



NURSING CARE PLAN 27F
CARE OF AN ENTERAL FEEDING GASTROSTOMY TUBE
 (PEG Tube/Mallecot Tube/Foley gastrostomy tube)
 (Day 8 post initial insertion and onwards)

Full Name:

Address: **Addressograph**

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Care Plan No 27F	CARE OF AN ENTERAL FEEDING GASTROSTOMY TUBE	Issue Date: April 2017 Review Date: April 2021
Problem		
..... Has an Enteral Feeding Gastrostomy Tube (PEG Tube / Mallecot Tube / Foley gastrostomy tube) Date inserted:.....	<ul style="list-style-type: none"> Enteral Feeding Gastrostomy Tube (PEG Tube/Mallecot Tube / Foley gastrostomy tube) will be managed appropriately. Effective management of complications. The child / infant will be safely discharged home under the care of their parents/guardians. 	

NURSING INTERVENTION

Use in conjunction with OLCHC NPC Enteral Guidelines
NB. Loop all enteral feeding tubes when not in use to prevent tubes catching in equipment if not connected to feeding pumps.
 Special care when moving and handling infants/ children
 (For example transferring to a buggy, placement in parents arms or weighing)

		Commencement Date, Signature Grade	Discontinued Date, time, Signature, grade
1	GASTROSTOMY TUBE TYPE		
	Document the following as per post-operative medical notes for: Tube Type: _____ / Tube Size: ____Fr ____cm / Balloon Volume _____ mls (If applicable)		
2	PEG TUBE		
	<ul style="list-style-type: none"> If a mature tract is formed at the Gastrostomy Tube stoma site, pH is not checked before each use. However, if there is a concern regarding the safe positioning of the Gastrostomy Tube, obtain a gastric aspirate to check the pH (pH reading range should be between 0-5). Rotate the PEG tube 360° degrees daily to ensure tract formation and prevent Buried Bumper Syndrome. Change Adaptor every 3 months. Additional information:..... 		
3	EXTERNAL FIXATION DEVICE (for PEG Tubes)		
	<ul style="list-style-type: none"> Check to ensure the device fits snugly against the skin. From 12 weeks post initial insertion of a PEG Tube: <ul style="list-style-type: none"> - Open / Clean and Adjust the External Fixation Device and perform weekly thereafter 		
4	MALLECOT / FOLEY GASTROSTOMY TUBE		
	<ul style="list-style-type: none"> DO NOT ROTATE MALLECOT / FOLEY TUBE (Tube may be held in place by suture and water balloon) Gastric pH MUST be checked before 1st use (pH reading range should be between 0-5) Liaise with the Surgical Team to discuss on an individual basis the frequency of pH checking pH Checking Frequency: Document same in nursing notes. Additional information: 		
5	STOMA SITE		
	<ul style="list-style-type: none"> Observe stoma site daily. Ideally no dressing is required, however, if a dressing is present ensure it remains dry and intact. If leakage is evident, record and report to the surgical team/CNSp as required. Observe and record wound condition on the Wound Assessment Sheet (See Section 2b for care of infected site). 		
6	MEDICATIONS		
	<ul style="list-style-type: none"> If a mature tract is formed at the Gastrostomy Tube stoma site, pH is not checked before each use. If there is any concern regarding the safe positioning of the gastrostomy tube, obtain a gastric aspirate to check the pH (pH reading range should be between 0-5). Contact the surgical team, if you remain concerned. Flush the Gastrostomy Tube before, between different medications and after administering medications. Refer to the Guidelines for the Administration of Medicines via Enteral Feeding Tubes (OLCHC 2017). 		



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7	ENTERAL FEEDING VIA THE GASTROSTOMY TUBE		
	<ul style="list-style-type: none"> Liaise with the dietician to develop an individualised nutrition plan to commence on (re)establish feeds. If the Gastrostomy Tube is an established Gastrostomy Tube, pH is not checked before each use. However, if there is a concern regarding the safe positioning of the Gastrostomy Tube, obtain a gastric aspirate to check the pH (pH reading range should be between 0-5). If there is any concern regarding the safe positioning of the gastrostomy tube, contact the Surgical Team. Administer feeds as per dietician regime. Aim: Feed Type..... Rate Duration..... 	•	
8	IF MALPOSITIONING OF THE GASTROSTOMY TUBE IS SUSPECTED		
	<ul style="list-style-type: none"> Check the pH prior to first using the Gastrostomy Tube (as above). Observe for signs or symptoms of the Gastrostomy Tube malpositioning: discomfort, pain, leakage at the stoma site, no stomach contents on aspiration, pH greater than 5. Record in the nursing notes and report to the Surgical Team and Nutrition Support CNSp. 	•	
9	IF THE GASTROSTOMY STOMA SITE IS INFECTED		
	<ul style="list-style-type: none"> Observe site for signs of redness/swelling/oozing. Perform daily dressings or as directed by Surgical Team and Nutrition Support CNSp. Apply topical creams as prescribed. Administer pain relief as required and monitor effectiveness of same. Document condition of site on Wound Assessment Sheet. Obtain microbiological Swab for Culture and Sensitivity (Date Performed:.....) Administer antibiotics as prescribed: Additional information:..... 	•	
10	IF THE GASTROSTOMY TUBE DISLODGES		
	<ul style="list-style-type: none"> Observe the child. Observe the stoma site for bleeding and / or leaking. Apply direct pressure to the site with gauze. Contact the Surgical Team/ Nutrition Support CNSp. Time is vital as the tract may close quickly and the Surgical Team will assess the options available. Child may need to attend Theatre for reinsertion of the Gastrostomy Tube. 	•	
11	IF THE GASTROSTOMY TUBE BLOCKS		
	<ul style="list-style-type: none"> Administer cool boiled water (cold or warm), soda water or Sodium Bicarbonate 8.4% to unblock the gastrostomy tube. Use push/pull action with a 60mls syringe to try and unblock the gastrostomy tube. Smaller gauge syringes may be used to try and unblock the gastrostomy tube (reasonable caution needs to be taken when applying pressure with a smaller gauge syringe to prevent any tube damage). 	•	
12	Discharge Support (for new Gastrostomy Tubes, if applicable)		
	<ul style="list-style-type: none"> Provide parents/guardians with Gastrostomy Tube Information:- <ul style="list-style-type: none"> o Verbal:- Date:..... Yes <input type="checkbox"/> o Written:- Parental Advice Leaflet Given Date: Yes <input type="checkbox"/> Nutritional Support CNSp (Blue Referral Form) Completed (if necessary) Yes <input type="checkbox"/> Pharmacy to review Medication Management and Leaflets given Date: Yes <input type="checkbox"/> Dietitian to organise Pump Feeding Training Date: Yes <input type="checkbox"/> Nutrition Support CNSp Appointments 3 months post discharge (made by parents / guardian) (for initial placement of PEG ONLY). Prescription for all supplies is written <input type="checkbox"/> and forwarded to PHN <input type="checkbox"/> via post/fax/email prior to discharge. PHN Discharge Letter completed by ward staff <input type="checkbox"/> and forwarded to PHN <input type="checkbox"/> via post / fax / email prior to discharge. 		

Prescription Templates available in Guidelines for Enteral Feeding (OLCHC 2017)

Developed by Renagh Tomlinson