

## Tube Feeding/PEG Placement for Adults

### Purpose

To provide data, information and tools to physicians, other clinicians, patients and families to help fully inform the evaluation and shared decision-making process around the use of tube feeding/PEG placement for the adult population, including persons with developmental disabilities, given the health status, prognosis, values, beliefs and goals for care of the individual patient.

### Key Recommendations

- Tube feeding decisions should be guided by principles of shared decision-making:
  1. **Begin** by identifying that there is a feeding tube decision to be made
  2. **ASK** – about the patient and family views and experience with current feeding and feeding tubes
    - a. clarify values and preferences
    - b. explore prior experiences
    - c. understand the meaning of the main approaches to the patient and family
    - d. share and explore any prior knowledge of the patient's past or present wishes in this regard
  3. **TELL** - the clinician then shares his or her experience, including
    - a. medical knowledge about the patient's disease process and prognosis
    - b. the ability of a feeding tube to alter the disease process and prognosis
    - c. the alternative approach to tube feeding
    - d. any knowledge of the patient's past values if incapacitated
  4. **ASK** – if there is information that needs more clarification, or if patient/family have questions about what they have heard
  5. **ASK** - the patient and family should be asked what they think the best approach is given information above
    - a. if the clinician agrees, he or she should let it be known that they agree
    - b. if the clinician disagrees, he or she might ask them to say how they came to that conclusion
  6. **ASK** – if the family would like to know what the clinician would recommend based on his or her medical knowledge and knowledge of the patient as a person
    - a. the clinician should ask if they would like to hear what he or she recommends
    - b. if they want to know, the clinician should make a recommendation based on medical knowledge about feeding tubes in the patient's medical circumstances in light of what is known about the patient's values
    - c. if they do not want to know, the clinician should offer to talk to them about it in the future if they would like to know
    - d. differences of opinion should be respectfully and carefully negotiated looking for common ground
    - e. a final decision should be postponed until common ground is established (if differences seem unresolvable, then consider a palliative care or ethics consult)
- If tube feeding is elected, develop specific goals and time intervals for reviewing whether these goals have been achieved.
- Physicians should consider the following questions before ordering a swallowing evaluation:
  1. How was the patient swallowing before the hospitalization?
  2. Will the swallow evaluation make a difference for the patient and change the treatment plan?
- Clinicians providing a swallowing evaluation should consider addressing the following questions for follow-up discussions with physicians:
  1. What recommendations do you have about lessening the risk of aspiration while feeding?
  2. What recommendations do you have about food preparation to lessen aspiration risk?
  3. What recommendations do you have about feeding technique to lessen the risk of aspiration?
  4. Will tube feeding eliminate or even lessen the risk of aspiration when comported with careful oral feeding?
  5. What recommendations do you have about making feeding as enjoyable as possible for the patient?