Appendix 3: Pre FMT administration Checklist (Upper GI)

**Please use this checklist prior to administering the FMT:**

**At least 12 hours before the procedure**

* You have read and are familiar with our **suggested** clinical protocol.
* Have obtained consent from the patient, as per your local guidelines.
* Ensured the patient has stopped receiving *C. difficile* related antibiotics the **evening before** FMT treatment. Ideally, all antibiotics should be omitted, during the FMT administration period. However, this is dependent upon the patient’s clinical presentation.

**At least 6 hours before the procedure**

* The patient should be nil by mouth (minimum 6 hours prior to FMT)

**Two hours before the procedure**

* Given a STAT dose of oral omeprazole 20 mg 2 hours prior to FMT administration
* Given a STAT dose of oral domperidone 10 mg 2 hours prior to FMT administration
* Where the patient is “nil by mouth” but has an NG tube in situ the PPI and prokinetic (metoclopramide) may be given parenterally 2 hours prior to FMT.

**Immediately before the procedure**

* The positioning of the enteral tube has been checked if NG or NJ are the intended route of administration (not relevant for delivery via PEG).
* Are satisfied the FMT is fully defrosted at room temperature and no frozen lumps are visible on inversion.
* Ensure you will be administering the FMT prior to its expiration, as indicated on the Validation Certificate you will receive alongside the FMT.

**Post procedure**

* If NG or NJ route used, remember to flush the tube as per clinical protocol after administering the FMT.
* Remove the NG tube an hour after the procedure.
* Document the procedure and treatment in the patient’s clinical notes alongside the Validation certificate.
* Ensure the FMT outcomes are reported back using the online tool at Day 7 post FMT or on discharge (whichever is the earliest)