

Verification of enteral feeds (expressed breast milk [EBM] and formula/special feeds)

Standard

Infants who are receiving enteral feeds will have only milk that has been accurately verified as appropriate to them.

Equipment

Correctly labelled bottle of EBM and/or formula/special milk, syringe(s)/sterile bottle, labels, green tray or milk preparation mat.

Procedure

On admission of an infant to the unit:

- A non-disposable plastic tray, with laminated tag and a permanent marker pen should be collected from the CSWs room ([see note 1](#))
- At the infant's cotside, the tag should be completed by adding the infant's name, date of birth and unit number

Verifying milk prior to drawing up into a syringe/bottle

- Cleanse hands according to NNU policy.
- Collect the identified bottle of EBM, formula/special milk from the fridge and take to the infant's cot/incubator. If EBM is being administered, the checking process must be carried out by 2 authorised people - a parent, nursery nurse or another registered nurse. Students may check EBM but not with another student.
- Cross-check the infant's name, date of birth and unit number on the bottle of milk with that on the cot/incubator card or the prescription chart if there are additives (e.g. fortifier)
 - for EBM- ensure that the date and time of administration is within 48 hours of expression or 24 hours after removal from the freezer for defrosting.
 - for formula/special milk - ensure that the date and time of administration is within 24 hours of opening
 - for milk which has additives (e.g. fortifier) - ensure that the additive label is correct ([see note 2](#)) and administration is within 24 hours of additive being added ([see Making up and using Human Milk Fortifier](#))
- If there is no disparity in the 'check' process, withdraw the required volume of milk into syringe(s) or decant into sterile bottle if baby is to receive an oral feed and there is more milk than required in the original bottle.
- **Attach identification labels to each syringe** or packet/bottle as necessary.
- Place the syringe(s) in their packets/bottle in the incubator at the 'top-end' or in a cardboard tray at the cot side ([see note 3](#)).
- Re-place the bottle of milk in the infant's identified plastic tray in the fridge.
- If the feed is being warmed in the warmer, it must be verified again as being the correct feed by a registered nurse/midwife plus a parent, nursery nurse or another registered nurse. Students may check EBM but not with another student.
- The feed chart must name the 2 people involved in the checking process.

On discharge from the unit

- The plastic tray should be returned, with other equipment, to the CSWs room for washing

Potential complications:

Administration of the incorrect breast milk to an infant may result in the infant being exposed to an unidentified infection from the mother e.g. staphylococcus epidermidis, cytomeglovirus, hepatitis, HIV. It may also increase parent anxiety and undermine the confidence and trust they place in staff caring for their baby.

Notes

1. The plastic tray:
 - should be cleaned at the beginning of each shift by wiping over with a detergent cloth - if the name tag become illegible, it should be replaced and the tag completed by adding the infant's name, date of birth and unit number
 - should contain only milk which has identifiers that correspond to the tray tag
 - has sufficient milk for the next few feeds
2. The additive label must include:
 - infant's name, unit number, and date of birth
 - drug added (including dose and volume of milk)
 - date and time of adding additive to the milk
 - 2 legible signatures
3. Milk should be taken out of the fridge no longer than one hour prior to administration. **Syringes of milk are not to be kept in the trays within the fridge.**

References

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3. Green M. (2004) Nursing Error. Accessed July 2016:
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