



# PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG TUBE)

THE FOLLOWING INFORMATION IS AIMED AT SUPPORTING YOU AND YOUR CHILD ON HOW TO CARE FOR THEIR PEG TUBE.

**IMPORTANT NOTE:** It is important that you contact your Homeward Nurse 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 your child 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.

Tel No: \_\_\_\_\_

## IMMEDIATE POST PLACEMENT CARE (UP TO 10 DAYS) OF YOUR CHILD'S PEG TUBE

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

- Wash hands before and after handling the PEG tube
- Leave the external fixation device in place for 10 days or as recommended during training provided by the Homeward Nurse. 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 7 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 the skin and external fixation device are dried thoroughly.
- Report any inflammation, oozing or any changes to the stoma site to the managing healthcare professional immediately. It is important not to use the tube until it has been reviewed
- Flush the feeding tube, as per training by the Homeward Nurse, with water (type and volume as per managing healthcare professionals instructions) before and after administration of enteral nutrition or medication. Follow managing healthcare professional's instructions if additional flushing is required.

## HOW DO I CHECK THE POSITION OF MY CHILD'S PEG TUBE?

- It is important before using the feeding tube for enteral nutrition, medication or water flushes, to check the tube position has not changed
- To check the position of the feeding tube observe the cm markings of the tube at the skin surface, as demonstrated during training by the Homeward Nurse
- If the feeding tube appears to have changed position (if the tube appears longer or shorter, or the cm marking is different at the skin surface), do not use the feeding tube and contact the managing healthcare professional immediately for further instructions
- If advised by the managing healthcare professional to 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 markings at skin surface remain unchanged.

## POSITION DURING ENTERAL FEEDING

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

### IMPORTANT NOTES:

**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.**

**Your child can shower, bath and swim as normal if the stoma tract has been fully formed. As healing is dependent on your child'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.**

## DAILY CARE OF YOUR CHILD'S PEG TUBE

After 10 days post placement it is advised to care for the skin and PEG 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 markings at the skin surface
- Clean the skin around the stoma site, the feeding 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 feeding 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 immediately to confirm feeding tube is in the correct position
- 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 adjusted depending on your position, for example sitting or lying)
- Flush the feeding tube as per training provided by the Homeward Nurse, with water (type and volume as per managing healthcare professional instructions) before and after the administration of enteral nutrition or medication
- Following managing healthcare professional instructions if additional flushing is required.

## HOW TO STOP THE TUBE STICKING TO THE STOMA TRACT

- At least once a week, but no more than once a day you need to advance and rotate the tube. The Homeward Nurse will advise you on frequency
- Note external cm marking at the skin surface
- Open and move external fixation device away from the skin
- Wash and dry the feeding tube, then gently push the tube into the stomach at least 3cm and turn it 360°
- Gently pull the tube back until slight resistance is felt
- Confirm external cm marking is the same as before the feeding tube was moved. If it has changed, then do not use the tube and contact the Homeward Nurse immediately
- Replace the external fixation device 2-5mm from the skin surface and close it
- If there is any discomfort or you are unable to move and turn the feeding tube, do not use and contact the Homeward Nurse.

## TROUBLESHOOTING THE PEG TUBE

### YOUR CHILD'S PEG TUBE HAS BECOME BLOCKED

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

- Check the feeding tube advances and rotates easily as per training provided by the Homeward Nurse
- 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 Homeward Nurse. If you have not been trained to advance and rotate your child's tube, then contact the Homeward Nurse for training and instructions on how to proceed
- Check the feeding tube cm graduation marking at the skin surface as per training provided by the Homeward Nurse. 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 60ml enteral syringe with warm water (do not use hot water) or soda water, use a gentle pull and push technique. **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 Homeward Nurse 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.**

## YOUR CHILD'S PEG TUBE HAS COME OUT

**Important: If the feeding 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.**

- Your child 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
  - If your healthcare professional has provided a stoma preservation device, insert the device as per training
  - Place a clean dry dressing over the stoma site to prevent stomach contents leaking onto the skin or clothes
  - If your child 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 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 in a clean plastic bag with you
  - 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 Homeward Nurse 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.**

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