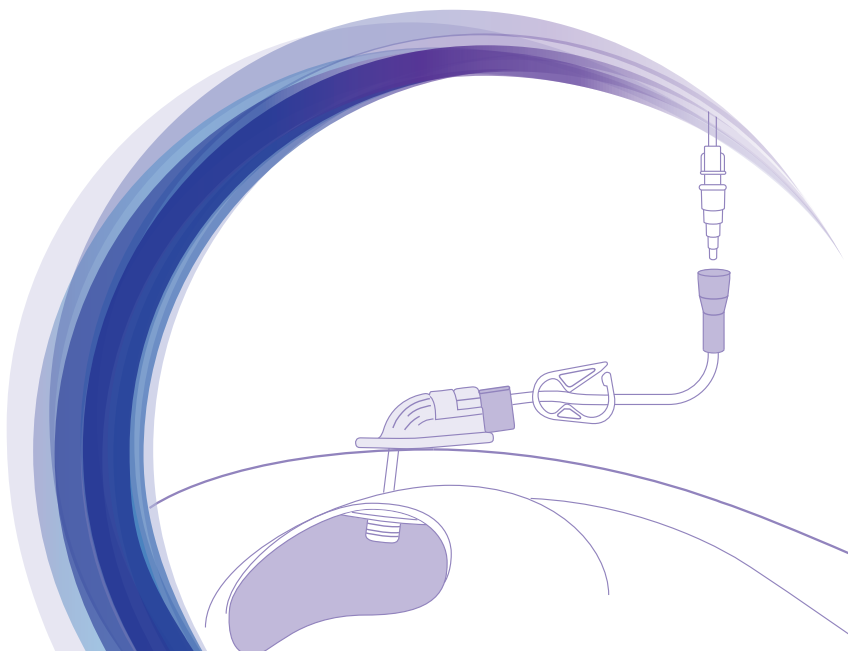


PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG TUBE)

THE FOLLOWING INFORMATION IS AIMED AT SUPPORTING YOU ON HOW TO CARE FOR A PEG TUBE.

IMPORTANT NOTE: It is important that you contact your Nutricia Homeward Enteral Nurse Specialist if you need additional training on the Flocare pump or tube feeding.





IMMEDIATE ACTION REQUIRED

It is important that you are aware of the signs and symptoms which may occur up to 72 hours following the insertion of a PEG tube.

The following signs require IMMEDIATE urgent medical attention.

1. Pain during feeding (including medication delivery and water flushes)
2. Any pain or distress after procedure
3. New bleeding from the stoma site
4. Leakage of fluid around the tube.

In the event of any one of these symptoms, the following actions MUST be taken:

1. Stop feeding/medication delivery immediately.
2. Seek immediate medical advice in order that the patient is examined and their symptoms assessed immediately.

Messages must not be left on a telephone answering machine.

Contact the emergency number provided by the hospital.

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Contact the emergency number provided by the hospital.

Tel No: _____

IMMEDIATE POST PLACEMENT CARE (UP TO 10 DAYS) OF THE PEG TUBE

Careful cleaning around the stoma site will reduce the possibility of soreness or infection:

- Wash hands before and after handling the tube
- Leave the external fixation device in place for 10 days or as recommended during training provided by the Nutricia Homeward Enteral Nurse Specialist. If the device is digging into the skin contact the managing healthcare professional for review immediately
- Clean the skin around the stoma site and under the external fixation device with sterile water or saline using sterile gauze (that does not shed fibres) and should continue daily for the first seven days. Ensure the skin is then dried thoroughly
- From day 7 onwards clean the skin around the stoma site and under the external fixation device with a mild soap solution and fresh tap water, using a clean cloth for this purpose only. Ensure skin and external fixation device are dried thoroughly
- Report any inflammation, oozing or any changes from the site to the managing healthcare professional immediately. It is important not to use the tube until it has been reviewed.

DAILY CARE OF THE PEG TUBE

After 10 days post placement it is advised to care for the skin and tube as follows:

- Wash hands before and after handling the tube, open the external fixation device daily in order for the skin around the stoma site to be cleaned; note the tube position by observing the cm graduation mark at the skin surface
- Clean the skin around the stoma site, the tube and under the external fixation device with mild soap solution and fresh tap water (using a clean cloth for this purpose only) and rinse thoroughly. Ensure the skin and external fixation device are thoroughly dried and check the tube remains in the original position. If there is a change in position of the tube do not use and contact the managing healthcare professional to confirm feeding tube is in the correct position
- From day 10, or as recommended during training provided by the Nutricia Homeward Enteral Nurse Specialist (as manufacturers guidance varies depending on the type of tube the Consultant has used), at least once a week but no more frequently than once a day, open and move the external fixation device away from the skin surface, clean the tube and stoma site and note the cm graduation marking at the skin surface. Then gently insert the tube into the stoma tract by a minimum of 2-3cm and rotate the tube 360° to prevent the tube adhering to the stoma tract and becoming embedded in the stomach wall. Gently withdraw the tube back until slight resistance is felt and confirm the cm graduation markings remain the same as before moving the tube
- If there is any discomfort, or you are unable to advance or rotate the tube, do **not** use and contact your Nutricia Homeward Enteral Nurse Specialist for further instructions on how to proceed
- Following care **always** replace and close the external fixation device so it lies approximately 2-5mm from the skin surface (the external fixation device may need to be loosened or tightened dependent on weight loss/gain)
- Flush the tube as per training provided by the Nutricia Homeward Enteral Nurse Specialist, with water (type and volume as recommended by the managing healthcare professional) before and after the administration of enteral nutrition or medication or 4-6 hourly if feeding is not in progress (except during the night) or as recommended by the managing healthcare professional, to prevent tube blockage.

HOW DO I CHECK THE POSITION OF THE PEG TUBE?

- It is important to check the position of the tube by observing the cm graduation marking at the skin surface, as demonstrated during the training provided by the Nutricia Homeward Enteral Nurse Specialist, to make sure the enteral nutrition goes directly where it should in the body (the stomach)
- Check the position of the tube prior to every enteral nutrition, medication or water delivery by observing the cm graduation marking of the tube at the skin surface remains unchanged
- If the tube appears to have changed position (if the tube appears longer or shorter, or the graduation marking is different at the skin surface), do **not** use the tube and contact the managing healthcare professional immediately for further instructions
- If advised by the managing healthcare professional check the position of the feeding tube by pH measurement before starting tube feeding (see separate advice leaflet called “How do I measure the pH of gastric aspirate”). It is important not to confirm correct tube position by pH reading in isolation, always consider other factors, such as confirming the cm graduation markings at skin surface remain unchanged.

IMPORTANT NOTES:

It is important the patient is sitting at a 45° angle during enteral feeding and for at least one hour after enteral nutrition has been administered.

Avoid using creams and talcum powders as they can damage the tube material and may lead to irritation of the skin and give rise to infection. Creams can also reduce the effectiveness of the external fixation device and affect the tube material itself

If the skin around the site becomes red or sore, or there is oozing or bleeding from the site, contact the managing healthcare professional for advice. Only apply a dressing if advised to do so by a healthcare professional.

The patient can shower, bath and swim as normal if the stoma tract has been fully formed. As healing is dependent on the patient's medical condition please check with the managing healthcare professional for advice.

Always ensure the tube end is closed and any clamp on the tube is applied during these activities. Always dry the site and tube thoroughly after bathing and swimming.

TROUBLESHOOTING THE PEG TUBE

THE PEG TUBE HAS BECOME BLOCKED

If there is resistance when flushing the tube, do **not** force water into the tube:

- Check the tube advances and rotates easily as per the training provided by the Nutricia Homeward Enteral Nurse Specialist
- If the tube does **not** rotate or advance freely, then do **not** attempt to unblock the tube until you have received instructions from the managing healthcare professional or Nutricia Homeward Enteral Nurse Specialist. If you have not been trained to advance and rotate the tube, then contact the Nutricia Homeward Enteral Nurse Specialist for training and instructions on how to proceed
- Check the tube cm graduation marking at the skin surface as per training provided by the Nutricia Homeward Enteral Nurse Specialist. If the tube position has changed then do **not** attempt to unblock the tube until you have received instructions on how to proceed from the managing healthcare professional
- If the tube advances and rotates easily, using a gentle pull and push technique, flush the tube using a 60ml enteral syringe with warm water or soda water, type and volume as recommended by the managing healthcare professional. **Do not use acidic solutions such as fruit juices or cola as they can curdle the enteral nutrition product**
- If a blockage still exists, gently squeeze the tube between the fingers along the length of the tube as far as possible
- If the blockage persists contact the managing healthcare professional or Nutricia Homeward Enteral Nurse Specialist for further advice.

IMPORTANT NOTE

You are advised to contact the managing healthcare professional immediately if there is any reason that medication or enteral nutrition needs to be delayed or omitted due to no available enteral or oral route.

THE PEG TUBE HAS COME OUT

IMPORTANT: If the tube has been removed or there are any signs of trauma to the stoma tract (such as bleeding), or if there are any signs of pain or distress, please seek urgent medical review.

- The patient will need to have a new PEG tube inserted as soon as possible, otherwise the stoma tract will start to heal and may completely close soon after the tube has come out
- A PEG tube cannot be replaced at home. Contact the managing healthcare professional or local hospital immediately. A doctor will need to place a new PEG tube in hospital.

Follow the steps below:

- Remain calm
- Place a clean dry dressing over the stoma site to prevent stomach contents leaking onto the skin or clothes
- If the patient is in pain and it is safe to have oral medication they should take their prescribed pain relief
- Contact the managing healthcare professional and explain that the PEG tube has come out
- If the managing healthcare professional is unavailable, contact the GP or local hospital emergency department to let them know the PEG tube will need to be replaced. This will give the department time to find the medical notes and to ensure a member of staff is available to reinsert a new tube. Inform the emergency department what type of tube it is (if you know) and take the old tube that has fallen out with you in a clean plastic bag
- Emphasise that the new tube will need to be replaced as soon as possible as the stoma tract may start to heal over, and may completely close soon after the feeding tube has come out.

The Nutricia Homeward Nursing Service advice literature is provided as guidance following Nutricia Homeward Nursing Service training, and should not be used as a substitute for medical advice. Always contact your healthcare professional prior to making any changes to your tube feeding regimen.

Please contact the Nutricia Homeward Enteral Nurse Specialist or managing healthcare professional for the most up to date version every year. Provided on behalf of Nutricia Ltd at the request of the NHS managing healthcare professional.

IMPORTANT: Always seek urgent medical advice if there are any signs of abdominal pain, chest pain or breathing difficulties.