

**VANDERBILT UNIVERSITY MEDICAL CENTER
DIVISION OF TRAUMA AND SURGICAL CRITICAL CARE**

Percutaneous endoscopic gastrostomy or Percutaneous endoscopic trans gastric jejunostomy placement -

NOTE: PEG / PEG/J insertion is usually performed after an airway has been secured (endotracheal tube or a percutaneous tracheostomy).

PREPARATION:

1. ****Refer to Bedside Surgery Protocol for Pre-Procedure Check List!!!**

2. Tube feedings should be held for approximately 1 hour prior to the procedure.

3. Procedure Medications

- Fentanyl 500 mcg
- Vecuronium 20 mg
- Versed 10 mg
- Propofol 50 cc vial

NOTE: The ventilator must be adjusted appropriately when paralytics are administered, usually a **rate of 12 and an FiO₂ of 100%**. The patient should be sedated with Versed / Propofol and Fentanyl, followed by Vecuronium inducing a general anesthesia.

4. Equipment:

- Trauma procedure cart
- Sterile towels
- Bite Block
- Gowns
- Gloves
- Scope
- 1-liter bottle normal saline
- Endoscopy connector set
- Chloroprep skin prep
- PEG or PEGJ kit (If Planning PEG/J T-fasteners are required).

PROCEDURE:

1. PEG or PEG/J is placed endoscopically.

2. The tube is placed to **gravity drain for 6 hours (per VUMC Protocol)**

3. After MD clearance of patient, feedings may be instituted.

4. J-tube feeds via a PEG/J tube maybe started after 4 hours post procedure with MD approval.

5. General PEG or PEG/J care includes cleaning with soap and water, keep dry, avoid H₂O₂ or antibiotic ointments, and bedside RN to note location at skin Q shift

*Revised Feb 2019
Joey Curtis, RN
Buddy Kopp, RN
Brad Dennis, MD*