

Dr Jim Livingstone
Director of Safety, Quality and Standards



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O
**Poustie, Resydènter Heisin
an Fowk Siccar**

Rapid Response Report

Subject:

Early detection of complications after gastrostomy

For action by:

Chief Executives, HSC Trusts for cascade to:

*Medical Directors
Directors of Nursing
CSCG leads
Community Nurses*

Dieticians (Acute and Community)

Chief Executive, HSC Board for cascade to:

Director of Integrated Primary Care

Chief Executive RQIA for cascade to:

Independent hospitals and clinics

General Practitioners

For Information to:

Chief Executive, Public Health Agency
Director of Public Health/Medical Director, Public Health Agency
Director of Nursing, Public Health Agency
Director of Integrated Care, HSCB
Director of Performance Management & Service Improvement, HSCB
Assistant Director of Performance Management, HSC Board
Assistant Director, Primary Care, HSCB
Professor David Woolfson, Head of School of Pharmacy, QUB
Professor Linda Johnston, Head of Nursing & Midwifery, QUB
Professor Hugh McKenna, Head of Life & Health Sciences, UU
Dr Owen Barr, Head of School of Nursing, UU
Professor Paul McCarron, Head of School of Pharmacy, UU
Post Graduate Dean, NIMDTA
Staff Tutor of Nursing, Open University
Director, Safety Forum
Lead, NI Medicines Governance Team
NI Medicines Information Service
NI Centre for Pharmacy Learning and Development

Summary of Contents:

The purpose of this circular aid the early detection of complications after gastrostomy

Enquiries:

Any enquiries about the content of this Circular should be addressed to:

Safety & Quality Unit
DHSSPS
Room D2.4
Castle Buildings
Stormont
BELFAST
BT4 3SQ

Tel: 028 9052 2239

qualityandsafety@dhsspsni.gov.uk

Circular Reference: HSC (SQSD)06/10

Date of Issue: 4 June 2010

Related documents

CREST guidelines on the management of enteral tube feeding in adults.

<http://www.gain-ni.org/Library/Guidelines/tube-feeding-guidelines.pdf>

Superseded documents

N/A

Status of Contents:

For completion of actions and assurance templates by 3 December 2010

Implementation:

Immediate

SQSD material can be accessed on:

<http://www.dhsspsni.gov.uk/index/phealth/sqs.htm>

Working for a Healthier People

Chief Medical Officer Group



Dear colleagues

Early detection of complications after gastrostomy

Gastrostomies are small stomas created between the stomach and the skin of the abdomen to insert a feeding tube in adults and children. Like any interventional procedure, there is potential for complications (including chemical peritonitis, infection, bowel perforation, haemorrhage, and aspiration pneumonia) but prompt recognition of these complications with early action reduces the risk of serious harm or death.

The content of the attached circular at Annex A has been reviewed by relevant professional colleagues in the Department and approved for regional dissemination.

I would ask you to bring this to the attention of relevant practitioners and key health and social care staff within your organisation. They should consider the best practice for their setting and take appropriate steps to minimise the risks to patients.

I would also draw your attention to the attached 'assurance template' which is a means of recording the response from the Trusts and Board in circumstances where SQS Circulars require action to be taken by a given date.

Yours sincerely

A handwritten signature in black ink, appearing to read "Jim Livingstone". The signature is written in a cursive, slightly slanted style.

Dr J F Livingstone

Director, Safety, Quality & Standards

Early detection of complications after gastrostomy

Issue

1. Gastrostomies are small stomas created between the stomach and the skin of the abdomen to insert a feeding tube in adults and children. Like any interventional procedure, there is potential for complications (including chemical peritonitis, infection, bowel perforation, haemorrhage, and aspiration pneumonia) but prompt recognition of these complications with early action reduces the risk of serious harm or death.

National Context

2. From October 2003 to January 2010, the National Patient Safety Agency (NPSA) has received 11 reports of deaths and 11 reports of severe harm describing delay in recognising and acting on signs of complications in the first 72 hours after gastrostomy insertion. The NHS Litigation Authority has also received 23 claims related to gastrostomies, including seven deaths. Reports suggest that pain on feeding or external leakage of gastric contents were not always recognised as a 'red flag' symptom of peritoneal leakage of feed. Additionally, patients discharged shortly after gastrostomies are usually given the contact details of nutrition departments for long-term support with feeding. In some cases the patients' carers used these numbers for urgent concerns, but these services are not intended for emergencies or available outside office hours.
3. NPSA/2010/RRR010: Early detection of complications after gastrostomy and the supporting information is available on:
<http://www.nrls.npsa.nhs.uk/resources/?entryid45=73457>

Local Context

4. **All HSC organisations providing care in the period up to 72 hours (three days) post-gastrostomy should:**
 - Distribute this circular to relevant clinical staff, including nursing and medical staff in acute hospitals and GPs, community nurses and out-of-hours services in primary care.
5. **All HSC organisations with departments inserting gastrostomies should ensure that:**
 - Local protocols specify the observations to be taken in the immediate recovery period (for example, the frequency and duration of observations)

of blood pressure, pulse, respiration and pain score, alongside checks of the stoma site for bleeding, leakage of gastric contents or tube displacement).

- They mark the patient's medical and nursing notes with a high-visibility warning that **if there is pain on feeding, prolonged or severe pain post-procedure, or fresh bleeding, or external leakage of gastric contents, stop feed/medication delivery immediately, obtain senior advice urgently and consider CT scan, contrast study or surgical review***.
- They add the equivalent warning to the preliminary discharge information that is communicated to the patient's GP and community nurses or care home nurses on discharge.
- Where patients are discharged within 72 hours (three days) of gastrostomy insertion:
 - i. systems are in place to ensure senior review before discharge (see supporting information);
 - ii. patients and their carers are warned that the signs listed above are danger signs that need urgent attention (verbally and through using the labels provided in the supporting information on the NPSA website, or an equivalent high visibility warning on local patient information) and are given an appropriate local contact number for urgent aftercare advice that is available overnight and at weekends;
 - iii. the staff answering this contact number understand that the signs listed above are symptoms that need an urgent response, and have local protocols to guide them on what actions to take.

* These action points may need to be amended in light of local service provision and for children (e.g. for paediatric cases a surgical opinion may be obtained first followed by the locally available radiological investigation of choice, and some gastrostomy types in children may result in chronic external leakage of gastric contents).

Action Required

6. You will wish to bring the contents of this document to the attention of staff, particularly those involved in governance and risk management within your organisation. Organisations need to be aware of this best practice circular in order to assist in complying with the Quality Standards for Health and Social Care –

- Criteria 4.3(i) (the appropriate management of risk);
 - Criterion 5.3.3(f) (implementation of evidence-based practice through guidance, for example, NPSA guidance). and
 - Criteria 8.3(l) (effective communication and information)
7. HSC Trusts should take immediate action to implement this Rapid Response Report as outlined in paragraph 6 above by **3 December 2010**. Trusts should provide assurance on this action to the HSC Board by completing **Section 1** of the attached template.
 8. The HSC Board should complete **Section 2** of the attached assurance template and forward to the Department by **4 January 2011**.

SQS CIRCULARS: ASSURANCE TEMPLATE FOR HSC BOARD AND TRUSTS

Circular number: HSC (SQSD) 6/10 Early detection of complications after gastrostomy

For Implementation by: 3 December 2010

(Section 1 is to be completed by HSCT and forwarded to HSCB for consideration. Section 2 should then be completed by HSCB and forwarded to DHSSPS)

SECTION 1:

To: Chief Executive, HSC Board

I can confirm that the required actions set out in the above circular have been implemented in full by the due date.

I can confirm that the actions in the above correspondence have been partially implemented by the due date. The issues impacting on full implementation along with the timescales for resolving these issues are set out in the box below:

I can confirm that the organisation has been unable to implement any actions of the above circular for the reasons set out in the box below. (The actions being taken/required to resolve or clarify the issues preventing implementation and the timescales for this should be outlined):

I confirm that the HSC Trust's Chief Executive and designated senior manager have been advised of this response and are content that it should be submitted to the HSC Board.

Response submitted by: _____ (Name & contact details of person submitting response) on behalf of _____ HSC Trust. Date: _____

SECTION 2:

To: Director, Safety, Quality & Standards Directorate, DHSSPS

I note the response from the Trust and –

I can confirm that the HSC Board is content the action(s) taken, referred to in Section 1, complies with the requirements of the above circular.

I can confirm that further action, as outlined in the box below, is needed to ensure compliance with the requirements of the above circular

I confirm that the HSC Board's Chief Executive and designated senior manager have been advised of this response and are content that it should be submitted to the Department.

Response submitted by: _____ (Name & contact details of person submitting response) on behalf of HSC Board. Date: _____