

2016

# Peg Tube Management and Care Guidelines

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## **Management of PEG Feeding**

This document has been developed as a resource for staff to use when they are completing “Individual PEG feeding guidelines” please also refer to “Management of Nutrition Policy” when completing Individualised PEG feeding care plans.

### **Definitions:**

#### **PEG:**

A percutaneous endoscopic gastrostomy (PEG) tube is used to deliver nutrition, hydration and medicines into the individual’s stomach. The PEG tube is inserted directly through the abdominal wall into the stomach. They are suitable for long term use. A Flange, Dome, or inflated balloon anchors the tube in place on the inside and prevent the leakage of gastric juices or food. Individuals will require a tube if they are unable to swallow safely, putting them at risk of aspiration of food, and drink and medicines into their lungs.

#### **Enteral Feeds:**

Enteral feeds are commercially prepared, pre-packaged and sterile, this reduces the risk of microbial contamination. They vary according to the pharmaceutical company and prescription, therefore administration sets and pumps will vary. It is KARES policy that all feeds, and flushes will be prescribed on the individuals Kardex and administration of feed and flush is recorded on the drug administration sheet. Feeds are administered on either a continuous/intermittent basis or a bolus basis depending on the nutritional requirement of the individual.

#### **Guidelines:**

- These guidelines provide advice and guidance on the administration of medication and food via a PEG tube and how to prevent and manage a blockage.
- Nurses should ensure that their knowledge, skills and practice are up to-date and have a responsibility to ensure they are competent in the area of PEG feeds.
- Nurses should seek further training if necessary.
- Non nursing staff will not administer medication or food via a PEG tube unless they have attended the one day accredited training and have completed at least 3 clinical assessments with the nurse.

#### **Guidelines to reduce the risk of infection:**

The following guidelines are necessary to reduce the risk of infection and need to be adapted and incorporated into local practice.

## **Hand Hygiene:**

Hand hygiene should be carried out as per the WHO Moments for Hand Hygiene and is critical prior to preparing and administering feeds, administering medication, and after any subsequent handling of the system of the site.

## **Carry out hand hygiene:**

- Using an alcohol rub if hands are visibly clean or
- Using plain liquid soap

## **When hand hygiene is required use**

- An antiseptic agent or
- An alcohol rub for a minimum of 30 secs if hands are visibly clean

## **Personal protective equipment:**

As per standard precautions, disposable aprons and single use disposable gloves should be worn if it is anticipated that there will be a risk of contamination of hands with gastric fluids or contact with non-intact skin e.g. connecting administration set to enteral tube hub or contact with the gastrostomy site.

## **Selection of equipment:**

The design of the system is important in order to minimise handling

- Do not decant feeds unless no other feeding system is available, pre-packaged, ready to hang feeds should be used in preference to feeds requiring decanting, re constitution or dilution
- The system selected should require minimal handling to assemble and be compatible with the individuals enteral feeding tube

## **Cleaning of enteral feeding equipment:**

- Equipment which is single use must be discarded after use
- Equipment which is individual use only must be re processed and stored according to manufacturer's instructions.
- **Connectors:** individual use only, should be thoroughly washed in detergent and warm water. Rinse and dry. Store in the individuals clearly labelled clean container with lid. Follow manufacturer's instructions
- **Extension sets:** individual use only, thoroughly wash in detergent and warm water. Rinse and dry. Store in the individuals clearly labelled clean container with lid. Follow manufacturer's instructions

- **Extension sets:** Single use, discard after use
- **Giving sets:** Single use item, discard at end of feeding session
- **Pumps:** Wipe over with a damp cloth or detergent wipe to keep dust free. Clean any spillages immediately
- **Syringes:** Reusable enteral feeding syringes are individual use only. They are used for seven days only and are washed with warm soapy water after use.
- **Single use syringes:** discard after use.

#### **Care of the insertion site:**

- Site must be inspected daily for signs of infection
- Keep the site clean by using a mild soap and dry thoroughly using gauze swab, disposable cloth or a clean towel
- Avoid the use of dressings
- Skin irritation can be managed by washing the area frequently with warm water and drying thoroughly

#### **Prevention and identification of infection and appropriate action:**

- It is important for staff to be alert to the signs of infection associated with enteral feeding. Early recognition is important to permit early treatment.
- Local infection at the stoma site can occur indicated by Redness, Swelling, Pain, Discharge and Ulceration of the skin
- Bowel infections may present with Nausea, Abdominal pain, Vomiting, and/or Diarrhoea
- Systemic infection may present as Fever, Lethargy, or altered consciousness

#### **Management of PEG Site infection:**

- If signs and symptoms of an infection at the site are present arrange an appointment with the individuals GP in order for a swab for culture and sensitivity to be taken
- Clean the site at least twice daily, an absorbent dressing may be appropriate when there is a discharge
- Follow the advice of the individuals GP or Clinical nurse specialist

#### **Storage of Enteral feed and equipment:**

- Feed and equipment must be stored in a clean environment protected from extremes of temperature according to manufacturer's instruction
- Store unopened feed and equipment at room temperature (between 8-25 degrees Celsius) in a cool, dry place. It is not necessary to refrigerate unopened feed

- Once a feed has been opened, any unused feed must be stored in a fridge and discarded after 24 hours
- Decanted and reconstituted feeds should be discarded as directed by the manufacturer/pharmacist or dietician

### **Procedure for food administration via PEG tube:**

- **Have all appropriate equipment ready**
  - Appropriate feed
  - Appropriate administration set
  - Appropriate pump
  - Infusion stand
  - Kardex with prescribed feed and flush
  - 50ml syringe for flush
  - Sterile or cooled boiled water in appropriate container
  - Container for syringes and caps
  - Appropriate protection
  - Gloves, disposable apron
- **To ensure the appropriate feed is used**
  - Check the feed against the Kardex
  - Check the expiry date
  - Check the feed is in tact
  - Check the feed is at room temperature
- Wash hands before starting to set up feed
- Minimal handling and no touch technique should be used when connecting the administration set to the enteral tube. Avoid touching inner aspects of the feeding system
- Explain procedure to the individual
- Ensure the individual is raised to an angle of approximately 30 – 45 degrees during the feed and for 30 minutes after the feed has finished
- The individual should not lie flat during the feed
- Place appropriate protection over the abdomen and expose the PEG tube
- Open the administration set packaging and roll down the roller clamp to stop the flow of feed
- Put on gloves
- Uncap the feed and attach the administration set to the feed according to the manufacturer's instructions
- Hang the feed on the infusion stand, unclamp the roller clamp and prime the administration set tubing according to the manufacturer's instructions

- Ensure that all air is expelled
- Close the clamp and leave the cap on the end of the set in place to avoid contamination
- Fill a catheter tipped syringe with prescribed amount of sterile/boiled cooled water
- Ensure the PEG tube is clamped
- Uncap the PEG tube port and place cap in a clean container
- Attach the syringe to port, unclamp the tube and flush with the recommended amount of water as per individuals Kardex
- Reclamp the PEG tube
- Place the syringe back in the container unless it is due to be changed
- Giving sets should be changed every 24 hours
- Uncap the administration set and attach it to the PEG tube and unclamp both the administration set and the PEG tube
- Set the pump to the required delivery amount as per individuals Kardex
- Ensure that the feed is not hanging lower than the level of the individual to prevent any risk of reflux
- Make sure the pump and all the feeding tube equipment is kept clean. If feed spills onto the pump wipe it immediately with a clean damp cloth. It is much harder to clean later and may affect how the pump works
- Wash container, syringes and caps in a mild detergent, rinse and dry thoroughly. Return to the clean container
- Record administration of feed on drug administration sheet
- Record monitoring checks carried out during the feed

### **Procedure for the administration of medication via a PEG tube**

- Where possible medication for administration via the PEG tube should be ordered in its solution or dispersible form. Syrups and suspensions can also be used but care must be taken as these can cause blockages of the tube more easily.
- Crushing tablets is a last resort as it increases the likelihood of blockages occurring. Some medications cannot be crushed due to their nature (Enteric coated, Slow release)
- The GP and pharmacist must be made aware that if these medications need to be crushed then an alternative needs to be found.
- If medications do have to be crushed it is vital that detailed guidelines are given by the GP as to the correct administration of these medications, these guidelines must be clearly stated on the individuals Kardex and signed by the GP.
- Ensure you have all the equipment required for the task, medication, Kardex, drug administration sheet, containers, crusher if required, appropriate Syringe and sterile water, Gloves and container for caps, syringes etc.
- Prior to administration of medication make sure to explain the procedure to the service user, communicating in an appropriate manner.
- Ensure privacy for the service user.

- Ensure the individual is raised to an angle of approximately 30 – 45 degrees during the administration of their medication and for 30 minutes after the medication has been administered.
- For any service user who may require to be positioned at a different angle, this must be clearly written on the guideline section of the kardex.
- Wash and dry hands.
- Place the pump on hold or turn it off noting the volume of feed administered for recording purposes.
- Ensure the PEG tube and administration set is clamped
- Ensure the siting of the tube has been medically confirmed.
- Flush the tube slowly with sterile water as stated on the Kardex using a 10ml or 50ml syringe.
- Administer each medication separately as per kardex guidelines, flushing before and after each administration.
- Do not administer bulk forming laxatives via the PEG tube as they may block the tubes, instead use an enteral feed with a high fibre content.
- Do not add medications to feeds, this increases the risk of incompatibility, microbial contamination, and tube blockage and also under dosing or over dosing if the feed rate is altered.
- If the feed is being continued, uncap the administration set and re attach it to the PEG tube and unclamp both the administration set and the PEG tube.
- Turn on or re set the pump to the prescribed amount
- Ensure the service user is comfortable.
- Tidy away all the used equipment and wipe up any spillages.
- Wash medication containers, syringes and caps with warm water using a mild detergent, rinse and dry, Store in the appropriate place.
- Document the amount of fluid given (including flushes) on a fluid balance chart.
- Complete all records following administration of medication as per KARE SAM Policy.

### **Managing complications:**

The most common complications that may develop for individuals who are fed via a PEG tube are Diarrhoea, constipation, upset stomach, wind and or back pain.

#### **Diarrhoea**

If diarrhoea develops please check the following

- Ensure the pump is running at the correct rate
- Ensure that all feeding equipment is clean
- Ensure that the giving set has been changed as per manufacturers guidelines
- If the service user is receiving a bolus feed please ensure that the pack is resealed.
- Refrigerate any opened feed that is not being currently used, remove from fridge 30 minutes before it is required so as to allow it reach room temperature.
- A pack of opened feed should be discarded 24 hours after being opened.

- Always seek the advice of the nurse in the first instance if an individual has diarrhoea which is lasting more than 12 hours.
- In the event of a nurse not been available please contact the individuals GP or Kdoc out of hours for advice.
- It is extremely important to monitor fluid intake and output where possible, to reduce the risk of the individual becoming dehydrated.

#### **Constipation:**

- Ensure all additional fluids that have been prescribed have been give.
- Ensure that all prescribed flushes have been administered.
- If it is possible for the individual to take some exercise it may be of great benefit.
- If constipation persists please inform the individuals GP and follow their instructions.

#### **Upset stomach:**

- The individuals PEG feeding guidelines should clearly state the management of upset stomach. The management for each individual will be different due to specific individual needs.

#### **Wind/Back pain:**

- If wind is present in the gut, open the cap on the tube and let any excess gas escape through it. This process is known as venting. A 50 ML syringe can be attached to facilitate removal of excess gas.

#### **Reinsertion of the PEG tube:**

- The individuals PEG feeding guidelines will have a very clear protocol on managing the reinsertion of a PEG tube in the event of it coming out.
- The Nurse and team supporting the individual with their PEG feeding must ensure that local guidelines are in place to manage this situation and that all staff are aware of the protocol.

#### **Oral Care**

Lack of feeding by mouth results in reduced oral stimulus, subsequent changes in the saliva constituents and Tartar, which tends to build up more easily than usual.

Despite not taking food by mouth, it is important that staff, the dentist, and the individual work together to develop an oral hygiene plan that meets the individual's needs.

A Mouth care assessment should be carried out by the nurse and include the following



- Usual oral hygiene practice and frequency?
- Oral discomfort or pain?
- The lips: are they dry, cracked or bleeding?
- The gums, are they inflamed or bleeding?
- The teeth, are they present, cared for, loose or stained?
- Does the individual have any dentures, plates?
- Dry mouth?
- The tongue, is it dry, coated or ulcerated?
- Halitosis (Bad breath)?
- Drooling?
- Current or past dental problems?
- Other risk factors such as: Diabetes, steroid treatment, long term medication?

Each individual being fed through a PEG Feed Tube will have an oral assessment carried out and an oral care plan developed if deemed necessary.

### **Individual PEG feeding care plans (Appendix 1)**

Each person will have an individualised PEG feeding care plan which will include the following

- Procedure for administration of PEG Feed
- Procedure for administration of Medication via PEG tube
- Procedure for administration of daily flush
- Procedure for management of the PEG site
- Procedure for management of Oral Care
- Monitoring record of daily feed

### **Oral care assessment (Appendix 2)**

## Appendix 1

NAME: \_\_\_\_\_

PIN NO.: \_\_\_\_\_

Care task required: \_\_\_\_\_

My name is \_\_\_\_\_. This plan has been drawn up by the people who support me to help me with \_\_\_\_\_. It is important that all staff that support me are aware of this plan and agree to the procedure outlined in the plan. I agree to this plan being shared among people who will be supporting me.

The people who helped me draw up this plan: \_\_\_\_\_

Date plan was developed: \_\_\_\_\_

Date for review: \_\_\_\_\_

My preferred method of communication:

**Equipment required for my PEG FEED, please complete the details in the box below**

**Resources required for specified task (equipment, support plans, risk assessments etc.):**

<b>Care Task</b>	Administration of food via PEG TUBE
<b>Steps involved supporting the person</b>	

<b>Care Task</b>	Administration of medication via the PEG TUBE
<b>Steps involved supporting the person</b>	

<b>Care Task</b>	Procedure for daily flush
<b>Steps involved supporting the person</b>	

<b>Care Task</b>	Management of PEG TUBE SITE
<b>Steps involved supporting the person</b>	

<b>Care Task</b>	Oral care
<b>Steps involved in supporting the person</b>	

## Input/Output record

Date	Time	Pump Rate	Time pump started	Hourly check, volume feed	Flush volume	Urinary output if required	comments	signature



## Appendix 2

### Oral Care Assessment

Name:

PIN:

Location:

DOB:

Date of assessment:

Review Date:

Areas for assessment	Yes	No	Comment	Signature
Is daily oral hygiene carried out				
Is there oral discomfort or pain present				
Are the individuals lips dry, cracked or bleeding				
Are the gums inflamed or bleeding				
Does the individual wear dentures				
Does the individual suffer with dry mouth				
Is the tongue coated or ulcerated				
Is halitosis present (Bad breath)				
Does the individual have excessive drooling				
Are there any current or past dental problems				
Is an oral care plan required				