

File within 3rd spine

NHS number: _____

Name: _____

Address: _____

Date of birth: _____

CR number: _____

Affix patient label

Royal Cornwall Hospitals
NHS Trust**Gastrostomy Feeding Tube (PEG)
- (For 2 weeks post insertion)**Care Plan
commencement dateCare Plan
completion date**Problem**

Management of gastrostomy feeding tube and stoma site

Goals

- To prevent and monitor any complications of a new Gastrostomy tube
- To monitor and prevent Gastrostomy related complications and meet nutritional and fluid requirements.

Interventions

PEG type:

FR Gauge:

Date inserted:

External fixation device at:

cm

Care instructions 2 weeks post insertion:

- Observe gastrostomy and record gauge above.
- Check the stoma site daily for any swelling, inflammation, irritation, redness or skin breakdown.
- The stoma site should be healed within 10-14 days.
- The gastrostomy external fixation plate/skin disc can then be loosened. This will assist daily cleaning of the stoma site and enable Gastrostomy tube rotation.
- Continue cleaning the stoma site, with sterile 0.9% saline and dry gently but thoroughly. Do not apply a dressing unless there is leakage, over granulation, or signs of infection around the site (Refer to care plans) Report to medical staff and/ or contact tissue viability as appropriate.
- Approximately 10 days post insertion rotate the gastrostomy tube 360c and advance 2.5cm at least weekly to ensure that the stoma forms uniformly. Rotating prevents build-up of scar tissue that could potentially adhere to the tube and enables all areas around the tube to be cleaned. Advancing the tube prevents buried bumper. Document in nursing notes.
- To reposition the external retention bolster pull the tube gently, until it can be felt up against the inside of the stomach wall and reassemble the external retention bolster approx 2-3mm from the stoma tract opening. Please contact Nutrition Nurse for advice on bleep 3089.
- Avoid any cream/talcum powder.
- Keep the clamp open when not in use to preserve the lifespan of the tube.
- The patient may have a shower 2 weeks post insertion
- Follow the feeding regimen as per dietitian protocol.
- Ensure the patient is comfortable and sat up at 30-45degrees minimum during and for 1 hour after feeding to prevent reflux and aspiration
- Weigh the patient at least weekly or as per MUST screening tool
- Monitor the patients stools inform the Doctor if patient develops diarrhoea.
- Monitor food chart and fluid chart

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Interventions cont...

Flush the tube with 15-30ml water before and after each medicine and 50ml before and after administration of each feed (as per dietitian regime) or at least 4 times / day to reduce likelihood of tube blockage (see RCHT policy for administration of medicines and feeds and **RCHT Nasogastric feeding tube Guidelines**).
Contact the Nutrition support team/ ward dietitian if required

- Maintain oral hygiene (see RCHT Guidelines)
- Ensure patients / carers are prepared for discharge into the community

Care instructions 4 weeks post insertion: (As above and including below)

- After 4 weeks clean around the site daily with mild soap and water, dry thoroughly
- If the stoma tract is settled the patient may have a bath or go swimming.
- **At least** once a week undo the external retention bolster to gently advance the tube in about 2.5cm and rotate 360 degrees to prevent the formation of adhesions and buried bumper (see below). Cleaning of the site can take place simultaneously.

Buried Bumper

This occurs when the internal fixation device of a Gastrostomy tube becomes embedded in the stomach wall because it is not being moved regularly. The internal fixation device needs to be moved away from the stomach wall regularly to prevent it sticking and becoming embedded. Once this occurs the stomach wall can completely cover the end of the Gastrostomy making it unusable. Can cause pain and distension.

Further interventions:

- If stoma site becomes inflamed, irritated, skin breakdown or over granulated see appropriate care plan
- If the tube is accidentally pulled out action should be taken immediately to prevent tract from closing, this can occur within 1-2 hours. Contact Endoscopy / Radiology for safe replacement.

When discharged from hospital contact Community Gastrostomy Nurses (01209 318120),
Community Dietitian / District Nurse and RCHT Nutrition Nurse (bleep 3089 / 01872 252409).

Personalised Care Interventions					
Day post insertion	Date	Stoma & gastrostomy site checked *	Stoma site cleaned	Tube rotated & advanced	Signed/ time
14					
21					
28					

* if complications occur refer to appropriate care plan. Displacement/ blockage, infection & over granulation.

Other individual interventions			Sign, Designation Date and Time
Care Plan activated by	Sign Print Designation	Care Plan shared with patient	Sign Print Designation