

OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN  
Nursing care plan 27  
Gastrostomy Tube



(All care plans must be used in conjunction with care plan 1)

Care plan 27 Problem		Pre & Post op care Goals	Issue date: December 2015 Review date: December 2018
<p>..... requires a:</p> <p>† Mic-Key Tube</p> <p>† PEG Tube</p> <p>† Mallecot / Foley gastrostomy tube</p> <p>Date inserted: ____/____/20____</p>		<ol style="list-style-type: none"> <li>1. Preoperatively, the infant/child will be safely prepared for insertion of the gastrostomy tube</li> <li>2. Postoperatively, the infant/child will have a safe and comfortable recovery</li> <li>3. Effective management of complications</li> </ol>	
Commen- ced date, time, signature & grade	No	<p><b>Nursing intervention</b></p> <p><i>Use with Care plan 6 for routine pre and post operative care</i></p> <p><i>Use in conjunction with OLCHC NPC Enteral Guidelines</i></p> <p><b>NB. Loop all enteral feeding tubes when not in use to prevent tubes catching in equipment if not connected to feeding pumps.</b></p> <p><b>Special care when moving and handling infants</b></p> <p><b>(For example transferring to a buggy, placement in parents arms or weighing)</b></p>	Discontinued, date, time, signature & grade
	<b>1.</b>	<b>Pre-operative care prior to insertion of gastrostomy tube</b>	
		<ul style="list-style-type: none"> <li>• Explain procedure to patient/parent/guardian</li> <li>• Provide written and verbal information</li> <li>• Provide specific skin preparation as per instructions</li> <li>• Adhere to correct site surgery policy (OLCHC, 2009) .....</li> <li>• Contact Nutrition Support Nurse (Bleep 8742/8743) to ensure they are aware of intended Surgery</li> <li>• Additional information: .....</li> </ul>	
	<b>2.</b>	<b>Post Operative Care (NOTE: For specific care, please tick (☑) relevant section below)</b>	
		<ul style="list-style-type: none"> <li>• Follow post operative instruction as requested by Surgical Team.</li> <li>• Dressing to remain untouched for 24hrs post insertion.</li> <li>• Remove dressing 24hrs post tube insertion</li> <li>• Observe and document wound condition on the assessment sheet (see Section 3 for care of infected site)</li> <li>• After 24 hours, clean the site:                             <ul style="list-style-type: none"> <li>- Use Aseptic Non Touch Technique level 3 as per ANTT NPC 2011</li> <li>- Clean the site with sterile water</li> <li>- Allow the site to air dry</li> <li>- Cover clean site with soft dressing low adhesive i.e. Mepilex Border Lite®.</li> <li>- Change same dressing daily for 5-7 days.</li> </ul> </li> <li>• Commence feeds as per instructions of surgeons and dietician. Date commenced: ____/____/____</li> </ul>	
	†	<b>2.1 Mic-Key Tube</b>	
		<ul style="list-style-type: none"> <li>• Check pH prior to the first feed - Range should be between 0 – 5.</li> <li>• Turn the Mic-Key 360 degree's 72hrs post insertion and continue this rotation daily.</li> <li>• Change water in balloon every 14 days remove the 5mls of water with 10ml syringe and replace with 5mls of water in a 10ml syringe</li> <li>• <b>Supplies out of hours</b> - If supplies needed outside of office hours, these are available in Materials Management Store Room. Contact Security (Bleep 8700) for access to same.</li> <li>• <i>f</i> Do not insert a syringe directly into the mic-key always use the extension set</li> <li>• <i>f</i> Additional Information: .....</li> </ul>	
	†	<b>2.2 PEG Tube</b>	

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		<ul style="list-style-type: none"> <li>• Check pH prior to the first feed - Range should be between 0 – 5.</li> <li>• Turn the PEG tube 360 degrees 72hrs post insertion</li> <li>• Continue this rotation daily to ensure tract formation and prevent Buried Bumper Syndrome.</li> <li>• Additional information.....</li> </ul>	
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	†	<b>2.3 Mallecot / Foley Gastrostomy</b>	
			<ul style="list-style-type: none"> <li>• <b>DO NOT ROTATE TUBE</b> (<i>Tube may be held in place by suture and water balloon</i>)</li> <li>• Gastric pH MUST be checked before each use. Range should be between 0 – 5.</li> <li>• Document same in nursing notes.</li> <li>• Additional information: .....</li> </ul>
		<b>3. Care of Infected Site</b>	
			<ul style="list-style-type: none"> <li>• Observe site for signs of redness/swelling/oozing</li> <li>• Perform daily dressings or as directed by surgeons and CNS</li> <li>• Apply topical creams as prescribed</li> <li>• Administer pain relief as required and monitor effectiveness of same</li> <li>• Document condition of site on assessment sheet</li> <li>• Obtain microbiological Swab for Culture and Sensitivity</li> <li>• Administer antibiotics as prescribed .....</li> <li>• Additional information: .....</li> </ul>
		<b>4. Discharge Planning</b>	
			<ul style="list-style-type: none"> <li>• Provide parents with written and verbal information</li> <li>• Provide education to parents and ensure Parent Teaching Checklist / Competency Assessment is completed prior to discharge</li> <li>• <b>Mic-Key Tube only</b></li> <li>• Advise parents to make appointment for three months <b>with surgeons</b> to change Mic-Key button</li> <li>• Ensure parents have a spare Mic-Key on discharge which is the same length and size as tube insitu.</li> <li>• Additional information:</li> </ul>
		<b>5. Tube Dislodged</b>	
			<ul style="list-style-type: none"> <li>• Observe Child,</li> <li>• Observe wound site for bleeding/gastric leakage if excessive bleeding apply pressure with gauze directly on exit site</li> <li>• Contact Surgical Team immediately and inform of situation</li> <li>• Time is vital as tract can close quickly</li> <li>• Administer pain relief as prescribed.</li> <li>• Tube on occasion maybe inserted at ward level (mic-Key Tube)</li> <li>• Provide Dr with the same size tube and one smaller in size, Dr will re-insert tube. Confirm position with check of pH</li> </ul> <p>Continue to observe patient and entry site of tube, document on nursing notes. Child may need to attend Theatre for re-insertion (prepare as per care plan 6)</p>

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