

Place patient sticker **within** this box



**Emergency replacement of Gastrostomy (Adults only)  
- Checklist**



**Checklist for nursing staff to complete and file in patient notes**

\*Ensure all fields are completed in full\*

**Type of gastrostomy normally in place**

- PEG (Percutaneous Endoscopic Gastrostomy)  
Size (fr): \_\_\_\_\_ Type: \_\_\_\_\_
- Balloon retained gastrostomy  
Size (fr): \_\_\_\_\_ Type: \_\_\_\_\_
- Low profile device  
Size (fr): \_\_\_\_\_ Type: \_\_\_\_\_

**When was gastrostomy first established?**

- More than 8 weeks contact nutrition nurses Mon-Fri (8am - 4pm) bleep 3089 x2301 or on MAXIMs. If outside these hours contact IR x3962.
- Less than 8 weeks contact Interventional radiology x3962 to discuss.

**Following successful tube replacement**

Replacement device: \_\_\_\_\_  
 Batch number: \_\_\_\_\_  
 Size: \_\_\_\_\_  
 Type: \_\_\_\_\_  
 Length (Button): \_\_\_\_\_

**PH test completed and safe to feed**

Result:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**Actions to take if unable to replace tube**

- Ensure nutritional needs are met.

**Please provide details and tick as appropriate:**

Able to take oral nutrition:

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If unsafe swallow consider IV fluids in the interim.

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**Ensure stoma patency is maintained:**

Enplug: \_\_\_\_\_ Fr          Foley catheter: \_\_\_\_\_          Other: \_\_\_\_\_

Do not feed or administer medication through these tubes.

**Who to inform following the above actions**

Nutrition support nurses bleep 3089 or place referral on MAXIMS, feeding tube support.

**Ensure documentation is completed fully in the patient's notes.**

**Additional comments:**

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