TRANSFERRING TO HOME CARE SETTING

Once a potential discharge date to the patient's home, residential/nursing home or community hospital has been set, the following steps need to be taken:

Provide the patient with the right amount of necessary equipment for 10 days post-discharge

- ✔ Feed
- ✔ Giving sets
- ✔ Syringes
- ✔ pH paper (for NG feeding)
- ✔ Any other necessary ancillaries

Nursing staff and dietitian to provide the patient with suitable training:

- ✔ Daily care of their enteral feeding tube
- ✔ Skin care/stoma care
- ✔ Administering feed, flushes and medication
- ✔ If appropriate, pump use and maintenance

The hospital dietitian will then:

- ✔ Provide full details about the patient's requirements and feeding regimen and complete a referral for the Community Dietitian
- ✔ Register the patient for home delivery of the enteral feeding equipment (within two weeks of discharge)
- ✔ Provide the patient's GP with discharge notes, and a prescription for the feed. This should include as much information about the feeding regimen as possible: type of feed, feeding tube, feed rate and proposed dietetic follow-up.
- ✔ Register the patient with a home support service, such as Nutricia Homeward

Provide the patient with details of patient support services and websites:

- ✔ Nutricia Homeward, www.nutriciahomeward.co.uk
- ✔ Living with tube feeding, www.tube-feeding.com
- ✔ PINNT: Patients on Intravenous and Nasogastric Nutrition Therapy, **www.pinnt.com**

Nutricia Homeward

Download transfer to home care checklist

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