

Status: Guideline: Offers direction and guidance on good practice, need not necessarily be strictly adhered to.	Policy No: 13 Revision No: 0 Date Approved: 01/03/11 Review Date: 01/03/13
Title: Guidelines for the Care of Gastrostomy Tubes	
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Approved by: National Risk Management Committee Joe Wolfe and Associates,	
Cross Reference: BPHO2, CLP01, CLGO4, CLG13-CLG17, BPHO2, ICGO2, CLSO10, ADLGO9, ADLGO5	

1.0 Purpose

The purpose of these guidelines is to ensure safe and correct care of a Gastrostomy Tube.

2.0 Scope

The standard procedure refers to all Cheshire Ireland Services where gastrostomy tubes are used by Cheshire service users and managed by Cheshire staff.

3.0 Responsibility

- It is the responsibility of all staff involved in the management of gastrostomy tubes to be familiar with and adhere to these guidelines.
- It is the responsibility of all service managers to ensure staff are familiar with the standard procedure and to monitor compliance.

4.0 Definitions

A **gastrostomy tube** (also called a **g-tube**) is a tube inserted through the abdomen that delivers nutrition directly to the stomach. It is used when service users are finding it difficult with eating to get the fluid and calories they need to stay healthy.

A Percutaneous Endoscopic Gastrostomy: (PEG) feeding tube is one which has been inserted directly through the abdominal wall into the stomach. They are made of polyurethane or silicone, which are suitable for long-term use. A flange/button, dome or inflated balloon anchors the tube in place on the inside and prevents the leakage of gastric juices or food (CREST, 2004). Initial post-operative care is generally advised upon by the discharging hospital. The type and position of the tube will influence post-operative care and management. Find below general guidelines.

5.0 Procedure

Daily Care:

- After washing hands, inspect the stoma site (area around the outside of the stomach where the tube is) for signs of leakage, redness, swelling, irritations, skin breakdown or soreness.
- Check the position of external fixation device. This should sit comfortably on service user's skin and can be separated from the base to allow further cleaning on a daily basis.
- A mild soap and disposable towel may be used for cleansing. This may be part of the service users daily shower routine.
- The tube and fixation device must be meticulously dried after cleaning.
- Cleanse the outer surface of the tube and feeding port daily.
- Rotate the tube in a full circle daily - report to lead clinical person, PHN/Cheshire nurse if this is not possible.
- Change the position of the clamp. Keep the clamp open while the tube is not in use.
- Apply appropriate dressing (if necessary).
- Flush tube before and after medication and feed with cool boiled water (amount of flush will be recommended by dietician), may be used/changed daily.
- Administer feed as per feeding protocol recommended by dietician.
- Record feed in g-tube (PEG) Fluid Balance Chart.
- Oral hygiene remains important to help prevent infections - oral hygiene is required at least twice a day and more frequently if advised. Best Possible Health Dental hygiene programme must also be done (e.g. brush teeth twice a day).
- Apply cream to the lips to avoid discomfort caused by dry lips. If there are any difficulties with a dry mouth, sore tongue, bleeding gums or blistered mouth always report to lead clinical person, PHN/Cheshire nurse.

- If the service user has dentures, these are cleaned with a toothbrush and denture cleaning paste and rinsed thoroughly. They are then stored in clean water or cleaning solution or inserted in the person's mouth.
- Always ensure the tube is replaced to the correct position in relation to the fixation device when cleaning is completed.
- Record daily inspection in Best Possible Health G-tube Care.

Weekly Routine if it is a balloon type PEG:

- Discontinue feeding.
- While the tube is in place, attach a luer tipped syringe to the coloured side inflation valve.
- Completely evacuate water from the balloon. Discard the water from the syringe and reinsert the syringe, withdrawing any remaining water to ensure that the balloon is completely empty. Failure to completely empty the balloon may result in the balloon being overfilled and breaking.
- Document the amount of water withdrawn from the balloon.
- It is normal for small amounts of water to evaporate over time.
- Re-inflate the balloon with 5mls or 20 mls depending on the balloon volume stated on the coloured side inflation valve.
- Do not inflate balloon with more than the volume printed on the inflation valve, as it may cause the balloon to burst.
- Record in Gastrostomy Balloon Weekly Check Chart in Best Possible Health Gastrostomy Care Plan.
- Report to G.P./Cheshire Nurse/Gastronomy Nurse Specialist if the service user complains of the following: a sore stomach, feels pain around the area where the PEG tube is placed, gets diarrhoea (loose, watery bowel movements), vomiting, gets a fever (high body temperature). The skin around the opening where the tube is inserted may get infected. The tube may leak fluid, blood or pus.
- In line with the Best Possible Health care plan, it is essential the dietician is consulted in relation to nutritional needs as required, recommendations for feed/flushes and follow up. **It is important that each person is reviewed by a Dietitian on an annual or as required basis.**

Troubleshooting;

If using cooled boiled water, use freshly drawn water from the drinking supply. After boiling, this water must be stored in a covered container in a refrigerator. Any unused water must be discarded after 24 hours.

If the PEG tube accidentally falls out, put a dressing over the site.

Contact A/E / G.P. It will have to be replaced as soon as possible as the stoma will begin to close up.

Upset stomach: If service user has an upset stomach, delay tube feeding for at one –two hours, if necessary try a small amount of feeding or set the pump at a lower rate.

Diarrhoea: If service user has diarrhoea, make sure pump is going at correct rate, make sure the giving set has been changed every 24 hours.

- Cover and refrigerate any opened feed that is not going through the pump. When ready to use again, remove from fridge and leave to stand at room temperature for 30 mins.
- Take medication as directed. Some antibiotics can cause diarrhoea. Check with Pharmacist / GP.
- Make sure feeding equipment is clean.
- If diarrhoea persists for more than 24 hours, ring GP.

Constipation:

- To avoid constipation, exercise if possible e.g. going out in wheelchair, moving around, passive leg exercises etc.
- Make sure all additional fluids that have been prescribed have been given. Do not miss flushes. Contact Dietician/ GP/Local Continence Promotion Unit if constipation persists.

Wind /back pain

- Open the cap on the tube and let excess gas escape through the tube.

Best Possible Health G-tube care plan /diary:

- It is recommended that g-tubes tubes are changed every three months as the rubber attachments become porous.

6.0 References

Dougherty, L. & Lister, S. (Eds.) (2004) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures, 6th Ed.* Blackwell Pub, Oxford.

Clinical Resource Efficiency Support Team (2004.) *Guidelines for the Management of Enteral Tube Feeding in Adults.* www.crestni.org.uk

Gastrostomy Tube and Aftercare 2008, Best Practice NHS Scotland.

Home Tube Feeding Guide 2011, patientcare.ireland@nutricia.com

Best Possible Health G-tube Care

Service User's Name: _____ Service: _____								SIGN
Date of each assessment								
Time of each assessment								
Inspect the stoma site for signs of leakage, redness, swelling, irritations, skin breakdown or soreness.								
Check position of external fixation device. This should sit comfortably on service user's skin.								
Cleanse and dry the stoma site, the outer surface of the tube and feeding port daily. A mild soap and disposable towel may be used for cleansing. This may be part of the service users daily shower routine.								
Rotate the tube 360 degrees daily– report to lead clinical person if this is not possible.								
Change the position of the clamp daily. Keep the clamp open while the tube is not in use.								
Apply appropriate dressing (if necessary) as planned: Describe:								
Flush tube before and after medication (cool boiled water may be used)								
Oral hygiene remains important – mouth care at least twice a day and more frequently if required.								

G-Tube (PEG) Fluid Balance Chart

Name of Service User: _____ **Cheshire Service:** _____

Time	Amount of flush given	Type of feed	Rate of flow	Medications given	Amount of flushes	Signature
2400						
0100						
0200						
0300						
0400						
0500						
0600						
0700						
0800						
0900						
1000						
1100						
1200						
1300						
1400						
1500						
1600						
1700						
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2200						
2300						