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PMO-080 HOME ENTERAL TUBE FEEDING VIA PERCUTANEOUS JEJUNOSTOMY: A 5-YEAR UK REGIONAL STUDY OF TRENDS AND OUTCOMES

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Introduction NHS Lothian home enteral tube feeding (HETF) point prevalence figures reveal that of the 328 adults on HETF in the Lothian region, 18 (5.4%) are being fed via jejunostomy. The aims of this study were to establish the trends in jejunostomy feeding over a 5-year period and to identify the associated complications.

Methods A retrospective review of the regional HETF database was carried out to identify all adults discharged home to the Lothian region on jejunal feeding between 01 January 2007 and 31 December 2011.

Results Ninety adults were discharged on jejunal feeding within the study period. The number of adults receiving jejunostomy feeding at home had increased with an average of 11 per year from 2007 to 2009 rising to an average of 28 per year from 2010 to 2011. Patient age at start of feeding ranged from 17 years old to 79 years old with a median age of 61.6. The most common reason for home jejunal feeding was post-oesophagectomy for oesophageal cancer (65%), followed by gastrectomy (8%) and oesophageal rupture (6%). Length of time on home jejunal feeding ranged from 7 days to 999 days with an average of 165 days, equivalent to 23.6 weeks. The most common clinical outcome was discontinuation of HETF and a return to normal oral diet (64%), 16% died due to underlying disease, and 14% continued on jejunostomy feeding. A review of the complications associated with use of a jejunostomy feeding tube revealed that 55% had documented complications and of this number, 36% had more than one complication documented. In practice, this incidence may be higher as not all patient records had tube site examination documented. A summary of the most common jejunostomy-related complications is shown in the Abstract PMO-080 table 1 below.

Abstract PMO-080 Table 1

Complication	Incidence (%)
Sutures fell out	18 (21)
Infection at tube site	15 (18)
Leakage at tube site	9 (11)
Dressing not changed as per local guidelines	9 (11)
Tube blockage	7 (8)
Inflamed tube site	7 (8)
Pain at tube site	4 (4)
Overgranulation of stoma	2 (2)

Conclusion This study has shown that the number of patients discharged home on jejunostomy feeding over a 5-year period has increased significantly. Average length of time on jejunostomy feeding was almost 6 months therefore the availability of ongoing and timely follow-up in the community is essential. Of particular note is the high rate of tube-related complications, some of which required admission to hospital or treatment at specialist clinics. This incidence could be reduced by improving training and information on prevention and early detection of complications for community

based health care professionals as well as for patients. These findings have direct implications for practice in highlighting the need for dedicated, specialist and individualised care for patients at home on jejunostomy feeding.

Competing interests None declared.

PMO-081 ENTERAL NUTRITION IN THE CRITICALLY ILL: THE IMPACT OF NURSING ADHERENCE TO FEEDING PROTOCOLS ON THE EFFECTIVENESS OF TREATMENT IN JORDANIAN INTENSIVE CARE UNITS

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Introduction The aim of the study is to assess nurses' adherence to enteral nutrition evidence-based guidelines in intensive care.

Methods Mixed-methods design was employed. This abstract will show the results of the survey which was concerned with the practical issues, the nursing process, and enteral nutrition complications. A cluster sample recruited intensive care nurses (n=253) from different health care sectors in Jordan.

Results Clinical nutrition is perceived by 79.7% of nurses as a secondary role. Nurses showed greater levels of knowledge and responsibility for "preventing complications" and "evaluation" than "assessment" and "identifying goals". Tube position is still confirmed via unreliable measures such as air bubbling technique (mean 4.00, SD 1.14). The mean for measuring Gastric Residual Volume was above the mid-point (3.70, SD 1.33). However, there was inconsistency in recognising the limit, threshold and frequency of measuring this volume. Diarrhoea is the most frequent complication of enteral nutrition (mean 3.36, SD 1.34) followed by abdominal pain, tube dislodgment, weight loss and uncontrolled blood sugar. Nurses perceived that the incidences of complications are less likely to occur in the presence of evidence-based guidelines than absence ($\rho=0.73$, $df=251$, $p<0.001$).

Conclusion Nurses show more concerns about the outcomes of enteral feeding instead of the preliminary assessment. Measuring gastric residual volume and confirming tube placement are still deficient and require further attention. Evidence-based practice is acknowledged by nurses where undertaking such protocols is emphasised.

Competing interests None declared.

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PMO-082 OUTCOMES AFTER "THROUGH THE PEG" PLACEMENT OF JEJUNAL EXTENSIONS

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Introduction Percutaneous endoscopic gastrojejunostomy (PEG-J) placement by conventional techniques is technically demanding,