PEG Tube

Appointment:

Date: _____ **Time:** _____

Campus: _____

*This booklet contains general information which cannot be construed as specific advice to an individual patient. All statements in the booklet **must be** interpreted by your personal physician/therapist who has the knowledge of the stage and/or extent of your particular medical condition.*

This booklet was prepared in joint collaboration with the GI/Endoscopy Unit staff and physicians.

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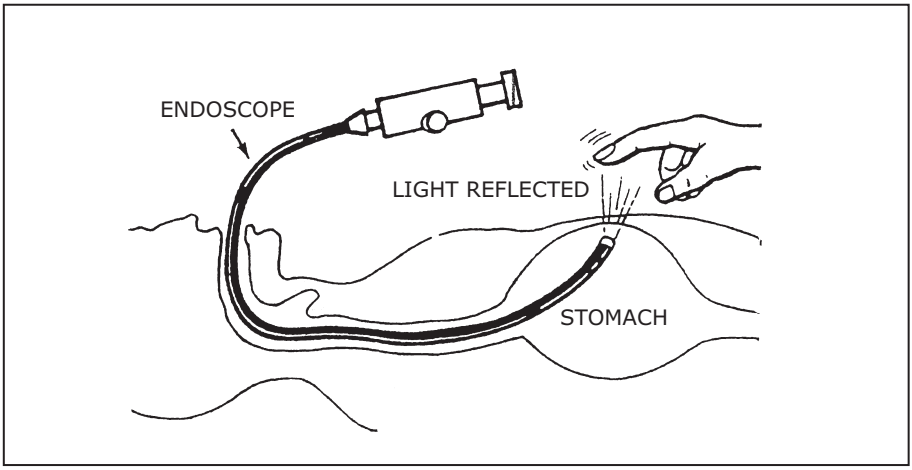
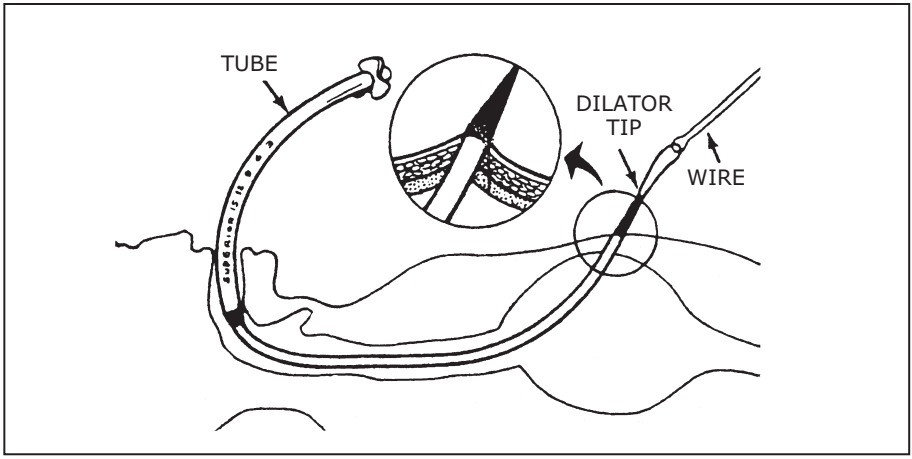
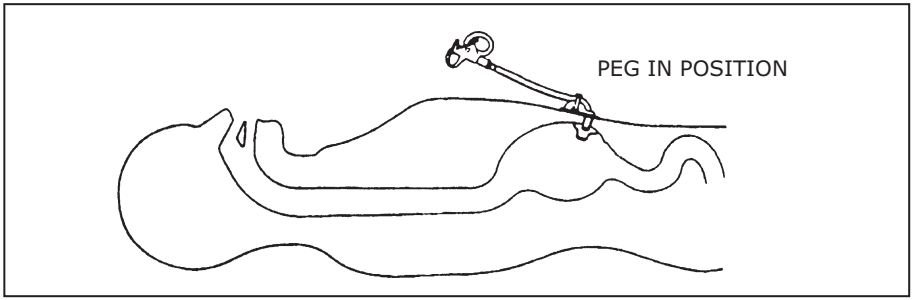
Description

A PEG tube is a feeding tube that is placed in the stomach to give feedings to people unable to eat enough food by mouth to maintain adequate nutritional status.







The following are guidelines to ensure proper functioning of the PEG tube.It also includes cleaning tips to help prevent infection and avoid skin irritation and breakdown.

Maintenance

Daily care of feeding tube

- Examine tube site and position.
- Observe for drainage around the tube (yellow, green, foul smelling).
- Observe for skin irritation, cracked skin, swelling,redness.
- Check for pain or discomfort around the tube.
- If any of these signs, call Home Care nurse or your doctor.

Cleaning

- Wash hands before and after cleaning gastrostomy site.
- Gently lift the sides of the bolster and using a cotton tip swab or gauze clean around the tube with soapy warm water. Rotate the external bolster 1/4 in.
- Clean the tube with soap and water.
- Rinse skin with warm clear water.
- Dry well the area with gauze or face cloth.

Position

- When tube was first placed patient was provided with a reference mark. Check to see if reference mark has moved.
- Verify that the tube moves in and out of the stomach approximately 2 mm (thickness of a penny) with a gentle push and pull motion.

Flushing

- Flushing the tube with a syringe of lukewarm water(approximately 30–50 cc) clears the inside of the tube and prevents clogs.
- Flush before and after feeding.
- Flush before and after medications.
- Flush three times a day for continuous pump feeding.

Feeding

- Your doctor will order the formula. Most formulas come in cans, but some come as a powder. Your nurse or dietician will provide you with instructions.
- Make sure all the equipment you use is clean.
- Clean the inside of the feeding adapter periodically using water and cotton swabs to ensure it is free of coating caused by formula residue. Clean all accessories including syringes after each use.
- Read instructions carefully when preparing the formula.
- Wash your hands with warm soapy water, rinse them well before touching your feeding tube.
- Wash the top of the container before opening it.
- Pour the amount of formula prescribed in the feeding container.
- Give your feeding at room temperature.
- Sit upright during the feeding and one hour after.
- Keep feeding supplies in a clean area.
- Store unopened cans in cool dry place.

Medication

- Always flush feeding tube with 30–50 cc of water before and after giving medication. Never mix medication with formula.
- Use liquid form medication if possible.
- If must use tablet, crush well and mix with 30–50 cc of water.

- Draw up medication with a syringe and inject into the feeding tube.
- Give each medication separately, do not mix.

PROBLEM:	POSSIBLE CAUSES:	WHAT TO DO:
ASPIRATION (UNUSUAL CHOKING DIFFICULTY BREATHING)	– Incorrect position of tube. – Lying flat during feeding.	– Stop feeding – Check feeding tube for correct position. – Sit upright at least 45° angle during and 1 hour after feeding. – If cough persists, call doctor.
NAUSEA OR VOMITTING	– Feeding may be running too fast. – Incorrect position of tube. – Lying flat during feeding.	– Slow the rate of feeding. – Stop feeding temporarily – Check feeding tube for correct position. – Sit up at 45° angle or higher. – If persists call Home Care nurse or doctor.
BLOATING/ DIARRHEA	– Feeding may be too cold. – Feeding may be running too fast.	– Slow rate of feeding. – Give formula at room temperature. – Keep daily record of number of bowel movements. – Record weight each day.
	– Feeding content not agreeing with patient	– Revise formula order with physician.

PROBLEM:	POSSIBLE CAUSES:	WHAT TO DO:
BLOCKED TUBE	– Feeding tube may be kinked. – Inadequate flushing. – Uncrushed medication.	– Check the tube for kinks. – Check that all clamps are opened. – Place the syringe in blocked tube, gently pull back on plunger to remove the clog. – Flush the tube with water, repeat 30–60 minutes later. – Call doctor if unable to unblock feeding tube.
LEAKAGE AT THE STOMA	– Incorrect position of feeding tube	– Check feeding tube for correct position
	– Possible infection.	– Clean gastrostomy site. – Apply dry gauze. – Call doctor.
FEEDING TUBE PULLED OUT	– Accidentally pulled out. – Confused patient.	– Apply dry dressing. – Notify physician immediately and/or go to Emergency Room.
DRY MOUTH	– Unable to take anything by mouth	– Brush teeth, gums and tongue and clean denture at least twice a day. – Use mouthwash to freshen breath. – Apply chapstick or vaseline to moisturize lips.

Community Home Care Services

These services will be available to you following the insertion of your feeding tube. You will be provided additional support and teaching in your home environment.

References:

1. Sandoz Nutrition Corporation
2. The Novartis Enteral Nutrition Program Patient Educational Material: Tube Feeding at Home
3. Page CP, et al. Nutritional Assessment and Support 2nd ed, ch 9, 1994
4. Baskin WN AJG, 87(11), 1992 Review of Enteral vs. Parenteral Nutrition
5. Dr. J. Daly, et al. Enteral Nutrition During Multimodality Therapy in Upper Gastrointestinal Cancer Patients. Surgery, 22 1(4), 1995

My allergies are:

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List of medication(s):

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