Dietetic Enteral Nutrition Q&A
Updated April 29, 2024

Q1: I am planning on taking a job that requires me to work with patients who are receiving Enteral Nutrition. Please advise me on how to register with Restricted Activities.

Visit the Dietitian-specific Restricted Activities section of the College website for information on how to register and to determine which Restricted Activities you may need.

Q2: Can I recommend a client's use of an enteral formula that is not approved or available in Canada? Under what circumstances can I make an exception?

Commercially prepared enteral nutrition (EN) formulations that do not meet the regulatory requirements for federal food regulation are not appropriate for use and should not be recommended in Canada. To do so would be considered unsafe dietetic practice. If a client chooses to use an EN formulation that has not been approved by Health Canada, which includes the Canada Food Inspection Agency (CFIA) and the Health Products and Food Branch (HPFB), you should advise the client that the product is inappropriate and recommend a suitable EN formulation. If you have questions about a food or natural health product, you can contact Health Canada.

An exception exists when you have recommended a formula that meets the required regulations, but the client has chosen to use an unregulated product. If it is within your individual scope of practice, you may work with the client to determine the amount and rate of feed of the unregulated EN product. This complies with Standard 1d of the Dietetic Dietetic Code of Ethics where "*Respect the client's right to refuse treatment and/or obtain a second opinion.*" And 1e which includes: "*Discuss choices with, and support clients to make decisions for services*."

You must be aware of the legal implications in the event of an adverse event occurring related to the use of an unregulated commercial product while under your care. You must document all encounters thoroughly and continue to recommend appropriate EN formulations. Additionally, you should consult with your employer and your insurance provider for liability coverage to make sure these interventions are supported.

Q3: Where can I find out information about how EN products are regulated in Canada?

The College outlines requirements for Restricted Activities, but doesn't specify which products are approved and may be instilled through a feeding tube. You are encouraged to look for federal guidance.
This answer has been developed with thanks to a registrant working as a pharmaceutical nutrition formula representative.
You may consider looking at the following Government of Canada websites:

- Foods for Special Dietary Use
- Lists of foods that have received temporary marketing authorization letters (you will find products such as Liquid Hope here, including when specific item authorization expires).
- Authorized food products, including information about the transition of food/Natural Health Products to the new regulatory framework.

This is not meant to be an exhaustive list. The message here is that you are looking for federal regulatory guidance for determination of what products are approved. CHCPBC's role is to provide guidance such that dietitians in BC are practicing while being aware of which laws govern their areas of practice. Health Canada has specific documentation requirements for companies whose products are Health Canada approved. Please contact Health Canada for more information on industry documentation requirements.

While some products are intended solely for enteral use, some products have a dual purpose in that they can be infused through a feeding tube or taken orally. In Canada, for a food to be called a "meal replacement" it must meet the prescribed nutritional and labelling requirements in the food and drug regulations. You can find these here: https://laws.justice.gc.ca/eng/regulations/C.R.C.%2C_c._870/page-83.html#h-574120 (see section B.24.200 and the associated table for composition, and section B.24.202 for labelling).

If the food does NOT meet any of the prescribed compositional or labelling requirements, it should go through Health Canada approval under what's called the "temporary marketing authorization (TMA)" process: https://www.canada.ca/en/health-canada/services/food-nutrition/legislation-guidelines/acts-regulations/lists-foods-that-have-received-temporary-marketing-authorization-letters.html#meal. A food cannot state that it is an meal replacement without either a) meeting meal replacement regulatory requirements or b) having Health Canada TMA approval.

Q4: Do I need to be registered with Restricted Activity (RA) "A" if I have a patient who is able to drink enteral nutrition products independently?

Please refer to the Dietitian specific Restricted Activities Interpretive Guidelines for more detailed information. Liquid nutritional supplements such as Boost, Ensure, Resource, etc. may be indicated for patients who are capable and willing to ingest products orally. Recommending, designing, mixing and dispensing liquid nutritional supplements orally do not require the RD to be registered with any Restricted Activity.

Q5: I need Restricted Activity A, but I am concerned about my ability to provide nutrition care to a patient with complex EN needs.

When assessing and satisfying your competence in specific areas of Restricted Activity A (EN), keep in mind that MOST of the time, you will see patients who require EN support whereby you will be comfortable to provide nutrition care using the knowledge and competencies listed in the Dietetic Restricted Activity Interpretive Guide. However, there will always be potential circumstances when you may be exposed to a patient who is very complex, or where you have no explicit experience in the exact situation the patient is experiencing.

Restricted Activity competencies are an exercise in self-assessment of skill. This is very much relying on personal clinical judgement. When reviewing the competencies associated with the Restricted Activity, as they are listed within the Dietitian-specific Restricted Activity Interpretive Guide, you'll note the following competencies:

- *"Demonstrates ability to judge when situation has turned from chronic to acute, or stable to critical."*
- *"Demonstrates knowledge of when to refer to alternate health care professional (e.g., MD, RN, RPh, etc) +/- impart knowledge of referral rationale. "*

- *"Collaborates with other team members/practitioners with regards to EN."*

Recognition of your own personal scope/knowledge limitation is an important skill as a practitioner. The three competencies listed above allow you to assess the patient's situation, recognize that there may be an aspect of EN care that you are unsure of, or that you need more information for, and request help from another RD or liaise with your interdisciplinary team (including MD/NP) about your concerns. These competencies also demonstrate that no registrant works in a silo.

You may experience instances where you are the only dietitian in your workplace. However, you do have access to your team: RN, MD/NP etc. As a member of the team, you can inform the best way to proceed with nutrition support. In examples of tolerance difficulty, this may include a recommendation to slow or stop enteral feeding altogether, along with a communication to your team to request IV hydration, or if no IV access is available, identifying a risk of dehydration, followed by malnutrition. In these difficult circumstances, assessment and appropriate nutrition diagnosis, along with a proposed plan, ensuring comprehensive documentation, will be key. This example is used because not all EN support plans include recommendation of EN.

If you are in a situation as a sole dietitian and you assess that the tasks you are expected to complete are outside of your personal scope, it is your responsibility to speak to your Manager or Practice Leader to (1) improve/increase training for times when you are working as the only dietitian, (2) request decision support tools that help you make care decisions (for example, how to proceed with a difficult metabolic patient on EN admitted from the community, or troubleshooting EN intolerance), and (3) provide a list of resource dietitians who can be contacted, as required.

It is important to know that being able to confidently check off all the competencies for Restricted Activity A doesn't mean that you are required to know everything about every EN circumstance. Patients can be very complex and there will be instances where you need to reflect on the dietetic Standards of Practice. Specifically:

- 2.3 "*Determine practice situations beyond a Dietitian's legal scope of practice and refer to another health professional.*"
    - Example as above: does the patient need IV hydration? Transfer to a more acute level of care? These are team-based discussions.
- 3.2 and 3.3 "*Determine need for further knowledge and skills practice situations beyond personal level of competence and consult, refer or obtain further knowledge and skills*." And "*Determine new or anticipated areas of dietetic practice and acquire knowledge and/or skills needed to practice competently*.".
    - Just because you have confidently checked off competencies for a Restricted Activity, doesn't mean you won't encounter new and challenging situations.
    - Find out what types of EN patients you might encounter and ask your Manager or Practice Leader for help, as above.
    - Review the Decision Tool for New Aspects of Dietetic Practice.
    - Can you connect yourself with a dietitian mentor, who is registered with Restricted Activity A?
- 10.4 "*Engage with team members to plan, coordinate and deliver quality professional services.*" This can be with your interdisciplinary team, and/or with another RD.
- 12.3 "*Provide the best service possible within available resources.*"

- This Standard/Indicator is particularly useful for times when communication may be limited with the interdisciplinary team, limited or non-existent with another RD, when caseloads and time management are extremely challenging, and when hospital formularies are limited.

If you remain unclear as to how to proceed, please reach out anytime to the College.

Q6: For patients who need help getting a rental pump and medical supplies and formula upon return to community, does this require me to have any specific Restricted Activities?

A dietitian who is ordering supplies for home tube feeding should be registered with Restricted Activity A at a minimum. One of the Restricted Activity A competencies includes: "*Determines +/- teaches/imparts knowledge of the appropriate EN delivery method (i.e., intermittent/continuous feed, volume, rate, etc.)"*. Interpreting this statement, the recommendation of use of a specific delivery method (in this case, a specific tube feeding pump) and subsequent order of this pump and supplies that go with it, fall into this competency. Pump and supply ordering is not necessarily teaching home tube feeds, so it is not a competency that belongs specifically to Restricted Activity C.

How often are you in a situation to order the supplies for home, while not completing the home tube feed teaching? It is important to be aware of the potential to cross over from practicing Restricted Activity A to Restricted Activity C in practice.

Q7: Can I physically check the fluid volume and/or replace the volume in the balloon retention device? Can I use a Stoma Length measuring device to aid in selecting an appropriate low-profile button tube?

Changing the fluid volume/replacing fluid in a balloon retention tube and using a Stoma Length measuring device are not within scope for a dietitian as they involve procedures "below the dermis". The Dietitians Regulation does not state that a dietitian is permitted to perform a procedure "below the dermis" through a gastrostomy. Therefore, procedures below the dermis are not permitted.

You may teach how to check the balloon volume to patients/clients/caregivers on a demonstration tube and teach the use of a Stoma Length measuring device as long as it is not directly applied to a patient's stoma.

Although there is room in the regulation around the word "administer" to interpret changing fluid volume/replacing fluid in a balloon gastrostomy as being within scope, the legislation does not support this at present. Additionally, the College has also developed standards and guidelines for feeding tubes insertions, which are limited to naso/oro gastric or post-pyloric tubes. The practice guidelines (scroll to the bottom of the page) for tube feeding insertions are clear in excluding enterostomy tubes.

Q8: How can I aid in ensuring that the balloon retention tube remains appropriate to use if I cannot check the volume?

You may teach family and patients how to check and/or replace balloon volume by description/demonstration (**on a tube that is not connected to the patient**). Please consider whether these activities are within your personal scope before performing such tasks. You may choose to consult the Decision Tool for New Aspects of Dietetic Practice, specifically regarding your personal competencies.

Q9: What role do I play in troubleshooting enterostomy tube issues? (As a dietitian, I am often the first healthcare professional contacted by patients)

It is important to consider the risks involved should the procedure go unexpectedly. To assess risks, you may want to ask yourself the following questions:

- Is it within your scope professionally and personally to safely resolve any issues related to a pierced balloon?
    - a balloon that is difficult or from which it is impossible to remove the fluid?
    - a tube that may need replacement after an attempt to refill the balloon?
    - complications arising from using a stoma length measuring device?
- Could this procedure be best handled by another health professional whose scope includes intervention and removal/re-insertion of the balloon gastrostomy if needed?

It is important to consider a working partnership in your practice in order to align yourself with someone (i.e. likely RNs) whose scope includes working with enterostomy tubes when procedures below the dermis are required. This partnership will be particularly useful when certain aspects of tube troubleshooting need to be addressed.

Per the Dietitian-specific Restricted Activities Interpretive Guide, dietitians registered with Restricted Activity C are allowed to “physically manipulate or adjust the enteral device or system”, as well as teaching enteral nutrition administration and tube maintenance (i.e. unblocking, maintaining patency). However, dietitians are not permitted to perform tasks (instillation/infusion) below the dermis, unless it involves enteral nutrition as defined by the Interpretive Guide.

Q10: Can I adjust an enterostomy tube into or out of the stoma? Can I rotate the tube?

You may not pull the tube out of, nor may you push it into the stoma. The College has consulted with the College of Physicians and Surgeons of BC to clarify that the rotation of an enterostomy tube (of a ¼ turn or more) does not constitute a restricted activity limited to physician practice. It is therefore considered to be within a dietitian’s scope of practice, when competent and safe to practicing Restricted Activity C. As a dietitian, you must ensure that this specific activity is within your personal scope and that you are registered with Restricted Activity C to you perform it.

Q11: Can I teach enterostomy tube changes, or physically change the tube myself? What if my employer asks me to perform this task?

The College is confirming that both the teaching of enterostomy tube changes and the physical act of changing an enterostomy tube change are outside of scope for dietitians in BC.

Dietitians who are performing home tube feed teaching must be registered with Restricted Activities A and C:

- Restricted Activity A allows a dietitian in BC to "design, compound or dispense therapeutic diets where nutrition is administered through enteral means."
- Restricted Activity C allows a dietitian in BC to "administer a substance to a person by instillation through enteral means." This includes all aspects of teaching a patient or caregiver how to administer a tube feed safely.

At any time, you are encouraged to review the competencies associated with each of these Restricted Activities, by viewing the Dietitian-specific Restricted Activity Interpretive Guide.

Of specific interest pertaining to this question, please note the following competencies associated with Restricted Activity C, two of which have had minor wording changes to optimize clarity:

- Understands +/- ability to impart knowledge/demonstrate care and use of tube feeding pumps, nasoenteric and enterostomy tubes.
- Understands +/- ability to impart knowledge care, use, and replacement of tube feeding bags and other tube feeding supplies.
- Understands +/- ability to impart knowledge and advocate for circumstances when nasoenteric and enterostomy tubes may need replacement.

The Dietitians Regulation outlines scope for dietitians in BC. Herein, specifically in section 6, limits on scope are listed as "No registrant may insert a feeding tube" and goes on to describe when this limitation doesn't apply. In this case, a dietetic registrant of the CHCPBC may insert a feeding tube under delegated authority from a medical practitioner and as approved by the College of Physicians and Surgeons of BC (CPSBC). For the purposes of defining scope, the College has worked with the CPSBC to develop Standards for Insertion of Nasal/Oral Feeding Tubes. Please note that these standards pertain only to Naso-enteric and Oral-enteric feeding tubes and NOT to enterostomy tubes. You may view the Certification documentation required for gastric or post-pyloric Naso/Oral-enteric tubes on the Restricted Activities page.

It is also important to note that performing a procedure "below the dermis" (such as insertion or removal of an enterostomy tube) is considered to be a restricted activity, and one that is outside of scope for dietitians in BC. The College and CPSBC have denoted the difference between rotation of a G-tube in the stoma vs manipulating a G-tube into or out of the stoma, the latter being considered a procedure "below the dermis".

Dietitians in BC may not teach replacement, nor may they undertake the task of replacement of an enterostomy tube.

Q12: Am I liable if the patient misunderstands my advice for maintaining their home tube feeding and becomes compromised?

As with any other activity, providing clear, plain language instruction is important (Standard of Practice 9), along with clear documentation of the intervention in the medical record (Standard of Practice 15 and Dietetic Standards for Record Keeping).

Once education and emergency contact information has been provided, it is the responsibility of the capable patient or caregiver, who consented to undertake an activity independently, to

complete the task correctly. As in all other areas of dietetics, you are not responsible for a patient's non-compliance to recommendations, guidelines and education provided.

Q13: Are dietitians able to ensure the enterostomy tube is optimized for administration of tube feeding? For example, measuring the external length of a feeding tube? Or adjusting the external bumper of the tube? What about cutting the excess from the end of a tube to aid in replacing an adaptor?

Yes, a dietitian registered with Restricted Activity C can perform these activities, per the wording of Restricted Activity C as defined in the Dietitian-specific Restricted Activity Interpretive Guide:

> *"If a substance is being administered by instillation through enteral means, the RD: … physically manipulates or adjusts the enteral delivery device or system."*

The external bumper may be adjusted by the dietitian to support the maintenance of the correct position of the enterostomy tube within the stoma. The purpose of measuring the external length of the tube is to ensure that the tube has not migrated into or out of the stoma. If the position is not optimized (i.e. the tube appears to have moved), dietitians are not permitted to adjust the tube by moving it into or out of the stoma, since that would be deemed a procedure "below the dermis". If the tube has migrated or there is another indication that it is not appropriate to use for feeding, a dietitian must recognize that any action taken will be outside of a dietitian's scope and refer to another health professional (Standard of Practice 2.3).

Q14: Am I able to instruct a person to clean the skin around the feeding tube (basic stoma care)?

Yes. This activity is directly related to the provision of nutrition by enterostomy tube, and so it falls within a dietitian's scope of practice. Generally, nursing professionals are responsible for stoma care, but in some practice situations, you may be asked to provide instruction or care. You must be registered with Restricted Activity C, otherwise refer to another health professional who is competent to provide this type of care.

Stoma care may include instructing patients/caregivers how to

- clean the stoma with warm soapy water and how to air dry the stoma,
- apply over-the-counter agents (such as barrier creams) that were recommended by the healthcare team,
- replace the dressings and any adhesive required for the dressings.

Administration of scheduled medications is not part of a dietitian's legal scope. Any troubleshooting required (leaking, irritated, swollen, infected stoma) must be referred to an appropriate healthcare team member and documented in the patient's medical record.

Q15: Can I recommend home blenderized tube feeding to clients?

Yes. It is within a dietitian's scope of practice to design and/or administer home blenderized tube feeding (HBTF), as any other product available for enteral nutrition. If you do so, you must be mindful of your own personal skill and competence to practice HBTF and take the necessary steps to ensure safe, ethical, and competent practice. You must also have the appropriate Restricted Activities (RAs) in order to practice HBTF:

- RA “A” – design, compound or dispense therapeutic diets if nutrition is administered through enteral means, and
- RA “C” administer a substance to a person by instillation through enteral means.

When providing care in HBTF, you should also consider the Dietetic Code of Ethics and Standards of Practice in terms of:

- Providing a client-centered care approach and informed consent,
- Conducting evidence informed practice,
- Adhering to legislation or organizational requirements, and
- Communicating and collaborating with clients, their families, and the health care team.

Refer to Decision Tool for New Aspects of Dietetic Practice to navigate any unfamiliar new dietetic situations, including HBTF.

For more information on HBTF, you may want to consult information provided by the College of Dietitians of Ontario or check out Dietitians of Canada’s learning resource on Home Blenderized tube feeds, available at a cost .

Q16: Is providing education to care aides, RNs, or LPNs in the management of tube feeds for clients considered to be a delegated function?

No. When an RD provides instruction of enteral feeding to non-regulated staff (i.e. a care aide), this is not deemed as "delegation" and the RD's responsibility ends with the completion of teaching. "Delegation" implies ongoing monitoring of the care provider's ability to perform the task and accepting accountability for the care giver's actions.
Further, an RD cannot delegate a Restricted Activity to another registered professional (i.e. RN, LPN) when the activity lies within the other professional's scope of practice. RNs and LPNs are governed by BCCNM. As registered health professionals, RNs and LPNs are legally responsible for their practice, including the administration of enteral feeds on a doctor's order.

Q17: Can I recommend/write an order for venting/decompressing the G-port of a G-tube or G-J tube? Can I perform this task myself?

This task lends itself to the assessment and plan with respect to tube feeding tolerance and is thereby a consideration a dietitian would make in the provision and monitoring of nutrition support. It is one that includes opening the G-port cap to allow for air or gastric secretions to be expelled.

Because it involves manipulation of the tube outside of the body, it is within dietetic scope for dietitians who are registered with Restricted Activity C. Specifically, “Demonstrate ability +/- impart knowledge of troubleshooting complications (e.g., pump issues, unclogging tube, etc.)”. You can refer to the Dietitian-specific Restricted Activities Interpretive Guide for details on Restricted Activity C competencies.

Having said that, there are a few additional considerations:

Is it within your personal scope? Are you comfortable performing this task? You are encouraged to review the Decision Support Tool for New Aspects of Dietetic Practice for guidance, if this task is new for you. While you may not physically be performing the task, because it is within scope for a

dietitian with Restricted Activity C to perform, it is also within that same dietitian's scope to discuss with physicians and subsequently write an order or a recommendation for nursing to perform this task. Refer to Standard of Practice 3: "*A Dietitian maintains competence in their practice area*."

Is it within your workplace scope? Are there organizational polices/procedures in place that would limit your ability to order/recommend or perform a decompression of the G-port? Please refer to Dietetic Standard of Practice 1: *"A Dietitian practices dietetics in compliance with legislation and organizational requirements."*