**Home Enteral Nutrition Funding Criteria**  
This Guideline has been developed in consultation with expert clinicians and is designed to specify EnableNSW funding criteria for this group of assistive technology; items provided; eligible prescribers and provide a basis for consistent and transparent decision making. Refer to EnableNSW Eligibility Criteria to check a person’s eligibility before submitting a request.

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### HOME ENTERAL NUTRITION

<table>
<thead>
<tr>
<th>Included equipment</th>
<th>Funding Criteria</th>
<th>Allocation*</th>
<th>Eligible Prescribers</th>
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</table>
| Giving sets        | Equipment for Home Enteral Nutrition may be provided when the person has:  
                      - a limitation in their ability to consume adequate food or fluid orally  
                      AND  
                      - will require Home Enteral Nutrition for 12 months or longer | • Giving sets: **270 per year**  
                                                                                      Non-standard e.g. Feed & flush: **150 per year**  
                                                                                      • Extension tubes: **10 per year**  
                                                                                      • Containers: **50 per year**  
                                                                                      • Decompression tubes: **10 per year** | • Clinical nurse consultant (CNC)  
                                                                                      • Clinical nurse specialist (CNS)  
                                                                                      • Nurse practitioner  
                                                                                      • Registered nurse  
                                                                                      • Dietitian  
                                                                                      All with > 1 year experience in enteral feeding management and 3 previous supervised prescriptions |
| Extension tubes    |                  |             |                      |
| Containers         |                  |             |                      |
| Decompression tubes|                  |             |                      |
| Syringes/Dispensers|                  |             |                      |

**Enteral Nutrition Devices – Replacement gastrostomy tubes and low profile gastrostomy devices**

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<tbody>
<tr>
<td>Enteral nutrition device</td>
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<tr>
<td>Replacement Gastrostomy Devices: <strong>3 per year</strong></td>
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<td>Balloon Low Profile Devices: <strong>3 per year</strong></td>
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**Excluded equipment**

- Obturator /mushroom caged type gastrostomy device
- Nasogastric tubes (see Appendix for non-standard allocation)
- Pump backpacks and pump stands
- Dispensers/syringes/devices for medication and gastrostomy balloons checks
- Feeding adaptors and connectors
## Appendix

### Contracts in Place

<table>
<thead>
<tr>
<th>Products</th>
<th>Funding Criteria</th>
<th>Annual Allocation</th>
<th>Higher Supply</th>
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</table>
| **Giving sets**   | • Person is under 12 months of age OR  
                      • Person is receiving Enteral Nutrition and Total Parenteral Nutrition (TPN) OR  
                      • Person is trans-jejunally fed OR  
                      • Person is receiving a significantly high fat formula OR  
                      • Evidence that person has moderate or severe immuno-compromised status.  
                        - Detailed information on medical diagnosis indicating poor immunity  
                        - Information on person’s clinical physiology and/or neutrophil count (ANC<1000) indicating poor immunity  
                        - History of previous infections  
                        - List of medications prescribed that would indicate person is immuno-compromised | 270              | 365           |
|                   |                                                                                                                                                    | 150              | 210           |
| **Extension tubes**| • Person needs 2 different types of extension tubes (i.e. bolus syringe fed and pump fed)  
                      • Information on frequency of use and reasons for high tube usage  
                      • Details on medical, behavioural or social factors resulting in higher tube usage | 10               | 20            |
| **Containers**    | • Person is receiving a significantly high fat formula                                                                                                                                                          | 50               | 100           |
| **Gastrostomy Devices** | • History of the frequency of gastrostomy tube or device breakdown. Provide date of device replacement(s) and reason for frequency of replacement(s) e.g. balloon burst  
                      • Any medical, behavioural, or social factors causing the device removal or breakdown  
                      • Measures taken in addressing device removal or breakdown e.g. clinical assessment to review suitability of device, clinical support to ensure proper use of device. | 3                | 4             |
| **Nasogastric Tubes** | • Person will require long-term nasogastric feeding for >12 months and is not suitable for gastrostomy placement due to physiological reasons.  
                      • Note: the person will be funded from 6 months after nasogastric feeding commenced | -                | 10            |

*Persons who are financial Band 3 will be funded for 80% of their annual allocation, if the total cost of consumables is greater than $800. Persons who are financial Band 3 are ineligible for EnableNSW if total cost of consumables is less than $800 per year, as per PD2011_027. [http://www.enable.health.nsw.gov.au/home/applying_online/applying-for-assistance-from-enablensw](http://www.enable.health.nsw.gov.au/home/applying_online/applying-for-assistance-from-enablensw)*

Persons who do not place an order with EnableNSW for 2 years will be considered inactive. Persons will be contacted by EnableNSW to determine if request can be closed.