

Care of Percutaneous Endoscopic Gastrostomy Policy and Procedures

A Percutaneous Endoscopic Gastrostomy (PEG) feeding tube is one which has been inserted directly through the abdominal wall into the stomach. It should be considered in people who are malnourished or at risk of malnutrition and have unsafe or inadequate oral intake and a functional accessible gastrointestinal tract. 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 adequate oral intake and a functional accessible gastrointestinal tract.

Aim

The aim of these guidelines is to provide concise guidance for all health care staff regarding Percutaneous Endoscopic Gastrostomy (PEG) tube in the home setting and to ensure safe and correct care of a Percutaneous Endoscopic Gastrostomy (PEG) Tube.

Scope

The standard procedure refers to all services and cases where gastrostomy tubes are used by myhomecare clients and managed by myhomecare staff.

- To minimise potential risks of infection and hazards.
- To clearly outline the role of each health care professional in supporting clients with PEG tubes
- To facilitate and improve the organisation and quality of care for clients' requiring PEG Tubes
- To include all following client groups:
 - Clients who require long term feeding (i.e. over 6 weeks duration).
 - Clients unable to take anything orally
 - Clients requiring additional nutrition to improve inadequate oral intake.

Recruitment

All Homecare staff will be appointed in line with myhomecare strict recruitment and selection policies and procedures to ensure that all necessary checks are carried out on individuals expected work with infants and children.

Pre selection checks must include the following:

- Completion of an application form including a self-disclosure about criminal records
- Consent to obtain information from the Garda Vetting Office to check for convictions for criminal offences against children in accordance with current legislation
- Completion of Health Screening form proving that the individual is fit and health for work, ensuring all immunisations are up to date.

- Receipt of three references in accordance with myhomecare recruitment and selection procedures
- Verification of qualifications
- Verification of Identity

Screening by the Garda Vetting Office will be undertaken on all staff that work with children and vulnerable adults as part of their normal duties. A register of designated posts which are subject to Garda Vetting checks is maintained by the Human Resources Department.

Training and Staff

- It is the responsibility of all staff involved in the management of gastrostomy tubes to be familiar with and adhere to these guidelines.
- Nursing staff will have completed a recognised training course (within last 2 years) and three clinical/competency assessments in this area
- Nursing staff who have received instruction, and have their competency assessments up to date, may instruct other staff on the management of gastrostomy tubes in line with myhomecare standard procedures and guidelines.
- Training should be client specific, according to the individual clients' needs in the community. Delegation of care is the responsibility of the Nursing Manager undertaking staff assessment.
- The nurse has an obligation to practice according to the legislation and professional codes of practice governing nursing and midwifery practice, and to the current standards, policies and guidelines of An Bord Altranais and myhomecare.
- As well as an obligation to practice according to legislation, nurses should have adequate knowledge of gastrostomy tube management.
- Nurses should also:
 - Ensure that their competencies, skills and practices are up to date.
 - Acknowledge any limitations in competence, refusing in such cases, and accepting delegated or assigned functions.
 - Seek support, assistance and training from myhomecare, where necessary, for continued professional development to maintain competence in gastrostomy tube management.

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 the individual'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 individual's 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
- 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
- Administer feed as per feeding protocol recommended by dietician.
- Record feed in PEG Chart / 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.
- 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 family member, nursing manager or GP.
- If the individual has dentures, ensure 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 in individuals care plan.

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 PEG Chart
- Report to family member, nursing manager, GP if the individual 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.
- Liaise with dietician regularly regarding individuals care.

Issues

Upset stomach:

- If an individual 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 an individual 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 GP.
- Make sure feeding equipment is clean.
- If diarrhoea persists for more than 24 hours, inform family member and contact GP.

Constipation:

- To avoid constipation, exercise if possible
- Make sure all additional fluids that have been prescribed have been given
- Do not miss flushes. Contact Dietician, GP or nursing manager if constipation persists.

Wind /back pain

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

Changing of Tubes

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

References

- Clinical Resource Efficiency Support Team (2004.) Guidelines for the Management of Enteral TubeFeeding in Adults. www.crestni.org.uk
- Gastrostomy Tube and Aftercare 2008, Best Practice NHS Scotland. Home Tube Feeding Guide 2011, patientcare.ireland@nutricia.com.