

T E C H N O P A T H

Enteral Feeding Tubes Care and Management

PEG

H E A L T H C A R E

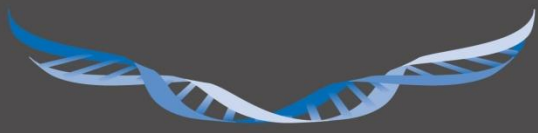


- ▶ Follow instructions from Endoscopy
- ▶ Record Blood pressure, pulse, respiratory rate and temperature ½ hourly for 4 hours.
- ▶ Observe site for signs of bleeding, leakage, redness.
- ▶ Remove dressing after 24 hours
- ▶ Clean site with gauze saline using non touch technique
- ▶ Commence feeding as per Dietitians instructions

PEG



- ▶ Area should be kept clean and dry.
- ▶ 10 days post insertion PEG should be rotated daily.
- ▶ Flush before and after any feed/medication
- ▶ Liquid feed, medication and water generally only items to be given via tube.
- ▶ External components of PEG eg. clamp and feeding connector can be replaced.



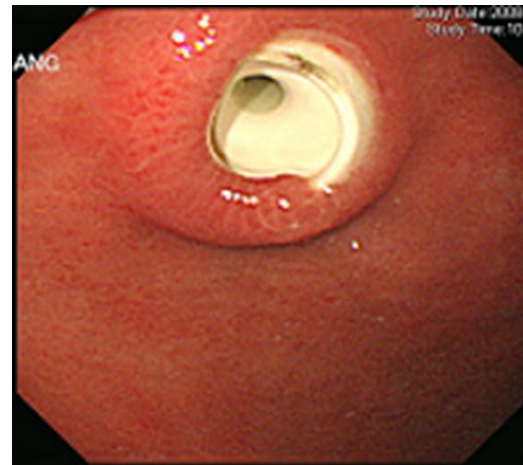
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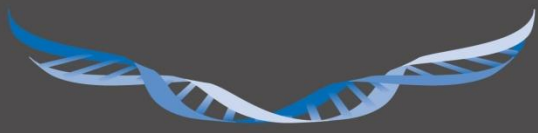
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H E A L T H C A R E



- ▶ Buried Bumper where gastric mucosa migrates across internal fixator.
- ▶ To prevent Buried Bumper Syndrome the PEG should be rotated and advanced as per manufacturers instructions.





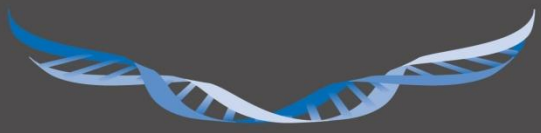
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H E A L T H C A R E



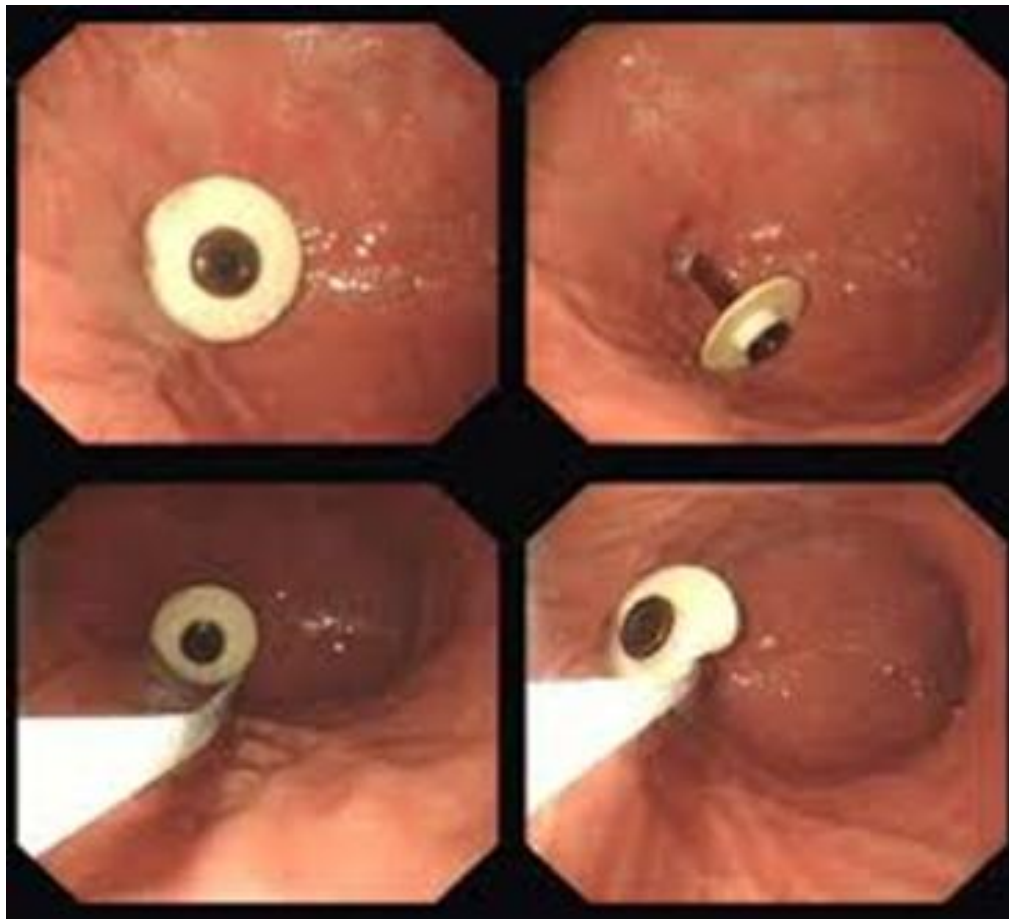
- ▶ Rotation and advancement should be carried out at least once a week and no more than once a day.
- ▶ Holding the end of the tube and rotating it 360° (a complete circle) and pushing the tube approximately 2-3cm into the stomach and pulling it back to the original position.
- ▶ Make sure external fixation device is not too tight, should be able to have air circulating (around the size of a coin)



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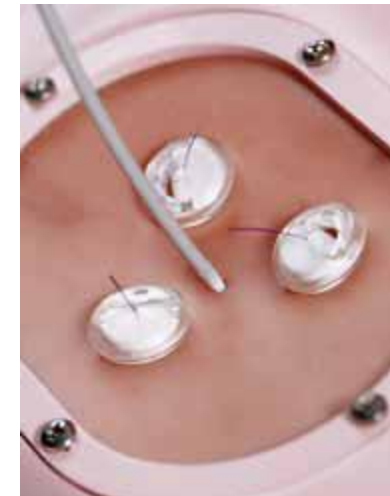


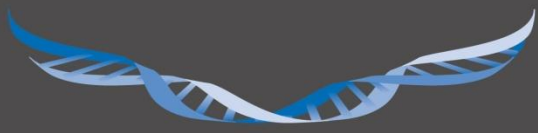
G tube/Button Post Insertion Care

H E A L T H C A R E



- ▶ Follow Initial Advice from Endoscopy / Radiology / Theatre
- Record temperature, pulse and blood pressure ½ hourly
- Monitor for leakage, redness, swelling, bleeding, irritation, infection
- Remove dressing after 24 hours.
- 3 gastropexy sutures in situ
- Clean site with Saline using non touch technique. Dry thoroughly





T E C H N O P A T H

G tube/Button Post Insertion Care

H E A L T H C A R E



- ▶ Commence feeding as per Dietitians Instructions/hospital policy.
- ▶ Patient should be at 30-45 degrees and remain so 1 hour post feeding.
- ▶ Stop feed and seek medical review if patient becomes unwell, develops severe abdominal pain once feeding commenced or has excessive leakage of gastric contents around site.
- ▶ No bathing or swimming until insertion site fully healed

Mini One Button - Features

HEALTHCARE



- ▶ Medical Grade Silicone
- ▶ Dust cover
- ▶ Non return Valve
- ▶ Balloon port
- ▶ Shaft
- ▶ Balloon
- ▶ Extension set





Mini One Button

HEALTHCARE



- ▶ Always used with an extension set for feeding/flushing.
- ▶ Wash the extension set after every use with warm water and detergent. Rinse thoroughly. Allow to air dry.
- ▶ Prompt flushing and rinsing prevents the formula from drying and building up.
- ▶ Extension sets are disposable and should be replaced weekly/fortnightly
- ▶ Rotate daily once sutures have fallen off/been removed.

Mini One Button



- ▶ Check the water volume monthly.
- ▶ Prepare a luer tip syringe with cool/boiled water as per manufacturers guidelines.
- ▶ Check pH of stomach contents (0 – 5.5).
- ▶ Withdraw water from balloon with a luer tip syringe and fill immediately with the fresh water.

Compare the amount of water removed from the balloon with that previously recorded.

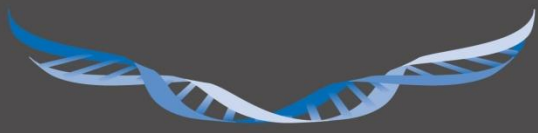


Mini One Button

HEALTHCARE



- ▶ Check pH post balloon check
- ▶ If there is a difference in volume of balloon, this may indicate the tube needs changing. Check balloon volume the next day to ascertain if any water has leaked.
- ▶ Record in patients hand held book
- ▶ Never fill a balloon with air or saline. Air may seep out and cause balloon to collapse; saline can crystallize and clog the balloon valve or lumen



T E C H N O P A T H

Changing a balloon gastrostomy

H E A L T H C A R E



- ▶ Only consider replacement if tract is mature > 4 weeks
- ▶ Ensure button/tube rotates freely in the tract, if not free floating do not attempt to change.
- ▶ Confirm position of tube using pH indicator strips
- ▶ If any uncertainty refer to hospital
- ▶ Do not administer PPI
- ▶ Switch feed off for 2 hours



Equipment for change

HEALTHCARE



- ▶ Replacement device
- ▶ Dressing pack & Sterile gloves
- ▶ 10ml luer tip syringe
- ▶ Enfit syringe
- ▶ Extension Set
- ▶ pH strips
- ▶ Sterile/cool boiled water.

Changing button

H E A L T H C A R E



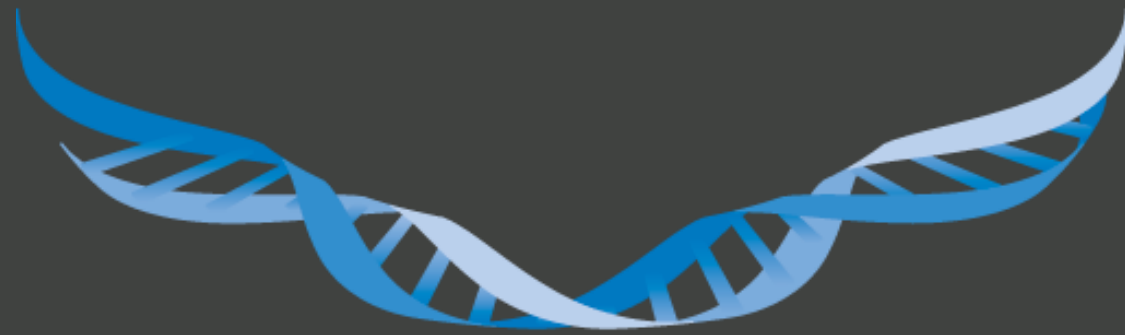
- ▶ Aspirate 1ml of gastric contents to check pH(reading 0-5.5)
- ▶ Inflate new button with prescribed amount of H₂O to check symmetry and balloon intact.
- ▶ Deflate fully and lubricate tip.
- ▶ Deflate balloon of indwelling button
- ▶ Slowly remove noting direction of tract.
- ▶ Inspect stoma site and clean

Changing the button

H E A L T H C A R E



- ▶ Apply sterile gloves and insert new button using rotating movement and gentle pressure in direction of stoma.
- ▶ Once button inserted inflate balloon with amount of water indicated on balloon port and check pH (0-5.5)
- ▶ **DO NOT USE UNTIL GASTRIC pH 0-5.5 obtained.**
- ▶ Document in patient records
- ▶ Order replacement device.



T E C H N O P A T H

Enteral Feeding Tubes Managing Complications



Possible Complications(1)

HEALTHCARE



- ▶ Sore mouth
- ▶ Blockage
- ▶ Leakage
- ▶ Wind
- ▶ Infection

Possible Complications(2)



- ▶ Over granulation
- ▶ Wind
- ▶ Constipation
- ▶ Diarrhoea
- ▶ Accidental Tube Removal

Sore mouth/infection

H E A L T H C A R E



- ▶ Due to minimal or no oral intake patients can suffer from dry mouth or mouth infections causing great discomfort and increase risk of chest infection.
- ▶ Maintaining good oral hygiene is essential. Patients who are able should continue to brush their teeth twice daily.
- ▶ Patients unable to brush their teeth should have regular mouth care performed.
- ▶ For persistent dry mouth consider use of artificial saliva sprays.

Tube Blockage

H E A L T H C A R E



- ▶ Administration of crushed medications, viscous liquids, blended diet and inadequate flushing post feed administration are most common causes.
- ▶ Routine flushing before and after feed and medications should prevent this.
- ▶ Medications should be reviewed by pharmacist/G.P. so patient is on the most appropriate formulation for tube administration.
- ▶ Buried Bumper

Tube Blockage

H E A L T H C A R E

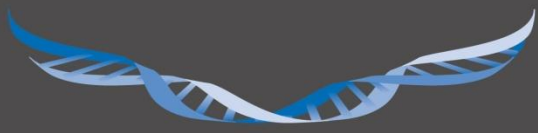


- ▶ Milk tube between fingertips as this may break up any blockage outside the stomach. If patient has a button change the extension set.
- ▶ Attach 60ml syringe and attempt to draw back contents of tube/stomach.
- ▶ Try flush with warm water using a push pull technique. This may take some time so be patient.
- ▶ Use of pancreatic enzymes which must be prescribed.
- ▶ Note use of fizzy drinks and fruit juices can actually make the blockage worse due to their acidic nature.

Leakage



- ▶ Leakage of gastric contents will cause skin redness/irritation.
- ▶ For Mini one button/balloon gastrostomy check balloon fully inflated.
- ▶ If tube/balloon burst replace with a new tube.
- ▶ G tube/PEGS ensure external fixator correctly positioned so internal bumper/balloon seals stoma on inside. External fixator should be 2mm from skin.
- ▶ Check tube integrity. Has clamp caused perforation?



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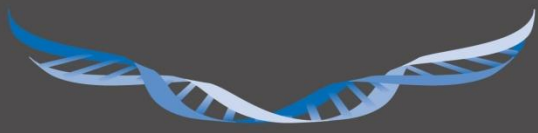
Leakage

H E A L T H C A R E



- ▶ Is the patient suffering from
 - ▶ Delayed gastric emptying
 - ▶ Constipation
 - ▶ Buried bumper? Refer to endoscopy

Is the button the correct size ? remeasure



T E C H N O P A T H

Wind

H E A L T H C A R E



- ▶ If the patient complains of discomfort they may have trapped wind
- ▶ Stop the feed and vent the tube using either a 50 ml syringe or a valve designed for this purpose.
Button; Attach an extension set to an open 60ml syringe and whilst holding upright allow air to expel. For a PEG attach open syringe to the PEG end.
- ▶ If it is a persistent problem inform medical staff as the patient may need gastric motility medication prescribed e.g.. Metoclopramide or Erythromycin

Stoma site infection

H E A L T H C A R E



- ▶ Signs of oozing and redness around site, presence of pus.
- ▶ Continue to clean daily twice daily
- ▶ Swab for C&S
- ▶ Dress stoma site with antimicrobial dressing. Change regularly.
- ▶ Administer antibiotic therapy if necessary
- ▶ Note some sites have persistent ooze without any evidence of infection.



Overgranulation

HEALTHCARE



- ▶ Caused by excessive movement of tube
- ▶ Occlusive dressings
- ▶ Infection

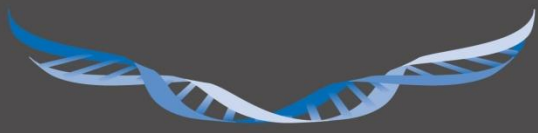


Overgranulation



- ▶ Keep area clean and dry
- ▶ Check tube is well fitting, if not resize.
- ▶ Apply tight foam dressing
- ▶ Consider
 - ▶ use of antibiotic/steroid cream
 - ▶ Silver/AMD dressings

Silver nitrate sticks, experienced practitioner only.



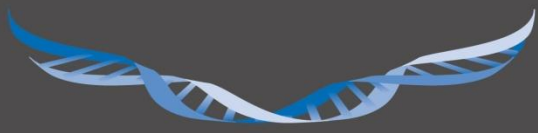
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Aspiration

H E A L T H C A R E



- ▶ Aspiration continues to be a risk in Tube Feeding
- ▶ Patients should be positioned at 30°– 45° whilst feeding and should remain so for half an hour at the end.
- ▶ Some patients not suitable for overnight feeding due to difficulties with maintaining position and may need post pyloric feeding



T E C H N O P A T H

Constipation

H E A L T H C A R E



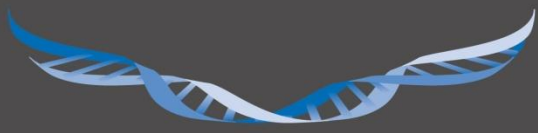
- ▶ Medications that may be causing constipation (in particular analgesics)
- ▶ Fibre intake, consider change of feed.
- ▶ Fluid intake, ensure adequate flushes are prescribed and administered.
- ▶ Changes in mobility.

Diarrhoea

H E A L T H C A R E



- ▶ Review medications as may be on laxatives or some liquid medications have high Sorbitol content.
- ▶ Is it infective? Send sample
- ▶ Has rate been increased?
- ▶ Has tube migrated to small bowel?
- ▶ Overflow?



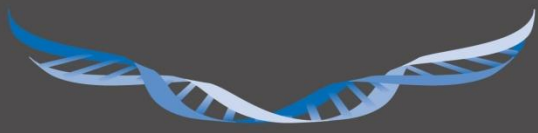
T E C H N O P A T H

H E A L T H C A R E



Accidental Tube removal

- ▶ Excessive pulling on the tube or balloon rupture can cause the tube to fall out.
- ▶ It is vital to replace a tube in the stoma asap as it may start to close within 2 hours.
- ▶ Only personnel trained to do so should replace a feeding tube following local policy.
- ▶ In the case of traumatic removal the patient may need medical review/imaging.
- ▶ NEVER feed or flush through new tube until pH 0-5.5 recorded



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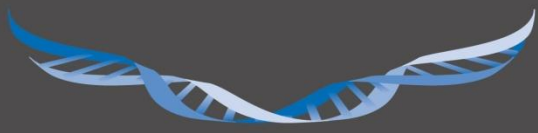
H E A L T H C A R E



Accidental Tube removal; ENPLUG

ENPLUG's are designed for emergency use to keep stomas from closing when a feeding tube has fallen out.





ENPLUG

- ▶ Apply water based lubricant to the first ENPLUG which is the same French size as the current gastrostomy and gently try to insert the tapered tip into the existing tract.
- ▶ If the stoma has already started to close try to insert the next smaller ENPLUG. Continue until a suitable ENPLUG has been inserted. • Tape the ENPLUG in place and arrange for gastrostomy replacement.

Codes	Size	Length	Packaging
ENP-S	10,12,14,16Fr	4cm	4pc/pouch
ENP-L	10,12,14,16Fr	7cm	2pc/pouch
ENP-XL	18, 20Fr	7cm	2pc/pouch