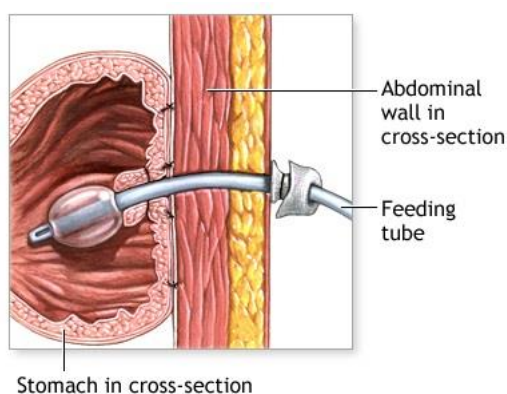
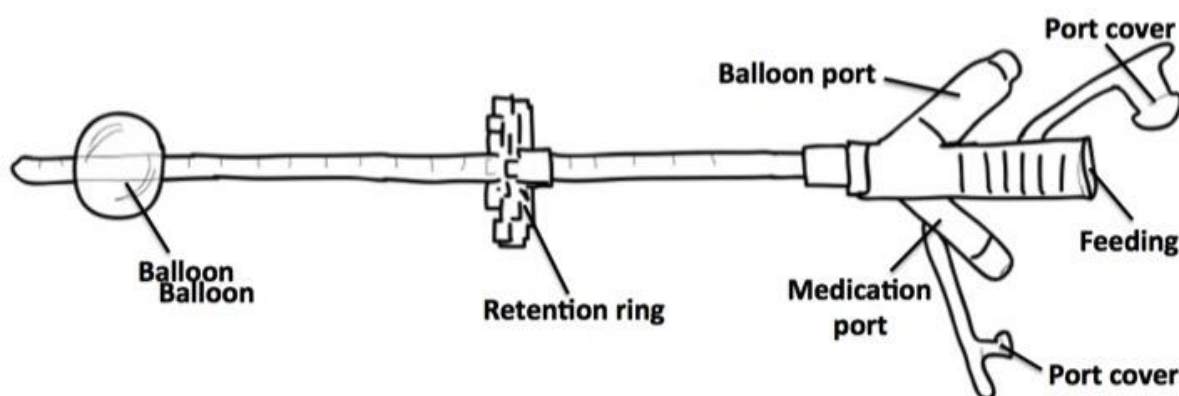


GASTROSTOMY (PEG TUBE) MANAGEMENT

A percutaneous endoscopic gastrostomy (PEG) tube is a plastic tube that is put into the stomach through the skin. Gastrostomy tubes are used to give food and/or fluids if the resident is not able to eat or drink or requires more food and fluids than they are able to consume orally. Enteral feeds, medications, and water can be given through a PEG tube.



Parts of the Gastrostomy Tube



Occasionally you may see a Gastrostomy tube with no balloon port. This means the tube is self-anchored or has an internal flange. The care of the tubes does not differ.

General Care

The tube should be cleaned daily in accordance with facility protocol. Observe for clinical signs of infection e.g. redness, swelling

Document Name	Incident Management	Authorised by	Clinical Operations Manager
Document Group	Clinical Procedures	Version No	1
Document Number	QMSPR014	Issue Date	14/12/2016

The tube should be cleaned rotated 360 degrees daily to prevent the skin from adhering to it.

The external flange (or retention ring) should sit 2 – 5mm away from the skin. If skin irritation is an issue, a piece of gauze may be used between the flange and skin for cushioning. Ensure that dressings are changed frequently and not left moist.

It is recommended that gastrostomy tubes which are not in regular use are flushed twice a day with water. Use an appropriate volume of water. Use a stop/start flush action to create a turbulent flow. There may be an order from the doctor for this – check the medication chart.

Flushing a gastrostomy tube or device with substances other than those prescribed is not recommended.

Administering medications

Ensure that medication is suitable to be crushed. (Refer to facility's Do Not Crush List or pharmacist). If the medication cannot be crushed and the resident is Nil By Mouth, hold the medication and advise the doctor.

Do not give the medication orally.

Crush tablets well and mix with water. Flush tube, administer one medication at a time and flush between each medication and after the final one. There may be an order from the doctor for the amount of water to be used – check the medication chart.

Document Name	Incident Management	Authorised by	Clinical Operations Manager
Document Group	Clinical Procedures	Version No	1
Document Number	QMSPR014	Issue Date	14/12/2016