboard away from children, unless other arrangements have been agreed, e.g. where a child carries their own asthma inhaler
- Before medication is brought into school, the parent must complete Form 2. If the school is in agreement that the medication will be administered, then Form 3 will be completed.

Storage

The nature of the medication will direct how it is stored - locked away, in a refrigerator or in a cupboard. Wherever this is, it must be accessible to those who require access, e.g. teacher who assists in administration or pupil if they self-administer. Further guidance on storage is in the Welsh Government document.

Sharing Information

Where there is a healthcare need, there will be a need to share information. This will include the learner, parent and school staff, but could also include catering staff, medical professionals and local authority officers. Communication of this information must be clear and the sharing of information must be agreed by the parents and, where suitable, the learner. This sharing of information must also be in accordance with data processing requirements.

Parental Responsibilities

Parents should, wherever possible, administer or supervise the self-administration of medication to their children. However, this might not be practicable if, for example, the child's home is a considerable distance from the school. In such a case parents may make a request for medication to be administered to the child in school.

When the medication is being prescribed the parents should ask whether it is possible to have the administration intervals out of school time. The parent should also seek the opinion of the GP as to whether the child should be in school, and it is on this opinion that the decision should be made whether to send to the child to school or not,

and not what is the more convenient solution. The flow chart in annexe 6 shows the procedure that should be followed if a request to administer medication is to be made.

It is the parents responsibility to ensure that the medication the school holds is within date. Expired medication should be collected from school by parents. The school will contact parents/guardians immediately if medication remains uncollected.

School Responsibilities

It is not in school staff terms and conditions to administer medication (unless specifically detailed in the job description). However, school staff have a general duty of care and are expected to take action as a reasonably prudent parent would.

The Governing Body must ensure that they have a policy that outlines the procedure for the management of medication. This may be within the schools Health & Safety policy, but it is advisable to also include a statement within the schools prospectus.

When a parent requests that medication be administered to their child at school the Headteacher will deal with the case sympathetically and on its merits. The Headteacher should consider all the circumstances of the case and have regard to the best interests of the pupil and the implications for the staff.

The Headteacher will ensure all staff are aware of the school's procedures with respect to the administration of medication. In the case of pupils with complex health needs, staff (including support and catering staff, where relevant) who come into contact with that child will be made aware of the precautions that need to be taken and the procedure for coping with an emergency. Training will be provided to staff who undertake healthcare procedures, this might be simple instruction, or more complex training provided by healthcare professionals.

Individual Healthcare Plan

Depending on the needs of the learner and possibly the duration of the healthcare need, there may be a requirement to produce an individual healthcare plan. Schools are responsible for developing this document, although in most cases this will be done in conjunction with the learner and their parents, healthcare professionals and sometimes officers of the local authority. A suggested template in included in Annexe 2 to assist with this.

Off-site Activities

When off-site activities are being planned, this should include the healthcare needs of any learners who may be included in the visit. For visits that are more complex, this may require early consultation with the learner and their parents. When a learner first enters a school, they may not be in contact with all staff, but when a learner has a complex or long term healthcare need, all staff should be made aware of this so they can plan for future visits, e.g. residential visits in Year 6 or visits that support GCSE course work.

Medical Procedures and Treatments

There may be occasions where staff undertake or assist with a medical procedure or treatment. The table below shows which procedures are covered by the Authorities insurance, this includes administering medication.

Procedure/Activity/Use of	Cover Available
Acupuncture	No
Anal plugs	No
Apnea monitoring	Yes – in respect of monitoring via a machine following written guidelines. There is no cover available in respect of visual monitoring
Bathing	Yes – following training and in accordance with written guidelines
Blood samples	Yes – but only by Glucometer following written guidelines
Buccal medazolam	Yes – following written guidelines
Bladder wash out	No
Catheters	Yes – following written guidelines for the changing of bags and the cleaning of tubes. There is no cover available for the insertion of tubes
Colostomy/Stoma care	Yes – following written guidelines in respect of both cleaning and changing of bags
Chest drainage exercise	Yes – following written health care plan provided under the direction of a medical practitioner
Dressings	Yes – following written health care plan for both application and replacement of dressings
Defibrillators/First Aid only	Yes – following written instructions and appropriate documented training
Denture cleansing	Yes – following appropriate training
Ear syringe	No
Ear/Nose drops	Yes following written guidelines
Enema suppositories	No
Eye care	Yes – following written guidelines for persons unable to close eyes
First Aid	Yes – Should be qualified first aiders and applies during the course of the business for the benefit of employees and others
Gastronomy tube – Peg feeding	Yes – cover available in respect of feeding and cleaning following written guidelines but no cover available for tube insertion
Hearing aids	Yes – for assistance in fitting/replacement of hearing aids following written guidelines
Inhalers, and nebulisers	Yes – for both mechanical and held following written guidelines
Injections	Yes but only for the administering of pre-packaged does on a regular basis pre prescribed by a medical practitioner and written guidelines
Medipens	Yes – following written guidelines with a preassembled epipen
Mouth toilet	Yes
Naso-gastric tube feeding	Yes following written guidelines but cover is only available for feeding and cleaning of the tube. There is no cover available for

	tube insertion or reinsertion, which should be carried out by a medical practitioner.
Occupational therapy	No
Oral medication	Yes - subject to being pre-prescribed by a medical practitioner and written guidelines. Where this involves children, wherever possible Parents/Guardians should provide the medication prior to the child leaving home. A written consent form will be required from Parent/Guardian and this should be in accordance with LEA procedure on medicines in schools etc. Similar consideration should be given when asked to administer "over the counter" medicines.
Oxygen – administration of	Yes – but only in respect of assisting user following written guidelines, i.e. applying a mask
Pessaries	No
Reiki	Yes
Physiotherapy	Yes – when undertaken by suitably trained staff but excluding treatment by qualified physiotherapists.
Pressure bandages	Yes – following written guidelines
Rectal medazalam in pre-packaged dose	Yes – following written guidelines and 2 members of staff must be present
Rectal diazepam in pre-packaged dose	Yes – following written guidelines and 2 members of staff must be present
Rectal Paraldehyde	No
Splints	Yes – as directed by a medical practitioner
Suction machine	No
Syringe drivers- programming of	No
Suppositories	No other than rectal diazepam and medazalam.
Swabs - External	Yes – following written guidelines
Swabs - Internal	No – other than oral following written guidelines
Toe nail cutting	Yes – following written guidelines
Tracheostomy	No – Cover is only available for cleaning around the edges of the tube only following written guidelines
Ventilators	Yes – following written guidelines

Complaints

It is hoped that by having a clear policy that encourages inclusiveness, the management of healthcare needs will be straightforward. However, should this not be the case, schools need to ensure their complaints procedure is clearly communicated to parents.

Emergency Asthma Inhalers

The Welsh Government has issued guidance to schools on a change in legislation that allows schools to buy emergency salbutamol inhalers without a prescription. Schools

are not required to hold an inhaler, this is discretionary, but the change in legislation has been made so schools can do this if they wish.

The Welsh Government has produced guidance on this issue, which can be accessed at the following web link:

https://llyw.cymru/defnyddio-anadlwyr-salbutamol-brys-mewn-ysgolion
https://gov.wales/use-emergency-salbutamol-inhalers-schools

If you do decide to purchase inhalers, then you will also need to adopt a policy on their use, or amend your currently policy on medication. Annexe 3 has a suggested template for an Emergency Inhaler Policy. If you decide to hold these inhalers, you should communicate this to the parents/carers of your students. Suggested information for parents is included in the Welsh Governments guidance and it is recommended that you refer to, or use this information, particularly the element that parents should not rely on the school holding an emergency inhaler and that they should always ensure that their child is carrying their own inhaler.

Emergency Adrenaline Auto-Injectors (AAI)

We do not currently hold an emergency AAI in any campus

In the UK, up to 8% of children have a food allergy and 17% of fatal allergic reactions in school-aged children happen while at school. Following agreement by the UK Government, an amendment to the Human Medicines Regulations 2012 allows schools to obtain AAI's, without a prescription, for use in emergencies.

Schools are not required to hold spare AAIs for emergency use, this is a discretionary power enabling schools to do so if they wish. If a school decides to hold a spare AAI, they should produce a policy on it use. The policy needs to be developed in line with the Welsh Government Guidance document "Guidance on the use of emergency adrenaline auto-injectors in schools in Wales"

https://llyw.cymru/defnyddio-chwistrellwyr-adrenalin-awtomatig-brys-mewn-ysgolion
https://gov.wales/use-emergency-adrenaline-auto-injectors-schools

Blended Food Diet

Some learners are fed via a tube, the food being provided as a ready to use liquid commercial food, which is sterile and nutritionally complete. There is a growing interest from families of enterally fed learners to move to the use of liquidised food via a gastrostomy as an alternative to the commercially prepared foods. This is a clinical issue and must be led by the dietitian and nurses working with the individual. Where schools have learners who are fed enterally, they should not raise this as an option, but if it is raised with the school, they should contact the ALN & Inclusion team for further advice. A protocol that covers this issue is available in Annexe 5.

List of Annexes

1 Forms from Welsh Government Guidance

- Form 1 Contacting Emergency Services
- Form 2 Parental request for school/setting to administer medicine
- Form 3 Headteacher/Head of setting agreement to administer medicine
- Form 4 Record of medicine administered to an individual child
- Form 5 Record of medicines administered to all children
- Form 6 Request for child to carry his/her own medicine
- Form 7 Staff training record - administration of medicines
- Form 8 Medication/healthcare incident report

2 Individual Healthcare Plan

3 Emergency Inhaler Policy

4 Model Emergency Adrenaline Automatic Injector Policy – not currently in place

5 Protocol for the Administration of Liquidised Food via Gastrostomy to Children in the Community

6 Flowchart for Administration of Medication

NB Annexes 1-4 are available bi-lingually. The Welsh language annexes are available before the English versions, followed by Annexes 5 and 6.

Annexe 1 (English)

Forms from the Welsh Government Guidance

Form 1

Contacting Emergency Services

Request for an Ambulance:

Dial 999[1], ask for ambulance and be ready with the following information

1 Your telephone number

2 Give your location as follows *(insert school/setting address)*

3 State that the postcode is

4 Give exact location in the school/setting *(insert brief description)*

5 Give your name

6 Give name of child and a brief description of child 's symptoms

7 Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

8 Don't hang up until the information has been repeated back.

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by all the telephones in the school

[1] Remember, you may need to dial 9 for an outside line

FORM 2

Parental agreement for education setting to administer medicine

Ysgol Golwg Pen Y Fan needs your permission to give your child medicine. Please complete and sign this form to allow this.

Name of education setting YSGOL GOLWG PEN Y FAN

Name of child _____

Date of birth _____

Group/Class/Form _____

Healthcare Need _____

Medicine _____

Name/type of medicine (as descirbed on the container) _____

Date dispensed _____ Expiry date _____

Agreed review date to be initiated by (name of member of staff) _____

Doseage and methos _____

Timing _____

Special precautions _____

_____

Are there any side effects that the setting needs to know about? _____

_____

Self adminsitration (delete as appropriate) **Yes / No**

Procedures to take in an emergency _____

_____

PTO

Contact details

Name _____

Daytime telephone no. _____

Relationship to child _____

Address _____

_____

_____

I understand that I must deliver the medicine personally to [agreed member of staff] _____

I understand that I must notify the setting of any changes in writing.

Date _____

Signatures _____

_____

FORM 3

Headteacher Agreement to Administer Medicine

Name of School _____

It is agreed that [name of learner] _____

Will receive prescribed (quantity and name of medicine) _____

Every day at [time to be administered, e.g. lunchtime, or time] _____

Will be given/supervised whilst he/she takes their medication by [name of staff] _____

This arrangement will continue until [either end date of course of medicine or until instructed by parents] _____

Date _____

Signed _____

[Headteacher/Head of School/named member of staff]

FORM 4

Record of Prescibed Medicine Administered to an Individual Child

Name of School _____

Name of Learner _____

Date Medicine Provided by Parent _____

_____

Group/class/Form _____

Quantity Received _____

Name and Strength of Medicine _____

Expiry Date _____

Quantity Returned _____

Dose and Frequency of Medicine _____

_____

Staff Signature _____

Signature of Parent _____

Date			
Time Given			
Dose Given			
Name of Member of Staff			
Staff Initials			
Date			
Time Given			
Dose Given			
Name of Member of Staff			
Staff Initials			
Date			
Time Given			
Dose Given			
Name of Member of Staff			
Staff Initials			

PTO

FORM 4 Cont.

Date			
Time Given			
Dose Given			
Name of Member of staff			
Staff Initials			
Date			
Time Given			
Dose Given			
Name of Member of staff			
Staff Initials			
Date			
Time Given			
Dose Given			
Name of Member of staff			
Staff Initials			
Date			
Time Given			
Dose Given			
Name of Member of staff			
Staff Initials			
Date			
Time Given			
Dose Given			
Name of Member of staff			
Staff Initials			
Date			
Time Given			
Dose Given			
Name of Member of staff			
Staff Initials			

FORM 5

Record of Prescribed Medicines Administered to all Learners – by date

Name of School _____

Date	Learners Name	Time	Name of Medicine	Dose Given	Any Reactions	Signature of Staff	Print Name

FORM 6

Request for Child to Carry His / Her Own Medicine

This form must be completed by parents/guardian

If staff have any concerns discuss this request with healthcare professionals

Name of School _____

Learners Name _____

Group/Class/Form _____

Address _____

_____

Name of Medicine _____

Carry and administer ☐

Administer from stored location ☐

Procedures to be taken in an emergency

_____

_____

Contact Information _____

Name _____

Daytime Phone No. _____

Relationship to Learner _____

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed _____ Date _____

I agree to administer and/or carry my medicine. If I refuse to administer my medication as agreed, then this agreement will be reviewed.

Learner's signature _____

Date _____

FORM 7

Staff Training Record - Administration of Medicines

Name of School _____

Name _____

Type of Training Received _____

Date of Training Completed _____

Training Provided By _____

Profession and Title _____

I confirm that *[name of member of staff]* _____ has received the training detailed above and is competent to carry out any necessary treatment

I recommend that the training is updated *[please state how often]* _____

Trainer's signature _____ Date _____

I confirm that I have received the training detailed above.

Staff signature _____ Date _____

Suggested review date _____

Form 8

Medication/healthcare incident report

Learners Name _____

Home address _____

_____

Telephone No. _____

Date of Incident _____ Time of Incident _____

Correct medication and dosage _____

Medication normally administered by

Learner ☐

Learner with staff supervision ☐

Nurse/school staff member ☐

Type of error

Dose administered 30 minutes after scheduled time ☐

Omission ☐ Wrong dose ☐

Additional dose ☐ Wrong learner ☐

Dose given without permissions on file ☐ Dietary ☐

Dose adminsitered by unauthroised person ☐

Descritpion of Incident _____

PTO

Action Taken

☐ Parent notified: name, date and time _____

_____

☐ School nurse notified; name date, _____

and time _____

☐ Physician notified: name, date and _____

time _____

☐ Poison control notified _____

☐ Learner taken home _____

☐ Learner sent to hospital _____

☐ Other _____

Notes _____

_____

_____

Annexe 2 (English)

Health Care Plan

The health plan should specify:

- The child or young person's view where possible.
- Parental wishes for the child.
- The care co-ordinator/key worker for the child.
- Any anticipated changes in the child or young person's care routine.
- The contact details of the paediatric healthcare team providing medical advice, care and support.
- Protocols for exchanging information between education and health services (with clearly defined lines of responsibility and named contacts) including the provision of accurate and regularly updated information about the needs of individual children and young people.
- The medication the child or young person takes both in and out of school hours.
- The request of parents and the permission of the Headteacher for the administration of medicines by staff or self-administration by the child or young person.
- Arrangements for any emergency or invasive care, or for the administration of medication. Emergency procedures should be set out in conjunction with health care professionals. Risk assessment should be carried out and would include the identification of potential emergencies in relation to the health needs of that particular child - better planning leads to fewer real emergencies.
- Any special health care needs which may affect the child or young person's use of services such as transport or play activities at the school, implementation of therapy programmes etc. The use, storage and maintenance of any equipment.
- Any arrangements for the provision of education or associated services when the child is too unwell to attend school or is in hospital or another appropriate health care setting.
- Health care plans should be jointly written by health professionals and parents. Completed plans should be signed by the parents, Headteacher and health professionals. A copy of the plan should also be available to all the above and to accompany the child on out of school trips.

- Health care plans should be reviewed annually at the child or young person's annual school review. If the plan needs revising the school health professionals should meet with parents and the plan would then be written again and signed by all parties. If the plan needs to be altered between reviews this should always take place with parents and be signed.

- The importance of very clear procedures for emergency treatment for all children and young people with complex health needs.

- The plan should also be made available to all staff coming into contact with the child or young person.

- Copies of any relevant forms should form part of the healthcare plan.

Healthcare Plan

Name of School _____

Child's Name _____

Group/Class/Form _____

Date of Birth _____

Child's Address _____

_____

Medical Diagnosis or Condition _____

Date _____

Review Date _____

Contact Member of Staff _____

Family Contact Information

Name _____

Phone No. (Work) _____

Phone No. (Home) _____

Phone No. (Mobile) _____

Name _____

Phone No. (Work) _____

Phone No. (Home) _____

Phone No. (Mobile) _____

Clinic/Hospital Contact

Name _____

Phone No. _____

G.P.

Name _____

Phone No. _____

Describe medical needs and give details of child's symptoms

Daily care requirements, e.g. before sport, at lunchtime, home, school trips

Describe what constitutes an emergency for the child, and the action to take if this occurs

Who is responsible in an emergency? State if different for off-site activities

Form copied to

Annexe 3 (English)

Emergency Inhaler Policy

October 2014

Introduction

Following agreement by the UK Government and Welsh Government, an amendment to the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies from 1 October 2014.

The emergency inhaler can be used if the child or young person's prescribed inhaler is not available, for example because it is broken or empty, and should only be used by children or young people who

- have been diagnosed with asthma, and prescribed a reliever inhaler; OR
- who have been prescribed a reliever inhaler;

AND for whom the written parent/carer consent for use of the emergency inhaler has been received.

The Governing Body of [SCHOOL NAME] has taken the decision to hold Salbutamol inhalers and this policy covers their management.

Register of Asthmatics

The School will hold a list of all pupils who have been diagnosed with asthma and / or have been prescribed a reliever inhaler. This list will be held with the inhalers and will be reviewed on an annual basis or as information becomes available. This list is only as accurate as the information received from parents / carers.

Recognising Asthma

Common 'day to day' symptoms of asthma may include:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of the child or young person's own inhaler and rest (e.g. stopping exercise). They would not usually require to be sent home from school or need urgent medical attention.

However, if a child or young person is displaying the early signs of an asthma attack they should be treated according to their individual health care plan where possible, and the Asthma Attack Procedure (Appendix 1) should be followed. If a spacer is used, the child can take it home with them (to avoid the possible risk of cross-infection, the spacer should not be reused by the school) and the school will need to obtain a new spacer promptly.

Early signs of an asthma attack may include:

- Persistent cough (when at rest)
- A wheezing (whistling) sound coming from the chest (when at rest)
- Shortness of breath or difficulty breathing (the child could be breathing fast and with effort)
- Nasal flaring (the nostrils move with breathing)
- Unable to talk or complete sentences
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache
- Being unusually quiet

An ambulance and parents/carers should be called immediately if the child or young person is:

- Exhausted
- Too breathless to speak
- Going blue/has a blue or white tinge around lips
- Collapsed
- Not showing sufficient improvement in symptoms after 5-10 minutes

To note: a child or young person may be prescribed a different reliever inhaler to salbutamol e.g. terbutaline. The salbutamol inhaler should still be used if their own inhaler is not accessible – it will help to relieve their asthma and could save their life.

The procedure in Appendix 1 summarises what to do

Parental Consent

As with all types of medicine, parental consent will be sought for use of an emergency inhaler. The letter template in Appendix 2 will be used and a record of this consent included in the register of asthmatics. Parental consent will be sought [choose one of the following options]

at the same time as consent is sought for administering or supervising administration of a child or young persons own inhaler
at the same time as seeking consent for the flu vaccination or other vaccinations
at the start of a new academic year

Supply, Storage and Care of Emergency Inhalers

The school will purchase the salbutamol inhalers from a local pharmacy and a letter from the Headteacher on school letterhead paper will be taken to the pharmacy confirming the following:

- The name of the school for which the inhalers is required
- The purpose for which the inhaler is required , and
- The total quantity of inhalers and spacers required.

The inhalers will be stored in [location] and their use by dates will be checked on a monthly basis by [Name or position] to ensure they are within date. Inhalers that are empty or beyond their use by date will be disposed of by returning them to the pharmacy.

Training

All staff will be made aware of

- the signs and symptoms of an asthma attack
- the emergency inhaler policy
- how to check if a child is on the asthma register
- how to access the inhaler
- who the designated members of staff are

Those staff who volunteer to either supervise the administration of the emergency inhaler or administer the emergency inhaler will be provided with training via the Asthma UK video clips on using metered-dose inhalers and spacers at http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers Further advice can be sought from the School Nurse.

The designated members of staff are [Names of staff members]

Any member of staff who administers an asthma inhaler as directed and for the benefit of a child will be covered the employers indemnity.

Record of use

Every time an emergency inhaler is used, this will be recorded and the parents/carer of the child informed, a template letter is included in Appendix 3. The record of use is kept with the emergency inhaler.

Educational Visits

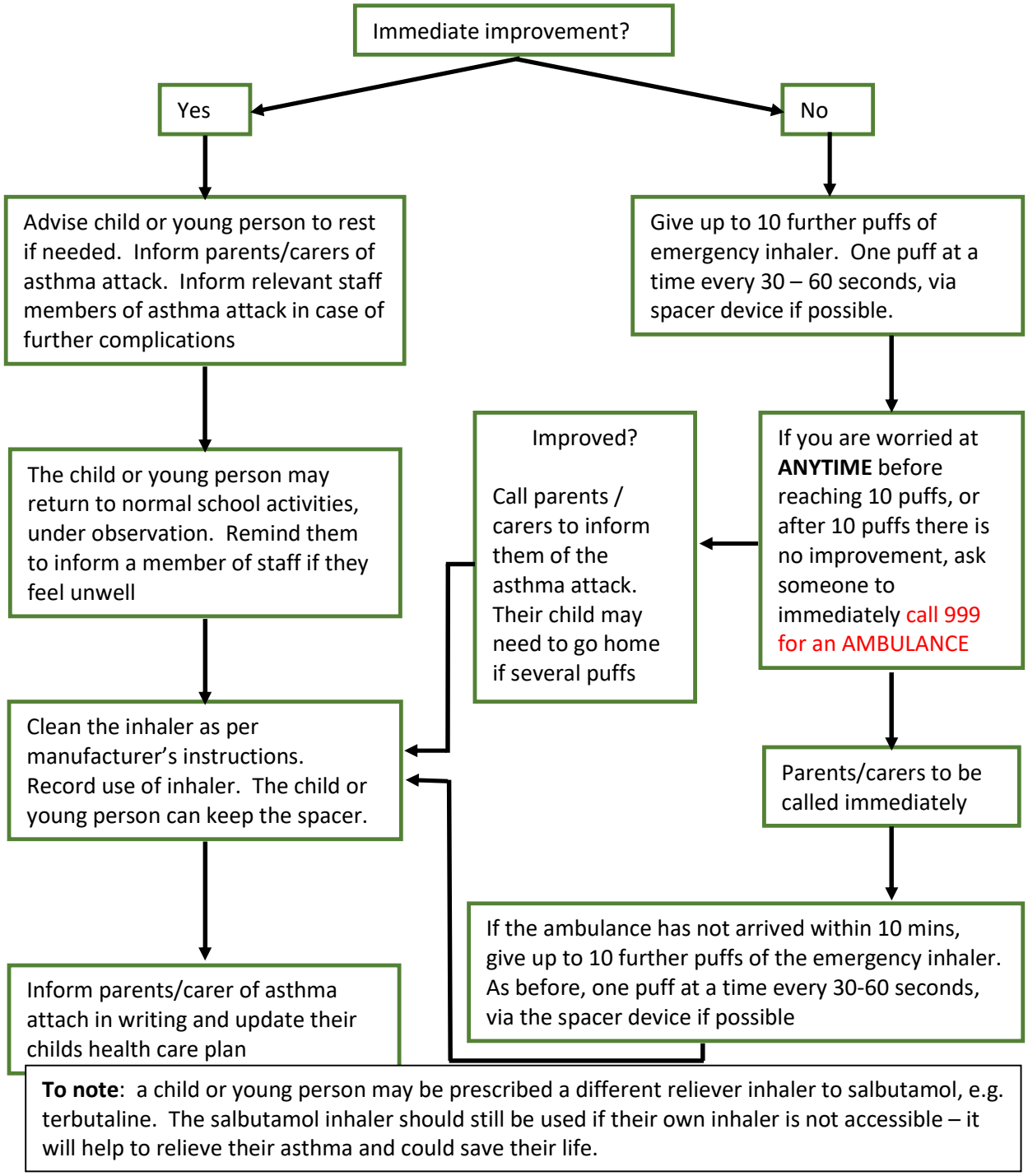
When children who have either been diagnosed as asthmatic, or prescribed a reliever inhaler are attending an educational visit, the group will carry an emergency inhaler. On returning to school, any record of use will be made and parents informed. If the attack is more serious, parents will be informed immediately.

Appendix 1

Asthma Attack Procedure

- Keep calm and reassure the child or young person, and do not leave them alone
- Encourage them to sit up and slightly forward, and to take slow steady breaths
- Use their inhaler, or if unavailable, stay with them whilst the emergency inhaler kit is brought to you. Check consent in the asthma register. Use the inhaler, as below:

To prime inhaler, spray 2 puffs into the air. Then give 2 puffs of emergency salbutamol inhaler to the child or young person (via the spacer device if possible)



To note: a child or young person may be prescribed a different reliever inhaler to salbutamol, e.g. terbutaline. The salbutamol inhaler should still be used if their own inhaler is not accessible – it will help to relieve their asthma and could save their life.

TEMPLATE CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
Ysgol Golwg Pen Y Fan

Appendix 2

Child or young person showing symptoms of asthma / having asthma attack

Child's full name _____

Class _____

1 I confirm my child has been diagnosed with asthma / has been prescribed an inhaler (please delete as appropriate).

2 My child will have a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3 In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

You may wish to discuss this form with your child.

Signed: _____ Date _____

Parent/carer full name _____

Mobile telephone number _____

Home/work telephone number _____

Parent/carer address _____

_____

_____

E-mail address _____

Child's Doctor's name _____

Child's Doctor's telephone number _____

Child's Doctor's address _____

_____

_____

_____

Template Letter to Inform Parents / Carers of Emergency Salbutamol Inhaler Use

Appendix 3

Childs Name _____

Class _____

Date _____

Dear

This letter is to notify you that _____ has had problems with their breathing today. This happened when _____

_____

_____

[Please delete as appropriate]

A member of staff helped them to use their own asthma inhaler

OR

They did not have their own asthma inhaler with them, so a member of staff helped them to use the school's emergency inhaler containing salbutamol. They were given _____ puffs

OR

Their own asthma inhaler was not working, so a member of staff helped them to use the schools emergency inhaler containing salbutamol. They were given _____ puffs

We strongly advise that you pass this information on to your doctor as soon as possible to see whether your child needs further medical assessment

Yours sincerely

Appendix 1 – Consent Form Template

Please attach a photograph of the pupil for identification in an emergency

Consent form: Use of emergency adrenaline auto-injector (AAI)
Please inset school name and amend as appropriate.
This can be completed by the parent/carer or pupil – where appropriate

Information of learner at risk of anaphylaxis

Learners full name _____

Class _____

Learners date of birth

Please tick the following boxes where appropriate

1 I confirm the pupil named above has:

Been prescribed an AAI ☐

or Has medical approval to be administered with an AAI during anaphylaxis ☐

2 I confirm the pupil named above is known to be at risk of anaphylaxis, and I attach:

A copy of the pupils AAI prescription ☐

or a copy of the AAI box with the pupils pharmacy label attached ☐

or a copy of information from a doctor or relevant health professional ☐

or other (please state) _____

(this must include the learners prescribed AAI type and dosage e.g. Epipen 0.3 milligrams)

3 I confirm that if the pupil named above displays symptoms of anaphylaxis, and their AAIs are not available or unusable, they can receive adrenaline from an emergency AAI(s) held by the school for such emergencies. I understand this emergency AAI may differ from the learners prescribed AAI

4 I will promptly update the school if there are any changes to medication, treatment, risk of anaphylaxis etc. to the learner named above

I am the parent/carer ☐ I have discussed this with my child ☐

I am the learner ☐ I have discussed this with my parent/carer ☐

Signed _____ Date _____

Full name (print) _____

Telephone Numbers / /

Address _____

_____

Doctors details

Learners doctors name _____ telephone number _____

Learners doctors address _____

Appendix 2 - Adrenaline Auto-Injector Emergency Register

The following Learners have been prescribed an adrenaline auto-injector

Learners Name	Class	Parental Consent to use Emergency AAI Received Yes / No and Date received

Appendix 3 - Form template to purchase emergency AAIs

(To be printed on school headed paper)

I wish to purchase adrenaline auto-injectors (AAIs) for use in an emergency for [*insert school name]*. The AAIs will be used, stored and disposed of in line with the manufacturer's instructions, in accordance with the Human Medicines Regulations 2012 (as amended). This allows UK schools to purchase AAIs, without prescription, for the emergency treatment of anaphylaxis.

Please supply the following AAIs:

AAI product name:	**Quantity required:**

Total number of AAIs required: _____

School name: _____

School address: _____

_____

School phone number: _____

Signed: _____ Date: _____
(Headteacher or Acting Headteacher)

Print full name: _____

Further information can be found at: Guidance on the use of emergency adrenaline auto-injectors in schools in Wales, Welsh Government (2017) http://learning.gov.wales/resources/browse-all/use-of-emergency-aais-in-schools-in-wales/?lang=en and http://www.sparepensinschools.uk

Appendix 4 - Recognising and responding to reactions

Signed of mild-moderate allergic reaction may include:

- swollen lips
- itchy/tingling mouth
- hives or itchy skin rash
- abdominal pain or vomiting
- sudden change in behaviour
- sneezing

Action:

1. Stay with the learner, shout for help if needed and remove any obvious trigger carefully.
2. Ask someone to bring you the learners individual healthcare plan (IHP) and adrenaline auto-injectors (AAIs) plus the emergency AAI kit, in case they are required. Call 999 if you need to.
3. Check the pupils IHP. Give medicine as outlined
4. Call parent/emergency contact to make them aware of the situation
5. Monitor learner: if symptoms do not progress into anaphylaxis inform all relevant staff members, as anaphylaxis can occur several hours later. Ask learner to inform staff in the following classes, etc.
6. Update learners IHP and inform parents

Anaphylaxis Emergency Procedure (potential life-threatening allergic reaction)

Signs of anaphylaxis may include: (mild symptoms do not always occur beforehand)

- **A**irway: persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- **B**reathing: difficult or noisy breathing, wheeze or persistent cough
- **C**onsciousness: persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious

Action:

1. If one (or more) of these symptoms are present, keep calm, reassure the pupil and do not leave them alone unless you have no other choice. Remove any obvious trigger carefully. Shout for help.
2. Ask for the **pupil's prescribed AAI** plus the **emergency AAI kit** be brought to you immediately.
   The AAIs are located at:_____ Phone: (_____)_____
   The learners prescribed AAI and emergency AAI may differ - the emergency AAI can still be used.
3. Ask for an ambulance to be called on 999 immediately, stating "ana-fil-axis".
4. If the pupil's AAI is not available, open the AAI kit, and check consent for the spare AAI to be used. If the pupil is known to be at risk of anaphylaxis, they can also verbally consent for its use.
5. Use AAI (firmly inject and hold for 10 seconds in upper outer thigh, through clothes). Note the time.
6. Lie the pupil flat. If breathing is difficult, allow to sit only (standing has led to cardiac arrest).

7. Ask someone to meet the paramedics and bring to you.
8. Ask someone suitable to call parents/emergency contact straight away to inform them of situation.
9. If no improvement seen within 5-15 minutes give a **second AAI**. Call 999 to locate ambulance.
10. If there are no signs of life: start CPR and ask someone to call 999 again to locate ambulance. (If you need to put into recovery position and they are pregnant, lie them on their left side).
11. On arrival, tell the paramedics what may have caused the reaction and the time AAI(s) were given.
12. Ask the paramedics to dispose of the used AAI(s).

If in doubt - use the AAI and call 999

PTO

Signs of an allergic reaction are:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the childs allergy treatment plan
- Phone parent / emergency contact

Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):

AIRWAY:	**Persistent cough** **Hoarse voice** **Difficulty swallowing, swollen tongue**
BREATHING	**Difficulty or noisy breathing** **Wheeze or persistent cough**
CONSCIOUSNESS:	**Persistent dizziness** **Becoming pale or floppy** **Suddenly sleepy, collapse, unconscious**

If ANY ONE (or more) of these signs are present:

1. Lie person flat:
   (if breathing is difficult allow learner to sit)

2. **Use Adrenaline autoinjector without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

*****IF IN DOUBT, GIVE ADRENALINE*****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Phone parent/emergency contact
3. Commence CPR if there are no signs of life
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available

Anaphylaxis may occur without initial mild signs. **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) even if no skin symptoms are present

Appendix 5 - Use of AAI Letter Template

Use of adrenaline auto-injector (AAI)
(please insert school name and amend as appropriate)

Date

Dear

This letter is to notify you that (name of learner) _____

Displayed symptoms of anaphylaxis on _____

This happened when _____

_____

_____

(please amend as appropriate)

The pupil / a member of staff used one / two prescribed AAI(s)

The pupil / a member of staff used one / two of the schools emergency AAI(s)

This was necessary because _____

_____

_____

_____

_____

We strongly advise that this information is given to the pupils doctor as soon as possible in case further medical assessment is needed

Yours sincerely

Headteacher

Copy to be kept at school

Annexe 5

Protocol for the administration of liquidised food via gastrostomy to children in the community

Document Reference No:	PTHB /	
Version No:	1	
Issue Date:	July 2018	
Review Date:	July 2018	
Author:	Community Children's Nursing Team	
Document Owner:	Assistant Head of Children's Nursing, Woman and Children's Service	
Accountable Executive:	Head of Children's Public Health Nursing and Paediatric Services	
Approved By:		
Approval Date:		
Document Type:	Protocol	Clinical
Scope:	Woman and Children's Service, Community Children's Nurses	

The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Version Control:

Version	Summary of Changes/Amendments	Issue Date
1		July 2018

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Enteral Feeding Team, ABUHB
Paediatric dietitian, ABUHB
Community Children's Nursing Team

Circulated to the following for Consultation

Date	Role / Designation
28/12/17	Team leaders Community Children's nursing Team
28/12/17	Special School Nurses
09/01/18	Head of Children's Public Health Nursing and Paediatric Services
16/01/18	Enteral Feeding Lead Nurse, ABUHB CCN and Special School Nurse Health and Safety Officer, Education Assistant Head Teacher, Pen Maes School Catering Department, PCC Dietitian, ABUHB and PTHB
18/01/18	Additional Learning Needs Manager, Powys Education Woman and Children's Service, Heads of Services Heads of Nursing
25/01/18	Presentation for Woman and Children's Service
25/01/18	Head of dietetics PTHB
12/7/18	Education / Local authority / PTHB (CCN, Dietician)

1 Introduction

The aim of enteral feeding is to optimise the patient's nutritional status and to deliver their estimated nutritional requirements safely. The British Dietetic Association (BDA)[1], Powys Teaching Health Board (PTHB) in conjunction with Aneurin Bevan University Health Board (ABUHB) endorse that the gold standard method of feed for patients on home enteral tube feeding is ready-to-use liquid commercial food the rationale being that these are sterile and nutritionally complete food formulations which are designed to be used with enteral tubes.

Despite this, there is a growing interest from families of enterally fed children, in the UK, regarding the use of liquidised food via a gastrostomy as an alternative to commercially prepared feeds with reported benefits from changing to this method of feeding including reduced reflux, improved bowel function and a improvement in mood, hair and skin condition[2] [3]

The use of liquidised food for enteral feeding is a relatively new practice in the UK, although has been standard practice in USA and other parts of Europe for many years. There is little published evidence available to date regarding the benefits or risks of this practice, although it is considered that there is potential for an increased risk of infection, tube blockage and compromised nutritional intake.

The Parenteral and Enteral Nutrition Group of the BDA does not promote or recommend the administration of liquidised diet via a enteral feeding device [4]. A toolkit has been developed to enable dietitans to support patients to make an informed choice and provide recommendations in relation to practice, thereby minimising variation and risk.

The clinical team must discuss and record the reason for the patients/carers wanting to commence liquidised food via a

[1] British Dietetic Association (2015) Practice Toolkit Liquidised Food via Gastrostomy Tube

[2] Brown S (2014) *Blended food for Enteral Feeding via a gastrostomy.* Nursing Children and Young People. 26,9, 30-37.

[3] Pentiuk et al 2011. *Pureed by gastrostomy tube diet improves gagging and wretching in children with fundoplication*. Journal of Parenteral and Enteral Nutrition 35(3) 375-379.

[4] PENG (Parenteral and Enteral Nutrition Group) Guidelines. *Risk Assessment Template for Enteral Tube Administration of Liquidised Diet.*

gastrostomy tube and ensure all alternative feeding strategies have been considered. The patient/carer should be fully informed of the risks and limitations involved if they choose to give liquidised diet. Whilst as an inpatient, children and young people will receive commercially prepared feed via the enteral route unless parents/carers take full responsibility for the provision and administration of a liquidised feed.

2. Aim

This protocol is intended for staff involved with children, their parents or carers wishing to receive or administer liquidised food via enteral feeding devices in preference to the use of prescribed commercially prepared feeds.

Objectives

To promote best practice and optimise patient safety in relation to this practice.

To minimise the risk of infection, tube blockage and compromised nutritional intake associated with the administration of liquidised food via an enteral tube.

To collate available information to support staff in responding to individual requests from patients/parent/carers in the administration of liquidised food via an enteral tube feeding device

For staff to be aware of the risks and limitations of this practice and be aware of how to minimise these risks and to ensure that patients/ parents/ carers fully understand the risks and limitations of the practice. A risk assessment (Appendix 2) will be completed for every child receiving liquidised food via an enteral tube feeding device.

To provide patients/parent/carers with advice in relation to the safe processes for preparation, storage and administration of liquidised diet via a gastrostomy.

3. Definitions

- **PTHB** – Powys Teaching Health Board
- **ABUHB** – Aneurin Bevan University Health board
- **Child/ Children** - For the purpose of these guidelines the term child/children will refer to any infant, child or young adult up to the age of 18 years or beyond 18yrs if still attending a school to which a special school nurse is attached.

- **Patient -** Throughout this document any reference to the patient will also cover parent/carer.
- **Liquidised food -** The term liquidised food has been used in these guidelines; alternative descriptions that are used include pureed food, liquidised table food, blenderised foods, liquidised diet, and blended diet. General food and fluids that are liquidised to a consistency whereby it can be administered via enteral feeding tube.
- **Clinical Team –**This refers to the dietician, paediatrician and other professionals involved in feeding.

4. Role / Responsibilities

The clinical team (Paediatrican, Dietitian, Community Children's Nurse, Special School Nurse) involved in advising children, parents and carers on the administration of liquidised diet via a gastrostomy will ensure they are familiar with the content of the protocol and work in accordance with these and as such:

- Follow pathway following request as described in Appendix A
- risk assess any child requesting a liquidised diet via a gastrostomy
- ensure parents/carers and multidisciplinary team are aware of the risks and how to minimise them
- ensure a alternative feeding plan is in place for when a child needs to be admitted to hospital

4.1 Assistant Head of Children's Nursing and Continuing Care

The Assistant Head of Children's Nursing and Continuing Care must:

- Ensure all health staff read and understand this protocol
- Arrange regular review to monitor compliance with this procedure, presenting audit information to woman and children's service
- Ensure liaison with national groups and the paediatric enteral feeding team in ABUHB
- Meet with education to agree procedures in both mainstream and special schools for each named child
- Hold this risk on the service risk register

4.2 Team Leaders for Community Children's Nursing Team

The Team Leaders for Community Children's Nursing Team have responsibility for:

- Ensuring any child commencing on liquidised food via their gastrostomy has a bespoke care plan which has been written and agreed by the clinical team
- Ensuring the CCN team are aware of the risks and steps to manage the risks as outlined in the risk assessment

4.3 Special School Nurses

The special school nurses are responsible for:

- Supporting the clinical team in writing and implementation of the multi-agency bespoke care plan for each named child
- Providing training for education staff and assessment of competency using a competency framework and adhering to principles as described in the PTHB Policy to support the planning and provision of health care needs in education and community settings (2017) and the All Wales Guidelines for Delegation (2010)
- Ensuring investigations (e.g. blood tests, weight) as prescribed by the consultant are undertaken

5. Risk assessment

The clinical team must discuss and record the reasons for the patient wanting to commence liquidised diet via gastrostomy tube and ensure all alternative commercial food formulas and feeding strategies considered as an alternative. This will include any feed related problems are optimally managed. The patient will be fully informed of the risks involved if they choose to give liquidised diet.

The clinical team must decide whether a liquidised diet represents an unacceptable risk and likelihood of leading to significant harm. If this option is still pursued by the patient/parent/carer despite risks being outlined, the team need to follow the local safeguarding procedures.

The risk assessment form must be completed by a dietitian in partnership with the paediatric enteral feeding nurse / community children's nurse and in consultation with child/parent/carers. The level of risk identified should form a written agreement by the patient and clinician in line with this guidance. A document of discussion and a copy of the risk assessment and care plan should be signed and kept in medical/dietetic/nursing (WCCIS) notes and copies provided to parents / carer as well as other professionals/agencies with parent's consent (Appendix 2, 3 and 4). Child/parent/carer information will be available in Welsh and other accessible formats as required.

The risk assessment should be shared with anyone giving the liquidised diet and a protocol and multi-agency care plan needs to

be prepared and staff need to be given appropriate training and assessment before liquidised diet is commenced in other settings e.g. school, respite.

5.1 Minimising the risks of giving liquidised food by enteral tube - Hygiene and infection prevention

There is a risk of microbial infection due to contamination; this may occur from the utensils used in preparation, storage and administration of liquidised food. Clinical Staff will advise parent/carers on the steps that should be taken to minimise the risk of infection as follows (this advice would equally apply to professionals preparing liquidised feed in a school or other setting):

- Information regarding good hand hygiene / washing, food safety and kitchen hygiene techniques. The following resources may be useful (recommended by DISC group)
  - http://www.nhs.uk/Livewell/Homehygiene/Pages/Homehygienehub.aspx
  - http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/food-safety-hygiene.aspx

- Effective hand washing must be carried out before starting food preparation and a risk assessment of the food preparation area should be considered. This may necessitate a home/school visit.

- Liquidised food should be prepared as close to the time of administration as possible. All liquidised feed should be stored in "Flocare" container and labelled with child's name, date and time of preparation and list of ingredients.

- Hot/ liquidised foods must be effectively cooled before administration, it may be kept at room temperature for **2 hours only** and must then be discarded.
- Liquidised food **may not** be frozen, however meals which have been frozen prior to preparation may be used, and food safety guidance on defrosting should be followed and then prepared as previously described.
- Adequate flushing of the feeding tube should be carried out pre and post feeding. Tap water can be used (unless child is immunocompromised, in which case cooled, boiled or sterile water should be used).
- The method of administration is prescribed by the dietitian in line with best practice and current advice.

- Consideration should be given to the possibility of an increased supply of ancillary equipment (extension sets, syringes etc.) to help reduce the risk of contamination[4]

- If food is to be administered in an environment other than home, for example in school, the food must be sourced from the school and cannot be sent into the school / other setting from home. Parents must be aware that this may require a payment unless exempt following an application for free school meals.

- Special consideration should be given for day/ school trips Pre-packaged, pre-prepared commercial products are recommended in this instance and advice will be given by the dietitian.

- Food prepared in a commercial environment needs to meet current Food Hygiene Regulations. An industrial blender should be used to ensure suitable consistency

  http://www.food.gov.uk/business-industry/caterers/sfbb/

  https://www.ukjuicers.com/blenders/commercial-blenders

5.2 Minimising the risks of giving liquidised food by enteral tube - Nutritional adequacy

Steps that should be taken to minimise the risk of compromising nutritional intake:

- Regular monitoring of weight and height (Appendix 5)

- Regular reviews with a Dietitian

- If tolerated and appropriate, use a 'mix' of commercial formula / feed and liquidised food and other forms of supplementation to ensure nutritional adequacy

- While initiating the liquidised tube feed, it is good practice to keep a food and symptom diary to assess tolerance

- Ensure foods are included from each of the food groups in accordance to the Eat Well Plate. Eat Well Plate can be accessed at http://www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx

- Once established, record food intake if any concerns regarding growth or nutritional adequacy of diet

- Dietary assessment should be undertaken (including food intake charts as necessary) to evaluate the need for supplements

- A micronutrient supplement should be used when indicated and on dietitian advice to ensure the patient meets the Reference Nutrient Intake value for vitamins and minerals. Particular attention needs to be paid to Vitamin D for patients who are at risk of Low Bone Mineral Density[5]

- Blood tests for micronutrients are only necessary if dietary or medical assessment indicate likely deficiencies. *(ESPGHAN 14 recommendations)*

5.3 Minimising the risks of giving liquidised food by enteral tube - Patency of enteral feed device

- Steps that should be taken to minimise the risk of tube blockage:

- An industrial high power blender should used conforming to British Standard eg Vitamix, Magimix.

- Foods blended to a smooth consistency and will then be sieved using a fine metal sieve with holes of 1mm, without diluting with excessive water (as advised by dietitian)

- Tubes should be flushed with adequate volumes of water pre and post feeds (as advised by dietitian)

- Ideally the bore of the low profile gastrostomy device should be a 14Fr. If current gastrostomy tube is smaller, the clinician will explore changing the gastrostomy tube to a larger gauge.

- Liquidised food should only be used via tubes that can be replaced easily in the event of a blockage (without the need for anaesthetic). Staff in other settings (school, respite) will be given training in the management and emergency procedure for displaced gastrostomy tube (Gastrostomy

devices must only be replaced for use by a parent/ carer trained specifically for their own child or a registered nurse).

- Parents will be made aware that enteral feeding tubes and associated equipment is not endorsed by the manufacturer for use with liquidised food.[6]

6. Process on receiving a request to receive a liquidised diet

The multi-disciplinary team must follow the pathway as outlined in Appendix 1

7. Monitoring Compliance / Audit

The use of this protocol will be reviewed within 12 months of implementation the results of which will be reported to the appropriate committee within the Woman and Children's service.
All children subject to blended diet will be closely monitored as described in the protocol.

8. Review and Change Control

This document will be reviewed within 12 months or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.
The results of the All Wales blended diet research may impact on this protocol and this will be shared with the Woman and children's service and changes to protocol made as required.

9. References / Bibliography

British Dietetic Assosciation (2015) Practice Toolkit Liquidised Food via Gastrostomy Tubes.

Brown S (2014) *Blended food for Enteral Feeding via a gastrostomy.* Nursing Children and Young People. 26,9, 30-37

GAIN (2015) Guidelines for caring for an infant, child or young person who requires enteral feeding. Guidelines and audit Implementation Group

Pentiuk et al 2011. *Pureed by gastrostomy tube diet improves gagging and wretching in children with fundoplication*. Journal of Parenteral and Enteral Nutrition 35(3) 375-379.

PENG (Parenteral and Enteral Nutrition Group) Guidelines. *Risk Assessment Template for Enteral Tube Administration of Liquidised Diet.*

Chief Medical Officers (2012) *Vitamin D – advice on supplements for at risk groups.*

Enteral Plastic Safety Group (EPSG) Statement (May 2014)

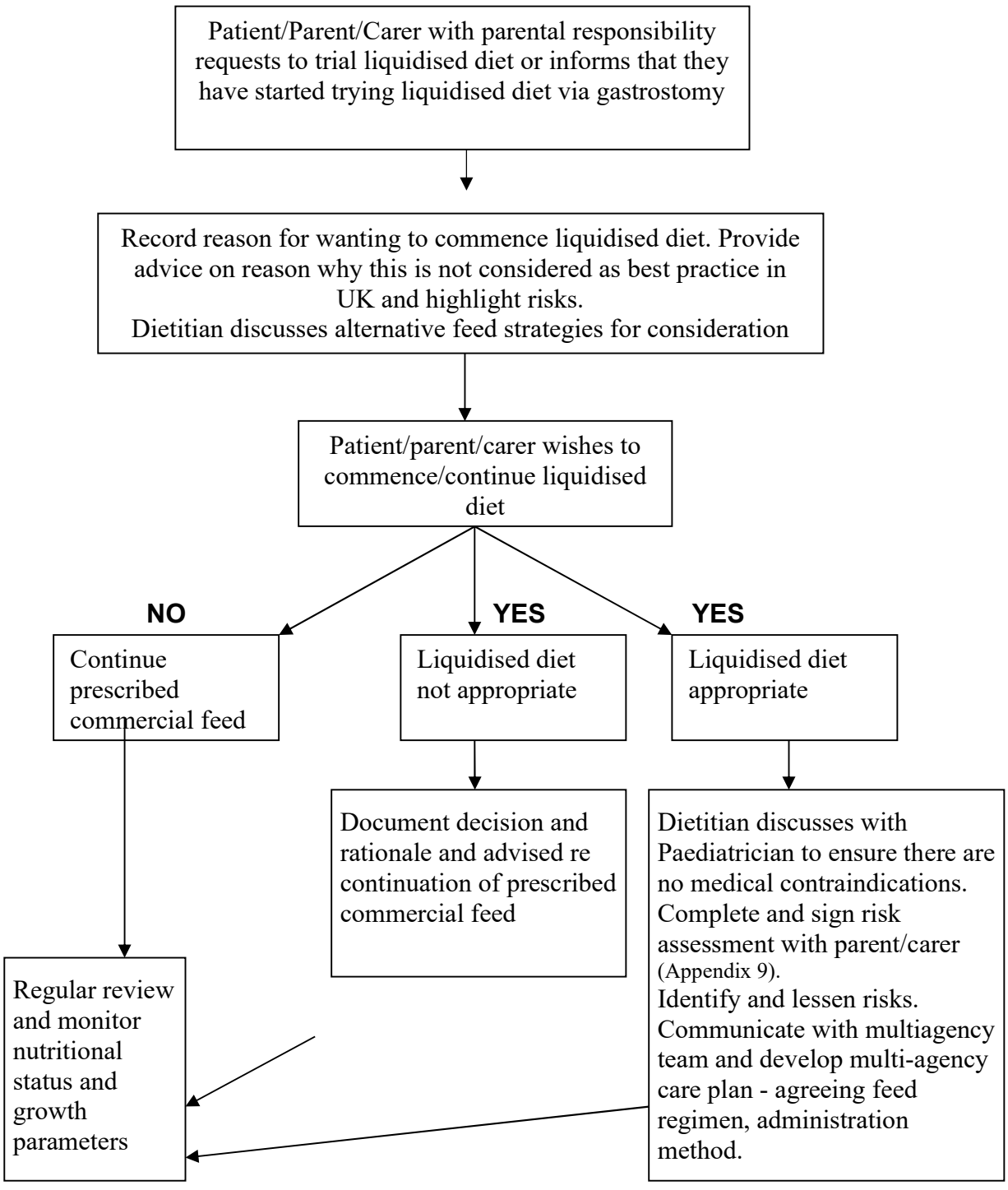
NLIAH (2010) All Wales Guidance for Delegation

If you need to add more rows you can highlight, copy and paste (or insert above below as required). The lines are removed from the final, approved document prior to upload.

Should you require any assistance please contact the Corporate Governance Officer – Policies & Procedures. (ext.) 2933.

Appendix 1

Process on receiving a request to receive a liquidised diet



Adapted from BDA Practice Toolkit Liquidised Food via Gastrostomy Tube (2015)

Appendix 2
Liquidised diet via gastrostomy – risk assessment

Appendix 3
Liquidised Diet Documentation of Professional Discussion with Parent/Carer

Appendix 4

Sample Multiagency Care plan for child in receipt of liquidised diet via gastrostomy

Appendix 5

Guidelines for Weight Monitoring and Dietetic Review

Age 0-6 months	Monthly
Age 6 months to 2 years	Every 2 months
2-5 years	Every 3 months
School age	Every 6 months
Long term stable	Annually

Annexe 6

Flow Chart for the Administration of Medication