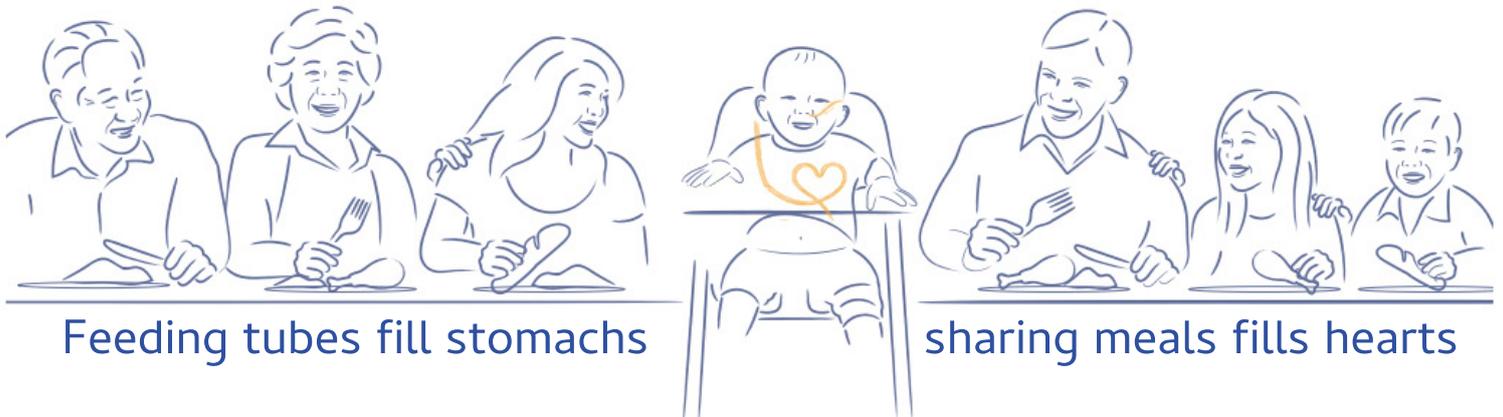


SUCCEED

A guide to mealtimes using a nasogastric bolus tube



Feeding tubes fill stomachs

sharing meals fills hearts

The SUCCEED Gold Standard approach to nasogastric tube feeding: Joy, inclusion and mealtime training

Facilitator guide

Overall approach

This course aims to be:

1. Practical and empowering – participants leave with actionable knowledge they can confidently apply;
2. Informed by clinical expertise and family lived experience; and
3. Transformative – adding SUCCEED's evidence-based feeding philosophy to everyday clinical support for families.

The training focuses on the SUCCEED values and vibes, assuming existing working knowledge of the practical and safety aspects of NG bolus feeds.

Key teaching objectives

Participants (maximum 8 per session) will receive practical instruction on:

- Meal environment, set-up and equipment;
- Tube location testing (aspiration);
- Administering a meal;
- Flushing; and
- Finishing a meal.

Facilitator roles

Each session should have 2 facilitators.

Venue

Location

- Consider public transport, ease of nearby parking, step-free access from car park; and
- Quick and easy access to bathroom facilities.

Facilities

- A room large enough for 2 groups of 4 participants not to interrupt each other; and
- A sink is very useful.

Layout

Whole group:

- Table at front with manikin, feeding equipment (but no other clutter); laminates in view; and
- Chairs in an arc for participants.

Small group practicals:

- 2 tables (as far apart as possible) each with 5 chairs close to them; and
- Identical manikin + meal equipment set-up

Final run-through

- 2 tables each with 2 chairs, all equipment; and
- Remaining chairs arranged close to main table, so others are not watching those doing the run-through.

Equipment

Course materials

- Hard copy of this facilitator guide (1 per facilitator)
- Mobile phone to show how to link from QR code to our resources, take PayPal payments etc
- Peel-off stickers (x12) and pens (x4) for name tags
- Big A2 posters of seven steps (x2) blue tack to stick them up
- A3 posters and blue tack to stick them up
- Laminated pH chart (x2)
- Laminated sign-up sheet with QR code (x1)

Hard equipment

- Manikins x2 with feeding tubes pre-inserted into manikin, taped appropriately
- Spare feeding tubes (x2)
- Small syringes for aspiration and flushing (x8, checked for compatibility with tubes)
- Larger syringes for feeding (x4, checked for compatibility with tubes)
- Spare tape
- pH testing papers (x20) *[make sure to restock when there are fewer than 10 left]*
- pH colour charts (x4)
- Plastic or paper cups (x10)
- Bottles to hold liquid for each feed (x2)
- Large (2 litres) container for all feed used in the course
- Paper towels (many)
- Wet wipes to wipe down equipment between uses
- Non-slip mats for manikins to stand on and catch water spills (x2)
- Objects for oral stimulation and mealtime inclusion (dummy, suck toys, bowls, foods)

Liquids

- Hand sanitiser
- Water for flushing
- Meal: water mixed with lemon juice

Overview

Total session: 95 minutes of planned time, within a 120-minute booked session. It's important to create a spacious feel, not get in and out as fast as possible.

0–15 mins. Introduction – all

- Meet facilitators;
- Purpose and structure;
- Feeding philosophy;
- Tube anatomy – meet the manikins;
- Timing and setting.

15–30 mins. Demonstration, discussion – all

Facilitator demonstrates gold standard NG bolus feed:

- F1 talks to manikin as if it were a child; showing it as quick and easy;
- F2 adds some specific commentary to highlight SUCCEED philosophy;
- Wider discussion – draw on our relevant professional experience, and field questions.

30–60 mins. Practical – 2 groups

Split into 2 groups of up to 4 (rearrange chairs etc):

- Each participant does kit check, test, feed, flush;
- Others are close by, watching, and supporting;
- Maintain a single conversation so as not to distract the person practising the feed;
- Facilitators to judge how guided or independent it should be; and
- Participants encouraged to highlight the SUCCEED philosophy elements (diverse locations, calm, joyful, shared meal, mealtime objects, together time after meal).

Finish with final discussion

Facilitation approach

- Be mindful this may be quite an anxious thing for participants – it's okay if they are quiet; don't want people to feel on the spot at all
- The vibe is meeting you where you are – this is something the medical world doesn't often do well – why it's important to keep away from the medical territory
- Be confident in policing the boundaries of your role – don't get dragged into clinical details or traumatic stories. The lead facilitator will be responsible for managing tricky moments. Some good ways out:
 - Empathise (I can see that is a difficult thing for you), validate (I think many of us would feel the same), contain (maybe I could catch you at the end just to check in again) and move on (let's give ourselves something concrete to focus on:
 - Hold off big questions to the dedicated 'chat' session; and really big questions until the time at the end
 - Rather than saying what to avoid or not do, focus on the positives, direct attention to what to do (NO: don't feed in front of TV, with iPad; YES: it's lovely to eat together at the table).
 - In the details that follow, the **bold text** is crucial script, where we want these words to be said explicitly.



1. Introduction

Introduce yourselves as facilitators, name your child and summarise (very briefly) their tube-feeding experience.

- Hopefully show a picture of two of your child – happy with the tube showing, and maybe tube-free;
- Mention confidentiality, bathroom location, and if people have any issues, what to do (talk to us afterwards, leave if they don't feel comfortable or need a moment, have recommendation for mental health support to hand)

2. Purpose and structure

Learn a gold standard NG tube-feed, with the feed as meal-time training – how to make it a safe, positive, inclusive and a developmental experience for the child. Be clear 'gold standard' is our view based on clinical and parent input, not a published protocol. Gold standard refers to the experience for the child and the technical tube process, not just getting nutrients into the stomach.

3. Our mealtime philosophy

- We think of a feed **not as a medical procedure but as a meal-time**, that is more similar than different to a meal time for a child who feeds orally – whether breast, bottle or solids.
- We don't see time when a child tube-feeds is lost or wasted time. We **can still thrive** as children and families while tube-feeding, for some this is life-long. The weeks and months of tube-feeding can be set up to **help a future transition** to oral feeding. Each meal time can be teaching your child things, helping them develop associations and skills that they will need when they transition to oral feeding (for those that can).
- We see **feeding tubes not just as life-saving but life-enabling**. So our gold standard tube-feed is one that you can do out of the house – in a café, in a park, at a friend's house. The fact you're here today learning to tube-feed means you're helping set the family up for new adventures and special moments together.
- We encourage child **inclusion** and **autonomy** where it is possible. Letting a child touch food and make a mess is a wonderful thing you are doing for them! Letting them wipe their own face is wonderful too (after all the adults who've been around their face).

4. Timing and setting: when and where to have meals. We cover this briefly.

Timing (when to have meal):

- Show the first question on the 'match to your family' sheet in the handbook;
- Your child will already have a routine set by their healthcare professionals and your family. You **should always follow clinical advice** – however – just remember that **each meal should be an ongoing conversation. It's not set and forget**. If it's not working then say something to your clinician;
- A meal might be based on intervals e.g. every 3 hours. This often aligns with how a young orally fed child might eat – breakfast, morning tea, lunch, afternoon tea, dinner;
- A meal might be based on **hunger cues** – when to start (sucking cues, crying) and when to stop (falling asleep, losing coordination, getting grouchy, vomit)!
- The meal has to be **in tune with the child**. About giving them calories in a way they can tolerate, that folds them into eating with others as much as possible; and
- Schedules often change over time based on calories needed but also reports from families about vomiting, grimacing etc.

Setting (where to feed): **Tube-feeding is meal training!**

- It's what leads to a child eating (mostly), and learning that mealtimes are enjoyable ways to connect with others (for everyone). Don't let the technical stuff get in the way of the important training that's going on!
- You can **tube-feed anywhere you would feed a child** with breast, bottle or milk: dining room, garden, park, café, daycare, friend's house;
 - Chance for child to **experience eating with others**, not distracted by something else – **meal training**;
 - Set-up so you and the child are having a bonding moment together – your face is really important to the child at this time, but don't get in their face – think of **their view, who can they see**, what are they seeing people do? Immersion in mealtimes;
 - Child **upright** (pram, highchair, Tripp-Trapp chair so can be with others at the table etc); and
 - **Safe and comfortable for everyone** (clean surfaces); consider where vomit might go.

2. Facilitator demonstrates gold standard NG bolus feed. Highlighting SUCCEED philosophy – place, calm, joyful, inclusion (objects), shared meal, together time at the end **This is a gold standard feed – safe, enjoyable, attuned to child, training for mealtimes, and supporting a trajectory towards oral feeding. It is important to know that what is best for the child varies a lot in terms of volumes, timings, oral stimulation.**

1. Sanitise hands!
2. Talk to child to mention timing: **“It’s 11am, we’re having morning tea and you’re showing you’re a bit hungry, so let’s eat”** [F1 talks to manikin as if it were a child; showing it as quick and easy. F2 adds some specific commentary to highlight SUCCEED philosophy];
3. All the equipment is within arm’s reach;
4. Check that there are no signs the tube has moved – visually at the nose;
5. Something for yourself to eat (it’s not unkind, it’s essential!);
6. Visual horizon for the child – objects relating to oral feeding in main view;

7. Aspiration test – small syringe, draw up, pH paper, say to child;
8. Switch to the larger syringe (taking the plunger out before attaching the syringe), pour in feed; kink;
9. Allow feed to flow down, maybe slow it down a bit by lowering “Ooh that went a bit fast, let’s slow it down so you don’t get full too quickly”;
10. Add a gentle non-pressure comment “You’re sucking on the dummy and the food’s filling your tummy”, let me have a mouthful too”;
11. Before syringe completely empties, kink, remove large syringe, decant into container
12. Draw up water using small syringe, attached to tube, flush, detach, and plug the tube; and
13. Gather bits into container for cleaning, and finish with **“Well, we’re all feeling full now, let’s have some nice time with that storybook you chose while the food settles in our tummies”**. [Wider discussion – draw on our relevant professional experience, and field questions]



Ready: all equipment clean and within arm’s reach.

- Syringes, wipes, cloths
- Room temperature feed
- Oral stimulation for child, food for you
- pH paper for testing
- Water for flushing



Test: visual tube check and pH test of gastric aspirate every time

- Small syringe
- Draw up some liquid
- Drop on pH paper and check colour



Meal: comfortable pace for child, looking out for cues

- Change to larger syringe with plunger pulled out
- Can kink tube or use plug
- Pour feed into syringe
- Monitor pace of feed (lower = slower)
- Check for child comfort, enjoyment



Flush: water through tube

- Remove larger syringe, kink or plug tube
- Attach and draw water into smaller syringe
- Draw up water into syringe and then attach to tube
- Use plunger to push water through
- Remove syringe
- Plug feeding tube



Finish: enjoyable time with child while food settles

- Gather equipment for washing and re-use
- Bonding time while food settles
- Done!

3. Split into 2 groups of up to 4 (rearranging chairs etc).
 - Each group with their own facilitator and manikin with complete set of equipment and related objects;
 - Participants get a chance one at a time to give it a go. Each participant does kit check, test, meal, flush. Others are close by, watching, and supporting;
 - Facilitators maintain a single conversation so as not to distract the person practising the meal;
 - Facilitators keep an eye on the key stages and safety aspects, but the main focus is on the SUCCEED philosophy: place (varied locations are okay!), joy, inclusion (objects, parent/carer is also eating), special time together at the end;
 - Facilitator judges degree of guidance. Keep it informal. Chance to consolidate, explore variations; and
 - Participants encouraged to highlight the SUCCEED philosophy elements (diverse locations, calm, joyful, shared meal, mealtime objects, together time afterwards)

Finish with final discussion. Crucial bits:

1. Reinforce our philosophy:
 - It's a meal not a medical procedure;
 - Attuning to child within each meal and in the feeding plan
 - not set and forget, but an ongoing responsive process;
 - Helping the child on a trajectory to oral feeding wherever this is possible – training for mealtimes; and
 - It's about the tube being life-enabling not just life-saving.
2. Home hacks and matching to the child – show the page in the handbook (go through the questions if there is time) – primary carers ask clinicians, secondary carers ask the primary carer!

