

CONSIDERATIONS:

1. Gastrostomy tubes (G-tubes) are placed to provide nutrition, hydration or medications for patients who cannot use the oral route. They are frequently placed in patients with dysphagia (swallowing problems), related to neurological disorders (e.g., stroke, ALS).
2. Characteristics of G-tubes include:
 - a. Placed directly through the skin into the stomach
 - b. Called percutaneous endoscopic gastrostomy (PEG tubes) because they are inserted endoscopically across the skin into the stomach
 - c. Develop a tract within 2 to 4 weeks; before that, if the tube becomes displaced, there is a high risk of peritonitis
 - d. Tube has internal and external “bumpers” so it can’t migrate in or out
 - e. Usually last for at least a year, and as long as 3 years
3. Another type of feeding tube seen in home care is the Jejunostomy Tube (J-tube):
 - a. Placed in the intestines (jejunum) instead of the stomach
 - b. Used for patients with stomach problems, who cannot tolerate food in stomach
 - c. Cannot be used for bolus or intermittent feedings, because intestines can only tolerate small amounts of food at a time
4. To prevent G-tube problems:
 - a. Do not use urinary catheters to replace G-tube. They can migrate and cause injuries
 - b. Do not place “padding” under the external bumper/plate. This can cause excessive traction of internal bumper, leading to necrosis
 - c. Do not remove the tube within 2 - 4 weeks of placement. A tract needs to form before the tube is removed or peritonitis can occur
5. Care Guidelines:
 - a. External bumper should be “snug” but not tight; you should be able to lift the bumper a little and visualize skin underneath. Report a bumper that is too tight or too loose
 - b. Check skin under/around bumper for redness, excoriation, rash or drainage. Report these problems
 - c. After placement/initial healing, patient can take showers as usual, allowing water to run under bumper
 - d. Area under bumper can be washed with a little mild soap, then rinsed and dried well
 - e. Determine from physician if:
 - i. Bumper should be rotated (Rotate 90° each day, once sutures removed)
 - ii. A skin protectant should be used under the bumper (If applied, allow to dry)

- iii. A slit 4 x 4 can be placed between bumper and skin. (Usually not indicated)
6. Ordinarily G-tubes are not replaced in the home, but some with an internal balloon bumper may come out if the balloon deteriorates:
 - a. Ask physician if a spare tube should be available and if staff should have orders to replace it if expelled (Will depend on type)
 - b. A G-tube tract can close very quickly, if the tube is not in place (within 2 to 4 hours)
7. If the patient has more than one tube/catheter entering the body, label the tubes to prevent using the wrong tube (e.g., mixing up a feeding tube line with an IV line).

EQUIPMENT:

For cleaning site:

- Gloves
- 4 x 4's for cleaning site
- Cotton tipped applicators, optional
- Basin with soap and water
- Towels
- Skin protectant, if ordered
- Spilt 4 x 4 or tracheostomy dressing, if ordered

For placing indwelling catheter:

- Catheter tray
- Catheter plug
- Indwelling catheter
- Tape to secure catheter

PROCEDURE:

1. Assessing and cleaning site:
 - a. Adhere to Standard Precautions.
 - b. Assess G-tube site for:
 - i. Redness, excoriation, rash, drainage
 - ii. Check length of tube and snugness of bumper for excessive looseness or tightness
 - c. Clean skin under bumper with 4 x 4s, cotton-tipped applicators, soap and water
 - d. Rinse well with 4 x 4's and water
 - e. Dry with 4 x 4, assuring skin is completely dry
 - f. If ordered:
 - i. Apply skin protectant and allow to dry
 - ii. Apply split 4 x 4 under barrier
2. If G-tube is expelled:
 - a. Check Plan of Care for replacement orders
 - b. If orders to replace with G-tube, follow the directions on the G-tube packaging/tray for placement
 - c. If no orders, patient will need to either go to emergency department or, with orders, an indwelling catheter can be used to maintain tract

3. Placing an indwelling urinary catheter:
 - a. Adhere to Standard Precautions, gather equipment and explain procedure to patient
 - b. Wash stoma with soap and water. Pat dry
 - c. Open catheter pack and Foley catheter package and place wet-proof towel near abdomen
 - d. Assess the distance between distal tip (gastric end) of old tube and “skin level” point on tube. Mark new catheter to indicate appropriate depth of insertion
 - e. Lubricate catheter with water-soluble lubricant
 - f. With moderate pressure, gently insert catheter along gastrostomy pathway until it passes into stomach, approximately 4 to 6 inches
 - g. Test catheter placement by aspirating gastric contents
 - h. Inflate balloon with sterile water (check port to determine amount of water needed)
 - i. Pull back gently on catheter until slight resistance is obtained and secure with tape using Chevron technique, an external stabilization device or the external bumper on the G-tube
 - j. Apply small dressing around tube and tape
 - k. Clamp catheter at distal end with catheter plug
 - l. Discard soiled supplies in appropriate containers

AFTER CARE:

1. Document in patient's record:
 - a. Procedure and observations
 - b. Stoma site appearance
 - c. Patient's response to procedure
 - d. Instructions given to patient/caregiver
 - e. Communication with physician
2. Instruct patient/caregiver in care of stoma site.
3. Communicate with physician about:
 - a. Order for care site care
 - b. Need for extra G-tube in home
 - c. Need to replace indwelling catheter with G-tube

REFERENCE:

- American Society for Parental and Enteral Nutrition (ASPEN; 2009). Enteral Nutrition Practice Recommendations. *Journal of Parental and Enteral Nutrition*. Special Report.
- Perry, A., Potter, P. & Elkin, M. (2012). Nursing Interventions and Clinical Skills, 5th Edition. St. Louis: Elsevier/Mosby.

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