

VANDERBILT UNIVERSITY MEDICAL CENTER	Page 1 of 2	No.
POLICY AND PROCEDURE ORIGINATING DEPT: Clinical	DEPTS. AFFECTED: All Clinical	
SUBJECT: Gastrostomy Tube/Site Care ORIGINAL DATE: 7/03	REVISED: 8/24/2017	
Medical Director: Oscar Guillamondegui Date: 8/24/17	Nursing: Buddy Kopp Date: 8/27/17	

## **PURPOSE**

To provide guidelines for proper maintenance of gastrostomy tubes and tube sites.

## **POLICY**

Orders for gastrostomy site care and documentation of tube bumper placement should be entered into Wiz Order by the admitting MD or NP at the time of admission or when a gastrostomy tube is placed. Tube bumper placement should also be dictated in the operative note.

## **RESPONSIBILITY**

It is the responsibility of the Director of Nursing and the Medical Director to disseminate this information. It is the responsibility of all Department Heads to ensure compliance with this policy.

## **GENERAL INFORMATION**

1. Information regarding the gastrostomy tube bumper placement on length of tube should be listed on the operative report, documented in Wiz Order and communicated in report from the MD or procedure nurse.
2. **Elective removal should not occur before 10 days**
3. Finally, if no information regarding gastrostomy tube bumper placement is given in report or can be found on the operative report, the attending physician shall determine the placement by patient assessment. This information shall be entered into Wiz Order.

## **PROCEDURE**

1. Determine type of gastrostomy tube placed:
  - a. Pull PEG
    - i. Tube features one port with a round disk on the patient's abdomen. **These tubes must be placed to straight drainage for 6 hrs before infusing enteral feeds.**

- b. Push PEG
    - i. Tube features two ports: (A balloon port and an infusion port) with a triangular disk on the patient's abdomen and 3- 4 T-fasteners. These tubes may be used immediately.
  - c. PEJ
    - i. Tube features three ports: (A balloon port; a gastric port; and a jejunal port) **These tubes must be placed to straight drainage for 6hrs before infusing enteral feeds. Feed Only through J-Port.**
    - ii. Physician will enter placement depth of gastrostomy tube and location of bumper base into WIZ order. For example: "Diagnosis: 7/26 - PEJ placed, bumper base 2.5cm."
  - d. NOTE: If no information was provided in transfer orders or operative report, physician is to determine gastrostomy tube bumper base placement.
    - i. Slip one finger between base of bumper and skin.
    - ii. The bumper should be tight enough so that one finger breadth is the max but loose enough so that at least one finger breadth fits comfortably without causing stress on the tube or pain to the patient.
    - iii. If the bumper is too tight, loosen till desired distance is obtained.
    - iv. If the bumper is too loose, tighten till desired distance is obtained.
    - v. Finally, write order according to this bumper base placement.
2. Discontinuation of sutures per feeding tube type.
    - a. Push PEG – T- fasteners removed at 10 days
    - b. PEJ– T- fasteners removed at 10 days
    - c. If the tube site features a button, DO NOT cut the button. For those tubes that do not fall under one of these types, consult the physician who placed the tube for information.
  3. General care of gastrostomy tube
    - a. **Record length** of the tube where bumper base is located every shift.
      - i. If bumper is not properly placed with regards to the physician order, nursing is to reposition for proper placement of the bumper base with regards to that physician order.
    - b. **Cleanse site** every shift with NS moist gauze to remove crust or drainage.
      - i. If breakdown or macerated skin at the gastrostomy tube entrance site, apply Triple Care EPC and dry gauze daily. Change gauze PRN.
      - ii. If no breakdown and skin is intact, apply Triple Care Ointment or Ilex Cream and dry gauze daily. Change gauze PRN.
    - c. **Flush tube** with 30 milliliters of water every 8 hours and PRN after giving medication or feedings per the tube.
    - d. Apply abdominal binder or appropriate tape to keep gastrostomy tube from hanging out of patient clothing or to prevent accidental dislodgement of tube.
  4. PEG tube feedings, supplements, normal saline, and water are to be given as directed by the attending physician or per nutrition services as directed in the orders.
  5. Inadvertent or Accidental Tube Removal
    - a. In the event a gastrostomy tube is pulled out of the abdomen within 10 days of placement (or before the suture removal time):

- i. **Call the physician immediately.** It is possible the patient will need emergent surgery. A contrast study must be ordered to verify the integrity of the ostomy site.
6. **Reminder:** if pt gets transferred to a rehab facility, this information must accompany them. The facility needs to know physician name, insertion date with PEG bumper depth and adjustment techniques, site care instructions and suture removal date, if necessary.