

<p><b>Status: Standard Procedure:</b> Specifies the procedures to be followed, only in exceptional circumstances should these not be followed.</p>	<p><b>Policy No: CLSP 16</b> <b>Revision No: 0</b> <b>Date Approved: 01/03/11</b> <b>Review Date: 01/03/13</b></p>
<p><b>Title:</b> Standard Procedure for the Administration of Medication via a Gastrostomy Tube to a Cheshire Ireland Service User.</p>	
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<p><b>Cross Reference: CLP 01, ICG 01, ICG 02, BPH 02, CLSP01-10</b></p>	

### 1.0 Purpose

The purpose of this standard procedure is to ensure the safe administration of prescribed medication via a Gastrostomy Tube to Cheshire service users.

### 2.0 Scope

All Cheshire services where medication is administered to service users via a gastrostomy tube.

### 3.0 Responsibility

- All staff who administer medication via gastrostomy tubes will have completed the Medication Management Programme (Cross Ref: CLP 01).
- It is the responsibility of all staff who administer medication via a gastrostomy tube to follow this standard procedure.
- It is the responsibility of 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 **Gastrostomy/Percutaneous Endoscopic Gastrostomy (PEG)** feeding tube is the most commonly used one for Cheshire service users. 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).

### **Administering Medication via a gastrostomy tube:**

- The goal of medication administration via a gastrostomy tube is to maximise the therapeutic effect of medication without adversely affecting the delivery of tube feeding. Administration of medications via the gastrostomy tube can be problematic. Altering the form of the medication (e.g. by crushing) may interfere with the drug's efficiency or potency or the service user's tolerance of the medication. Changes may occur in the absorption, distribution, metabolism or excretion of altered medications. Physical changes may occur if the medication is combined with tube feeding formula (e.g. curdling or separation) and there is a risk of PEG tube blockage.
- Where possible medication for administration via the g-tube should be ordered in its solution or dispersible form.
- Elixir and suspension liquids should be used rather than syrups.
- The soft gelatin capsules: prick the capsule with a pinhole and squeeze out the contents for administration.
- Medications must be crushed and mixed with sterile or boiled (cooled) water prior to administration (Refer to Appendix 1).
- To prevent unnecessary complications with administration of medication via the gastrostomy tube, it is recommended that the pharmacist review the medication of any service user receiving medications via a gastrostomy tube. The pharmacist should recommend dosage forms that are appropriate for administration and provide guidelines for the administration of specific medications.
- It should be noted that some medications cannot be crushed due to their nature (i.e. enteric coated or slow release). Enteric-coated medications: enteric coating protects the integrity of the medication from destruction by the stomach acid, therefore crushing the medication reduces its effectiveness.
- Sustained release medications: altering the form of sustained release medications changes the medication properties.

## 5.0 Procedure

### Equipment required:

- Prescribed medications
- Pill crusher
- Medication container
- 50ml syringe (for flush and administration of drugs)
- Sterile or boiled (then cooled) water in appropriate container
- Covered container for syringes and caps
- Appropriate protection.

### Procedure for Administration:

- Crush all medications individually and do not mix medications.
- Crushed tablets should be diluted with 10-15mls of water.
- *Soluble drugs should be diluted in 10-15mls of water.*
- *Viscous liquids should be diluted with equal amounts of water.*
- Explain the procedure to the service user.
- Take all equipment to the bedside or an appropriate location convenient to the service user.
- Ensure privacy for the procedure.
- Wash and dry hands thoroughly (Ref: Guidelines for Hand Hygiene ICG 02).
- Place appropriate protection over the abdomen and expose the g-tube tube.
- Fill a 50ml syringe with 50ml of water (sterile/boiled).
- Place the pump on hold or turn it off noting the volume of feed administered on 24 hour fluid balance sheet.
- Ensure the g-tube and administration set is clamped.
- If there is not a second port for administration of medication, carefully separate administration set from the gastrostomy tube and recap the set. (Use of a Y connector with a medication administration port is highly recommended.)
- Clean the port as per manufacturer's instructions.
- Attach the 50mls water-filled syringe to the port, unclamp the tube and flush it with approximately 30mls of water.
- Reclamp the g-tube.
- Draw up the medication and water into the syringe and attach it to the g-tube.
- Each medication should be taken separately with a flush of 10mls between each one.
- Unclamp the tube and administer the medication steadily.

- Reclamp the g-tube with approximately 10mls of water between administrations of each medication.
- Following administration of the last medication, flush with approximately 30mls of water.
- Reclamp the tube.
- Place the syringe back in container UNLESS it is due to be changed.
- If feed is being continued, uncap the administration set and reattach it to the g-tube and unclamp both the administration set and the g-tube.
- If a Y connector is being used, re-cap the medication port.
- Turn on or reset the pump to the delivery amount desired.
- Ensure the service user is comfortable, at a 30 degree angle (in bed) or upright in a chair for the first feed after giving medication, and replace clothing/blankets appropriately.
- Tidy away all equipment and wipe up any spillage, especially on the pump.
- Wash container, syringes and caps in mild detergent, rinse and dry thoroughly. Cover all equipment in storage.
- Record on the Best Possible Health G-tube (PEG) Fluid Balance Chart: the amount of flush given, time it was given, type of feed, rate of flow, time the feed was started at, on a 24 hour fluid balance chart. Record the medications given on the medication administration record.
- Whenever in doubt about the administration of medication, the pharmacist or relevant doctor should be contacted for information and support.
- 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.**

**Note:**

1. If medication is recommended to be given on an empty stomach, please ensure that it is given after the feed has been stopped for two hours.
2. 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.
3. The amount of water used for flushing may vary according to the doctor's orders,

## 6.0 References

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

Wright D. (2002) Medication Administration in Nursing Homes. *Nursing Standard*. 16, 42, 33-38.

*Home Enteral Feeding Resource Pack (2007)* Irish Nutrition & Dietetic Institute.

*Gastrostomy Tube and Aftercare 2008*. Best Practice NHS Scotland.

*Home Tube Feeding Guide 2011*, [patientcare.ireland@nutricia.com](mailto:patientcare.ireland@nutricia.com)

## 7.0 Appendices

### Appendix 1

