



Standard operating procedure for gastrostomy tube care

Lead executive	General Manager
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Type of document	Select
Target audience	All community staff
Document purpose	To advise health care professionals and non-registered healthcare professionals in best practice in gastrostomy tube care.

Approving meeting	West Locality Governance and Risk Meeting	Date 17-Feb-17
Implementation date	May 2017 followed by an annual compliance review	

CWP documents to be read in conjunction with	
IC2	Hand decontamination policy and procedure
IC3	Standard (Universal) infection control precautions policy

Document change history	
What is different?	N/A - new document
Appendices / electronic forms	N/A - new document
What is the impact of change?	N/A - new document

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP. It is the responsibility of the individual and / or community care team to identify and highlight any training needs to the specialist nutrition nurse / dietitian.
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Document consultation	
East locality	N/A
Wirral locality	N/A
West locality	West Locality Governance and Risk Meeting
Corporate services	N/A
External agencies	N/A

Financial resource implications	No
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External references
1. N/A

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
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Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	N/A	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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1. Introduction

This document is to advise health care professionals and non-registered healthcare professionals in best practice in gastrostomy tube care.

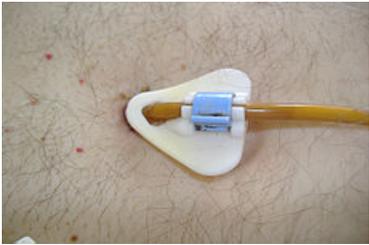
2. Tools / Equipment

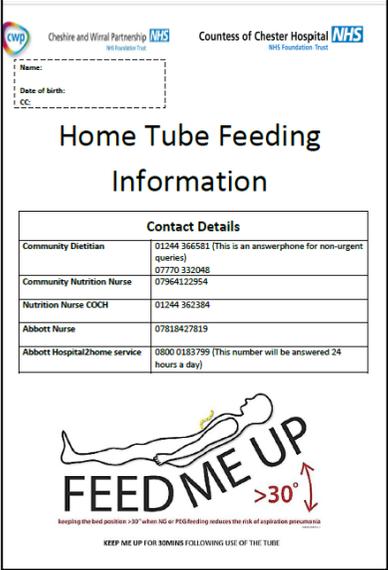
Tools and equipment required includes;

- Gloves and apron
- Warm soapy water
- Gauze / clean towel

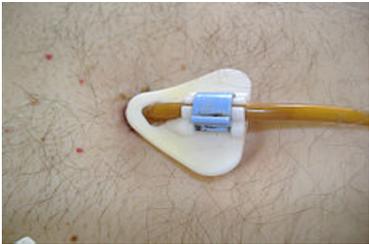
3. Procedure

No.	Action	Rationale	Explanation / Examples / Diagrams
1	Explain the procedure to the patient. Ensure consent is obtained prior to commencing procedure.	To ensure patient understands the procedure and allow them to make an informed decision. If patient unable to consent, record procedure as 'best interest' in patients notes.	
2	Wash hands, put on apron and apply gloves.	Ensures compliance with IC2 Hand decontamination policy and procedure and IC3 Standard universal infection control precautions policy .	
3	Ensure patient is in a comfortable position (lying down) and maintain patients dignity throughout	Ensures patient compliance and reduced anxiety	

<p>4</p>	<p>Type of tube Identify the type of artificial feeding tube. This information should be provided in the patients home enteral feeding pack. If unsure contact the Community Nutrition Nurse or Community Dietitian.</p>	<p>This will affect the type of care required.</p>	 <p>Corflo PEG</p>  <p>Balloon gastrostomy</p>  <p>FREKA PEG</p>  <p>MIC-KEY</p>
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5	<p>Insertion date</p> <p>Identify how long the tube has been inserted. This information should be provided in the Home Tube Feeding Information pack (see diagram) or contact the community nutrition nurse or dietitian.</p>	<p>A new gastrostomy site can take up to 4 weeks to establish a formed stoma tract and some elements of tube care cannot be carried out until this point</p>	 <p>The diagram shows a 'Home Tube Feeding Information' pack. At the top, it features logos for CWP (Cheshire and Wirral Partnership NHS Foundation Trust) and Countess of Chester Hospital NHS Foundation Trust. Below the logos are fields for 'Name:' and 'Date of birth:'. The main title is 'Home Tube Feeding Information'. A 'Contact Details' table is provided:</p> <table border="1" data-bbox="1646 347 1998 507"> <thead> <tr> <th colspan="2">Contact Details</th> </tr> </thead> <tbody> <tr> <td>Community Dietitian</td> <td>01244 366581 (This is an answerphone for non-urgent queries) 07770 332048</td> </tr> <tr> <td>Community Nutrition Nurse</td> <td>07964122954</td> </tr> <tr> <td>Nutrition Nurse COCH</td> <td>01244 362384</td> </tr> <tr> <td>Abbott Nurse</td> <td>07818427819</td> </tr> <tr> <td>Abbott Hospital/home service</td> <td>0800 0183799 (This number will be answered 24 hours a day)</td> </tr> </tbody> </table> <p>Below the table is an illustration of a person lying in bed with a red arrow indicating the head should be raised at an angle of $>30^\circ$. The text reads 'FEED ME UP >30°' and 'KEEP ME UP FOR 30MINs FOLLOWING USE OF THE TUBE'.</p>	Contact Details		Community Dietitian	01244 366581 (This is an answerphone for non-urgent queries) 07770 332048	Community Nutrition Nurse	07964122954	Nutrition Nurse COCH	01244 362384	Abbott Nurse	07818427819	Abbott Hospital/home service	0800 0183799 (This number will be answered 24 hours a day)
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6	<p>Condition of tube</p> <p>Assess the condition of the tube, check the tube is not cracked or leaking and all parts are in good working order. The tube can sometimes become stained (mainly brown) by medications. If the tube is yellowing and feels particularly squashy under your fingers, it may be infected with yeast (thrush). Please contact the nutrition nurse or dietitian if this appears to be the case.</p>	<p>To maintain tube integrity.</p> <p>If the tube is noted to be degrading or not working properly please contact the community nutrition nurse or dietitian.</p>													

<p>7</p>	<p>Stoma site</p> <p>Observe the stoma site for signs of infection, irritation, or excoriation. Bleeding on contact or discharge at the stoma site can be an indication of overgranulation or infection.</p> <p>The stoma site and underneath the external fixator should be cleaned daily with warm soapy water and dry thoroughly with a clean towel / gauze</p>	<p>See suggested treatment for over granulation of PEG/ RIG sites. Consider taking a swab of stoma site if infection suspected.</p> <p>If you need further advice contact the community nutrition nurse for further advice. Creams and Dressings should not be used unless clinically indicated by the community nurses, community nutrition nurse or dietitian.</p> <p>Talcum powders should not be used.</p>	 <p>Overgranulated Stoma Site</p>  <p>Infected Stoma Site</p>
<p>8</p>	<p>For balloon retaining gastrostomy tubes:</p> <p>Note the position of the external fixator. This is the disc that is visible at the point at which the tube exits the stomach.</p> <p>The internal balloon is inflated with water, this should be changed weekly (ideally Monday to Thursday, before lunchtime) Please ask the community nutrition nurse or dietitian for advice</p> <p>(See Standard operating procedure for changing balloon water of a balloon-retained gastrostomy tube / Low profile device).</p>	<p>The external fixator should not be too loose or too tight. A distance of 2-3mm is recommended from abdomen. Leakage of gastric content/ overgranulation can occur when the fixator is loose. Pain and irritation can occur if too tight</p> <p>Be aware that the external fixator should not be undone for the first 4 weeks until the stoma tract has healed. Following this the external fixator can be undone on a daily basis to allow for cleaning</p>	

9	<p>For low profile devices:</p> <p>Note the position of the low profile device, it should not fit too loose or too tight.</p> <p>The Device should be rotated and repositioned daily.</p> <p>The internal balloon is inflated with water, this should be changed weekly (ideally Monday to Thursday, before lunchtime). Please ask the community nutrition nurse or dietitian for advice.</p>	<p>To reduce the risk of pressure around the stoma site and skin breakdown.</p> <p>Contact the community nutrition nurse or dietitian if there are any issues</p> <p>(See Standard operating procedure for changing balloon water of a balloon-retained gastrostomy tube / Low profile device).</p>	
10	<p>CORFLO / FREKA PEG</p> <p>These should be rotated 360 degrees daily following insertion.</p>	<p>This is to reduce the risk of buried bumper syndrome. This is when the stomach mucosa grows over the internal fixator.</p>	<p>Corflo PEG</p>  <p>Freka PEG</p> 
11	<p>Advancing and rotating for balloon retained gastrostomy tubes, CORFLO and FREKA PEG</p> <p>Note: this should commence 4 weeks post placement.</p> <p>Clean site, tube and external fixator as point 7.</p> <p>Slide the external fixator up to the end of the tube.</p>	<p>This is to prevent overgrowth or adherence of the stoma tract. This is to reduce the risk of buried bumper syndrome. This is when the stomach mucosa grows over the internal fixator.</p> <p>CORFLO tubes should be advanced and rotated <u>weekly</u>.</p>	

	<p>Visualise the full length of the tube for signs of damage or degradation.</p> <p>Advancing and rotating the tube - the tube should be advanced by 2-3cm into the stomach, rotated 360 degrees and retracted to previous position. The external fixator should then be repositioned.</p>	<p>FREKA tubes should be advanced and rotated <u>Daily</u>.</p> <p><u>Note- PEG tubes with jejunal extensions and jejunostomy tubes should NOT be rotated.</u></p>	<p>Internal bumper disk buried under stomach tissue</p> 
<p>12</p>	<p>Using the clamp (if applicable)</p> <p>The clamp is best placed nearer the end of the tube and should be left undone when not using the tube to prevent tube damage.</p>	<p>The position of the clamp should be moved around to avoid damage should the clamp be used at the same part of the tube.</p> <p>Please note not all tubes come with a clamp.</p>	
<p>13</p>	<p>Discard all equipment in line with trust policy</p> <p>Wash / decontaminate hands post procedure</p>	<p>Ensures compliance with IC2 Hand decontamination policy and procedure and IC3 Standard universal infection control precautions policy.</p>	

4. Contact details

If you require any help or advice regarding patients who have an Enteral feeding tube please contact:

Community Dietitian

01244 366581

07770 332048

Community Nutrition Nurse

07964122954

Nutrition Nurse COCH

01244 362384

Abbott Nurse

07818427819

Abbott Hospital2Home

0800 0183799