

**COMMUNITY PROTOCOL FOR
MANAGEMENT AND FEEDING
THROUGH A GASTROSTOMY**

COMMUNITY PROTOCOL FOR MANAGEMENT AND FEEDING THROUGH A GASTROSTOMY.

Introduction

The following procedures relate to the management of a gastrostomy stoma, feeding through a gastrostomy tube and gastrostomy skin level device-Button, by bolus feeding or continuous feeding. Also administering medication through a gastrostomy.

Rationale

A gastrostomy is defined as a surgical opening through the abdominal wall into the stomach, through which a feeding tube is passed. The surgical opening is known as a stoma. [1,7]

Gastrostomy feeding is a method used to supply nutrients and fluids through a tube directly into the patient's stomach.

The feeding tubes are used specifically for gastrostomy feeding and there are several different types. The initial tube is put in under general anaesthetic and is always on the left hand side of the stomach.

A Percutaneous Endoscopic Gastrostomy (PEG) tube is inserted using an endoscope and is held in place by an internal retention device called a bumper. This prevents the PEG tube from falling out and usually stays in place for up to two years before it needs to be changed. [1]

A gastrostomy tube is held in place with a balloon device to prevent it from falling out. It also has an external skin fixator to prevent the tube from migrating into the small bowel. A gastrostomy tube usually stays in place for three to six months before it needs to be changed.

A skin level/low profile device or Button as it is more commonly known as, is held in place with a balloon device to prevent it from falling out. It has a fixed external fixating device which is flush with the skin, giving it the appearance of a button. An extension set needs to be attached to the button for feeding. A button gastrostomy usually stays in place for three to six months before it needs to be changed.

This protocol covers the clinical policies relating to the management of a gastrostomy within the community, by appropriately trained staff and includes the procedures for:

- Administering a continuous feed through a gastrostomy tube.
- Administering a continuous feed through a gastrostomy button.
- Administering a bolus feed through a gastrostomy tube.
- Administering a bolus feed through a gastrostomy button.
- Administering medication through a gastrostomy tube.

- Administering medication through a gastrostomy button.
- Gastrostomy site care.

Principles

1. A fundamental principle of all nursing care is to provide independent living, where possible, for individuals within the community.
2. Patients discharged into the community with a gastrostomy, usually maintain them independently or with support from carers. This is facilitated by District Nurses/ Community Children's Nurses through a supportive, educative and advisory role. [5]
3. Some patients may receive respite at home or in other settings. District Nurses/ Community Children's Nurses facilitate respite by training carers so that they are competent to care for the feeding needs of the patient.
4. Feeding through a gastrostomy is a socially clean procedure. In a respite setting other than the patient's home, or if the patient is immuno-compromised, it is advisable for carers to wear aprons and gloves.

Authority to Proceed

1. The initial gastrostomy is inserted by a medical practitioner, in hospital. [1]
2. The feeding regime is decided by the dietician in conjunction with other members of the multi-disciplinary team, including the patient and immediate carers.
3. The following procedures for the use of, care and maintenance of a gastrostomy should only be undertaken by nurses/carers who have received training and who are competent and confident to perform the procedure. [5]

Training/Skills

1. Staff undertaking the following procedures must have successfully completed a theoretical and practical training course in the use of and management of a gastrostomy.
2. Carers must feel competent and confident that their skills and knowledge are maintained.
3. Carers' competencies should be assessed at least annually, more regularly if skills are not being used on a regular basis.

4. Nurses must feel confident and competent that their skills and knowledge are maintained within the Scope of Professional Practice. [3]

Special Factors

1. It is good practice to always check the location of the gastrostomy tube/button. The most reliable method is pH testing and a range of pH5 and below is acceptable. [6,8]
2. Patients who are being treated with antacid medication will give a higher pH reading. Clinical judgement needs to be used in these cases and testing the pH prior to administering antacid medication would give a more reliable pH reading.
3. There is a risk that the tube could migrate into the small bowel, there is also a risk that the end of the tube/button has slipped out of the stomach and is lying in the peritoneum. If there is any doubt as to the position of the gastrostomy tube/button then no feed should be administered and advice from an experienced nurse should be sought.
4. If a feeding pump is being used for continuous feeding then ensure the pump is wiped with a damp cloth daily, after it has been used. If any feed is spilt onto the pump then clean the pump immediately. Do not immerse the feeding pump in water or clean under running tap water.
5. It is essential that a replacement tube/button is available in case the existing tube/button is dislodged and comes out. [1]

PROCEDURE FOR ADMINISTERING A CONTINUOUS FEED THROUGH A GASTROSTOMY TUBE [8,9,10,11]

Equipment

Apron
Non-sterile disposable gloves
Tray
Alcowipes
Feed
Cooled, boiled water
50ml syringe x2
pH paper
Feeding set
Connector if needed
Pump and stand
Tissues
Feeding regime and feeding record.

Prepare the Equipment

1. Wash hands as per Walsall teaching Primary Care Trust Procedure.
2. Put on apron.
3. Gather equipment needed.
4. Wipe tray with alcowipe.
5. Place unopened equipment on tray.

Position the Patient

1. Make sure the patient is in a comfortable position at an angle of 30 degrees or more with access to the stoma site. The patient can be sitting or in bed supported with pillows & backrest. [2,8,9]
2. Explain the procedure to the patient.
3. Ensure the patient's privacy & dignity is maintained at all times.

Running Feed Through Pump

1. Wash hands as per Walsall teaching Primary Care Trust Procedure.
2. Put on gloves
3. Hang the feed bag on the stand hook.
4. Open the feeding set & close the roller clamps.
5. Attach the feeding set to the feed bag & push set upwards.
6. 1/2 fill the chamber with feed by gently squeezing chamber.
7. Open the roller clamp & allow the feed to run through the tubing to the end.
8. Feed the tubing into the pump & close the pump door.
9. Take the tray & feed to the patient.

Test the Tube Position

1. Ensure the clamp is closed on the gastrostomy tube.
2. Attach a 50ml syringe to the end of the tube.
3. Unclamp the tube & withdraw some stomach contents.
4. Clamp the tube & test the stomach contents on pH paper.
5. The pH reading must be 5 or below.

DO NOT FEED OR PUT ANYTHING DOWN TUBE UNTIL YOU HAVE A POSITIVE ASPIRATE OF STOMACH CONTENTS.

6. Draw up required amount of water in a clean syringe & flush the tube, clamping the tube before & after use.

Commence Feed

1. Attach the end of the feeding set to the gastrostomy tube using a connector if needed.
2. Unclamp the gastrostomy tube & the feeding set.
3. Turn the pump on & set the rate & volume.
4. Start the feed.
5. Check the pump every hour to ensure the feed is running through correctly.

End of Feed

1. When the feed has finished, stop the pump.
2. Wash hands as per Walsall teaching Primary Care Trust Procedure.
3. Clamp the gastrostomy tube.
4. Draw up required amount of water in the syringe.
5. Disconnect the feeding set from the gastrostomy tube.
6. Attach syringe to the gastrostomy tube, unclamp tube and flush the tube with the water ensuring that there is no feed visible in the tube.
7. Clamp gastrostomy tube & remove syringe.
8. Ensure the patient is comfortable.
9. Ensure the patient remains in an upright position for at least 30 minutes following their feed.

Care of Equipment

1. Discard the feeding set according to unit policy for disposal of clinical waste
2. Wash syringes & connector in hot, soapy water, rinse, dry with a paper towel & store in a plastic container labelled with the patient's name.
3. Keep syringes & connector for 24 hours and then discard according to unit policy for disposal of clinical waste.
4. Wipe pump with a damp cloth to keep clean and dust free.

Documentation

1. Record in the patient's records the amount of feed which has been administered. [4]

PROCEDURE FOR ADMINISTERING A CONTINUOUS FEED THROUGH A GASTROSTOMY BUTTON [8,9,10,11]

Equipment

Apron
Non-sterile disposable gloves
Tray
Alcowipes
Feed
Cooled, boiled water
50ml syringes x2
pH paper
Feeding set
Secure-lok extension set
Connector if needed
Pump and stand
Tissues
Feeding regime and feeding record.

Prepare the Equipment

1. Wash hands as per Walsall teaching Primary Care Trust Procedure.
2. Put on apron.
3. Gather equipment needed.
4. Wipe tray with alcowipe.
5. Place unopened equipment on tray.

Position the Patient

1. Make sure the patient is in a comfortable position at an angle of 30 degrees or more with access to the stoma site. The patient can be sitting or in bed supported with pillows & backrest. [2,8,9]
2. Explain the procedure to the patient.
3. Ensure the patient's privacy & dignity is maintained at all times.

Running Feed Through Pump

1. Wash hands as per Walsall teaching Primary Care Trust Procedure.
2. Put on gloves
3. Hang the feed bag on the stand hook.
4. Open the feeding set & close the roller clamps.
5. Attach the feeding set to the feed bag & push set upwards.
6. 1/2 fill the chamber with feed by gently squeezing chamber.
7. Open the roller clamp & allow the feed to run through the tubing to the end.
8. Feed the tubing into the pump & close the pump door.
9. Take the tray & feed to the patient.

Test the Tube Position

1. Attach the secure-lok extension set to the gastrostomy button.
2. Ensure the clamp is closed on the extension set.
3. Attach a 50ml syringe to the end of the extension set.
4. Unclamp the extension set & withdraw some stomach contents.
5. Clamp the extension set & test the stomach contents on pH paper.
6. The pH reading must be 5 or below.

DO NOT FEED OR PUT ANYTHING DOWN TUBE UNTIL YOU HAVE A POSITIVE ASPIRATE OF STOMACH CONTENTS.

7. Draw up required amount of water in a clean syringe & flush the extension set, clamping the tube before & after use.

Commence Feed

1. Attach the end of the feeding set to the extension using a connector if needed.
2. Unclamp the extension set and the feeding set.
3. Turn the pump on and set the rate and volume.

4. Start the feed.
5. Check the pump every hour to ensure the feed is running through correctly.

End of Feed

1. When the feed has finished, stop the pump.
2. Wash hands as per Walsall teaching Primary Care Trust Policy.
3. Clamp the extension set.
4. Draw up required amount of water in the syringe.
5. Disconnect the feeding set from the extension set.
6. Attach syringe to the extension set, unclamp tube and flush the tube with the water ensuring that there is no feed visible in the tube.
7. Clamp the extension set & remove syringe.
8. Disconnect the extension set & close button.
9. Ensure the patient is comfortable.

Care of equipment

1. Wash the syringes, connector & the extension set in hot, soapy water, rinse, dry with a paper towel & store in a plastic container labelled with the patient's name.
2. Keep syringes & connector for 24 hours & then discard according to unit policy for disposal of clinical waste.
3. The extension set is reused for two weeks therefore send home with patient.

Documentation

1. Record in the patient's records the amount of feed which has been administered. [4]

TROUBLE SHOOTING FOR CONTINUOUS FEEDS THROUGH A GASTROSTOMY TUBE OR SKIN LEVEL DEVICE / BUTTON [11]

Problem	Action
<p>Unable to obtain any aspirate.</p> <p>This does not necessarily mean that tube is not in the correct place. The patient's stomach may be empty or the tube may be resting against the stomach wall.</p>	<ol style="list-style-type: none"> 1. Change the patient's position by lying them down or sitting them up and try aspirating the tube. 2. If the patient is allowed to drink, give them a drink and try aspirating their tube. 3. Attach a syringe with 5ml of AIR onto the tube and quickly insert the air, this is sometimes enough to move the tube away from the stomach wall. 4. If you are still unable to obtain any aspirate then wait 15 minutes and try again. 5. If you are still unsuccessful then contact the District Nurse/Community Children's Nurse or the hospital for advice.
<p>Unable to obtain an aspirate of pH 5 or below.</p>	<ol style="list-style-type: none"> 1. There may be water in the tube from the last feed, therefore try testing more aspirate. 2. Check that pH paper is in date and that it has been stored in a dry container. 3. Check the patient's medication. They may have had medication which reduces the acidity of the stomach, e.g. Gaviscon, Ranitidine, Sucralfate or Omeprazole. You may have to check the pH of the aspirate before medication is given if this coincides with feed times.

	<p>4. If you still have an aspirate of above pH 5 then contact the District Nurse/ Community Children's Nurse or the hospital for advice.</p>
<p>The pump is alarming ⓧcccq The tube may have blocked</p>	<ol style="list-style-type: none"> 1. Check that the clamps on the giving set and on the gastrostomy tube are both open. 2. Check the tubing to make sure it is not kinked and that the patient is not sitting on the tubing. 3. Flush the gastrostomy tube with 10-20ml cooled boiled water. 4. If the tube is still blocked then contact the District Nurse/ Community Children's Nurse or the hospital for advice.
<p>The pump is alarming ⓧ888q</p>	<ol style="list-style-type: none"> 1. The amount of feed which was preset into the pump has gone through.
<p>The pump is alarming ⓧERRORq</p>	<ol style="list-style-type: none"> 1. There is a mechanical problem with the pump. Contact Homeward who will replace the pump.
<p>The pump is alarming ⓧ0%q</p>	<ol style="list-style-type: none"> 1. The battery is too low. Plug the feeding pump into the mains supply.
<p>The pump is alarming ⓧ>>>q</p>	<ol style="list-style-type: none"> 1. The pump has been on hold for 3 minutes; press the hold button to recommence feed.
<p>The pump is alarming ⓧDOORq</p>	<ol style="list-style-type: none"> 1. The giving set tubing may not have been fitted properly or has come out. Put the pump on hold and reinsert the giving set tubing. 2. The door of the pump may be open. Check the door.

<p>The pump is alarming AIRq</p>	<ol style="list-style-type: none"> 1. The feeding container may be empty. 2. There may be air bubbles in the feeding set. Stop the pump, clamp the feeding set, remove tubing from pump and run the feed through until the air bubbles have been removed.
<p>The patient vomits during the feed.</p>	<ol style="list-style-type: none"> 1. Stop the feed and disconnect. 2. Make the patient comfortable 3. Retest the tube with pH paper and if pH 5 or below then flush the tube with cooled, boiled water. 4. If the patient settles then test the tube and restart the feed. 5. If vomiting persists then seek advice from the patient's G.P, District Nurse or the Community Children's Nurse.
<p>The gastrostomy tube or button comes out.</p>	<ol style="list-style-type: none"> 1. Insert a new gastrostomy tube or button if you have been instructed how to do this. 2. Contact the District Nurse/ Community Children's Nurse or hospital for advice.

PROCEDURE FOR ADMINISTERING A BOLUS FEED THROUGH A GASTROSTOMY TUBE [8,9,10]

Equipment

Apron
Non-sterile disposable gloves
Tray
Alcowipes
Feed
Cooled, boiled water
50ml syringes x2
pH paper
Gravity feed set
Connector if needed
Tissues
Feeding regime and feeding record

Prepare the Equipment

1. Wash hands as per Walsall teaching Primary Care Trust Procedure.
2. Put on apron.
3. Gather equipment needed.
4. Wipe tray with alcowipe.
5. Place unopened equipment on tray.

Position the Patient

1. Make sure the patient is in a comfortable position at an angle of 30 degrees or more with access to the stoma site. The patient can be sitting or in bed supported with pillows & backrest. [2,8,9]
2. Explain the procedure to the patient.
3. Ensure the patient's privacy & dignity is maintained at all times.

Test the Tube Position

1. Wash hands as per Walsall teaching Primary Care Trust Procedure.
2. Put on gloves.
3. Ensure the clamp is closed on the gastrostomy tube.
4. Attach a 50ml syringe to the end of the tube.
5. Unclamp the tube and withdraw some stomach contents.
6. Clamp the tube and test the stomach contents on pH paper.
7. The pH reading must be 5 or below.

DO NOT FEED OR PUT ANYTHING DOWN TUBE UNTIL YOU HAVE A POSITIVE ASPIRATE OF STOMACH CONTENTS.

8. Draw up required amount of water in a clean syringe and flush the tube, clamping the tube before and after use.

Running Feed Through Set

1. Hold the feeding set & close the roller clamps.
2. Pour feed into feeding set to half way up the barrel.
3. Open the roller clamp & allow the feed to run through the tubing to the end expelling all the air.

Commence Feed

1. Attach the end of the feeding set to the connector if needed then to the gastrostomy tube.
2. Unclamp the gastrostomy tube & the feeding set.
3. Allow the feed to slowly flow through, topping up the barrel as the feed goes down so that air does not enter the tubing. Hold the barrel higher to quicken the flow of feed or lower the barrel to slow the flow of feed.
4. The whole feed should take 10 - 15 minutes.
5. Once all the feed has been added to the barrel, allow all the feed to flow through all the tubing & then clamp the feeding set & gastrostomy tube.

End of Feed

1. Disconnect the feeding set from the gastrostomy tube.
2. Draw up required amount of water in the syringe.
3. Attach syringe to the gastrostomy tube, unclamp tube and flush the tube with the water ensuring that there is no feed visible in the tube.
4. Clamp gastrostomy tube & remove syringe.
5. Ensure the patient is comfortable.
6. Ensure the patient remains in an upright position for at least 30 minutes following their feed.

Care of equipment

1. Wash the feeding set, connector & syringes in hot, soapy water, rinse, dry with a paper towel & store in a plastic container labelled with the patient's name.
2. Keep the feeding set, connector & syringes for 24 hours and then discard according to unit policy for disposal of clinical waste

Documentation

1. Record in the patient's records the amount of feed which has been administered. [4]

PROCEDURE FOR ADMINISTERING A BOLUS FEED THROUGH A GASTROSTOMY SKIN LEVEL DEVICE- BUTTON [8,9,10]

Equipment

Apron
Non-sterile disposable gloves
Tray
Alcowipes
Feed
Cooled, boiled water
50ml syringes x2
pH paper
Secure-lok extension set
Gravity feed set
Connector if needed
Tissues
Feeding regime and feeding record.

Prepare the Equipment

1. Wash hands as per Walsall teaching Primary Care Trust Procedure.
2. Put on apron.
3. Gather equipment needed.
4. Wipe tray with alcowipe.
5. Place unopened equipment on tray.

Position the Patient

1. Make sure the patient is in a comfortable position at an angle of 30 degrees or more with access to the stoma site. The patient can be sitting or in bed supported with pillows & backrest. [2,8,9]
2. Explain the procedure to the patient.
3. Ensure the patient's privacy & dignity is maintained at all times.

Test the Tube Position

1. Wash hands as per Walsall teaching Primary Care Trust Procedure.
2. Put on gloves.
3. Attach the secure-lok extension set to the gastrostomy button.
4. Ensure the clamp is closed on the extension set.

5. Attach a 50ml syringe to the end of the extension set.
6. Unclamp the extension set & withdraw some stomach contents.
7. Clamp the extension set & test the stomach contents on pH paper.
8. The ph reading must be 5 or below.

DO NOT FEED OR PUT ANYTHING DOWN TUBE UNTIL YOU HAVE A POSITIVE ASPIRATE OF STOMACH CONTENTS.

9. Draw up required amount of water in a clean syringe & flush the extension set, clamping the tube before & after use.

Running Feed Through Set

1. Hold the feeding set & close the roller clamps.
2. Pour feed into feeding set to half way up the barrel.
3. Open the roller clamp & allow the feed to run through the tubing to the end expelling all the air.

Commence Feed

1. Attach the end of the feeding set to the connector if needed and then to the extension set.
2. Unclamp the extension set & the feeding set.
3. Allow the feed to slowly flow through, topping up the barrel as the feed goes down so that air does not enter the tubing. Hold the barrel higher to quicken the flow of feed or lower the barrel to slow the flow of feed.
4. The whole feed should take 10 - 15 minutes.
5. Once all the feed has been added to the barrel, allow all the feed to flow through all the tubing & then clamp the feeding set and the extension set.

End of Feed

1. Disconnect the feeding set from the extension set.
2. Draw up required amount of water in the syringe.
3. Attach syringe to the extension set, unclamp tube and flush the tube with the water ensuring that there is no feed visible in the tube.
4. Clamp the extension set & remove syringe.

5. Remove the extension set.
6. Ensure the patient is comfortable.
7. Ensure the patient remains in an upright position for at least 30 minutes following their feed.

Care of Equipment

1. Wash the syringes, connector, feeding set & the extension set in hot, soapy water, rinse, dry with a paper towel & store in a plastic container labelled with the patient's name.
2. Keep syringes, connector and giving sets for 24 hours & then discard according to unit policy for disposal of clinical waste.
3. The extension set is reused for two weeks therefore send home with patient.

Documentation

1. Record in the patient's records the amount of feed, which has been administered. [4]

TROUBLE SHOOTING FOR BOLUS FEEDS THROUGH A GASTROSTOMY TUBE OR SKIN LEVEL DEVICE / BUTTON

Problem	Action
<p>Unable to obtain any aspirate.</p> <p>This does not necessarily mean that tube is not in the correct place. The patient's stomach may be empty or the tube may be resting against the stomach</p>	<ol style="list-style-type: none"> 1. Change the patient's position by lying them down or sitting them up and try aspirating their tube. 2. If the patient is allowed to drink, give them a drink and try aspirating their tube. 3. Attach a syringe with 5ml of AIR onto the tube and quickly insert the air, this is sometimes enough to move the tube away from the stomach wall. 4. If you are still unable to obtain any aspirate then wait 15 minutes and then try again. 5. If you are still unsuccessful then contact the District Nurse, Community Children's Nurse or the hospital for advice.
<p>Unable to obtain an aspirate of pH 5 or below.</p>	<ol style="list-style-type: none"> 1. There may be water in the tube from the last feed therefore try testing more aspirate. 2. Check that pH paper is in date and that it has been stored in a dry container 3. Check the patient's medication. They may have had medication which reduces the acidity of the stomach e.g. Gaviscon, Ranitidine, Sucralfate or Omeprazole. You may have to check the pH of the aspirate before medication is given if this coincides with feed times.

	<ol style="list-style-type: none"> If you still have an aspirate of above pH 5 then contact the District Nurse, Community Children's Nurse or the hospital for advice.
<p>The feed goes in very quickly</p> <p>The feed should be given over 10-15 minutes</p>	<ol style="list-style-type: none"> Lower the gravity feeding set to slow the flow of feed. Apply the roller clamp on the gravity feeding set to slow the flow of the feed.
<p>The feed is not going down the tube</p> <p>The tube may have been blocked</p>	<ol style="list-style-type: none"> Raise the gravity feeding set higher and ensure the roller clamp is open. Flush the tube with 10ml cooled boiled water.
<p>The patient vomits during the feed</p>	<ol style="list-style-type: none"> Stop the feed and disconnect. Make sure the patient is comfortable. Retest the tube with pH paper and if pH 5 or below then flush the tube with cooled, boiled water. If the patient settles then test the tube and restart the feed. If vomiting persists then seek advice from the patient's G.P. or District Nurse/ Community Children's Nurse.
<p>The gastrostomy tube or button comes out.</p>	<ol style="list-style-type: none"> Insert a new gastrostomy tube or button if you have been instructed how to do this. Contact the District Nurse or Community Children's Nurse or hospital for advice.

PROCEDURE FOR ADMINISTERING MEDICATION THROUGH A GASTROSTOMY TUBE [8,9]

Medication should be given in a liquid form to prevent the gastrostomy from blocking. If tablets need to be given then they should be finely crushed and mixed with warm water. Always flush the gastrostomy with cooled, boiled water to prevent the gastrostomy from blocking.

Equipment

Medicine chart
Medication
50ml syringe x2
Appropriate size syringes for medication
pH paper
Cooled boiled water
Non-sterile disposable gloves
Tray
Alcowipes
Tissues

Prepare the Equipment

1. Wash hands as per Walsall teaching Primary Care Trust Procedure.
2. Gather equipment needed.
3. Wipe tray with alcowipe.
4. Place unopened equipment on tray.

Draw Up Medication

1. Follow Unit Policy for administration of medication.
2. Check patient's medication against their medication chart.
3. Draw up correct volume of medication into syringe.
4. Use a separate syringe for each medication.

Position the Patient

1. Make sure the patient is in a comfortable position at an angle of 30 degrees or more with access to the stoma site. The patient can be sitting or in bed supported with pillows & backrest. [2,8,9]
2. Explain the procedure to the patient.
3. Ensure the patient's privacy & dignity is maintained at all times.

Test the Tube Position

1. Put on gloves.
2. Ensure the clamp is closed on the gastrostomy tube.
3. Attach a 50ml syringe to the end of the tube.
4. Unclamp the tube & withdraw some stomach contents.
5. Clamp the tube & test the stomach contents on pH paper.
6. The pH reading must be 5 or below

DO NOT PUT ANYTHING DOWN TUBE UNTIL YOU HAVE A POSITIVE ASPIRATE OF STOMACH CONTENTS.

7. Draw up required amount of water in a clean syringe & flush the tube, clamping the tube before & after use.

Administer Medication

1. Draw up required amount of water in the 50ml syringe.
2. Attach first syringe with medication to the gastrostomy tube, unclamp tube and slowly administer medication into tube.
3. Clamp tube, remove medication syringe, attach syringe with water and flush tube with 5-10ml water.
4. Repeat procedure with other medication ensuring that tube is flushed with 5-10ml water between each medication.
5. At the end of the procedure flush tube with required amount of water to ensure all medication has been administered and tube is clear.
6. Clamp gastrostomy tube and remove syringe.

Care of Equipment

1. Wash the syringes in hot, soapy water, rinse, dry with a paper towel & store in a plastic container labelled with the patient's name.
2. Keep the syringes for 24 hours and then discard according to unit policy for disposal of clinical waste.

Documentation

1. Record in the patient's records the medication which has been administered, according to Unit Policy. [4]

For trouble shooting advice refer to procedure for administering bolus feeds through a gastrostomy.

PROCEDURE FOR ADMINISTERING MEDICATION THROUGH A GASTROSTOMY SKIN LEVEL DEVICE / BUTTON [8,9]

Medication should be given in a liquid form to prevent the gastrostomy from blocking. If tablets need to be given then they should be finely crushed and mixed with warm water. Always flush the gastrostomy with cooled, boiled water to prevent the gastrostomy from blocking.

Equipment

Medicine chart
Medication
50ml syringe x2
Appropriate size syringes for medication
pH paper
Cooled, boiled water
Secure-lok extension set
Non-sterile disposable gloves
Tray
Alcowipes
Tissues

Prepare the Equipment

1. Wash hands as per Walsall teaching Primary Care Trust Procedure.
2. Gather equipment needed.
3. Wipe tray with alcowipe.
4. Place unopened equipment on tray.

Draw Up Medication

1. Follow Unit Policy for administration of medication.
2. Check patient's medication against their medication chart.
3. Draw up correct volume of medication into syringe.
4. Use a separate syringe for each medication.

Position the Patient

1. Make sure the patient is in a comfortable position at an angle of 30 degrees or more with access to the stoma site. The patient can be sitting or in bed supported with pillows & backrest. [2,8,9]
2. Explain the procedure to the patient.
3. Ensure the patient's privacy & dignity is maintained at all times.

Test the Tube Position

1. Put on gloves.
2. Attach secure-lok extension set to the gastrostomy button.
3. Ensure the clamp is closed on the extension set.
4. Attach a 50ml syringe to the end of the extension set.
5. Unclamp the extension set & withdraw some stomach contents.
6. Clamp the extension set & test the stomach contents on pH paper.
7. The ph reading must be 5 or below.

DO NOT PUT ANYTHING DOWN TUBE UNTIL YOU HAVE A POSITIVE ASPIRATE OF STOMACH CONTENTS.

8. Draw up required amount of water in a clean syringe and flush the extension set, clamping the tube before & after use.

Administering Medication

1. Draw up required amount of water in the 50ml syringe.
2. Attach first syringe with medication to the extension set, unclamp extension set & slowly administer medication into gastrostomy.
3. Clamp extension set, remove medication syringe, attach syringe with water and flush tube with 5-10ml water.
4. Repeat procedure with other medication ensuring that extension set is flushed with 5-10ml water between each medication.
5. At the end of the procedure flush extension set with required amount of water to ensure all medication has been administered and extension set is clear.
6. Clamp extension set & remove syringe.
7. Remove extension set from gastrostomy button.

Care of Equipment

1. Wash the extension set & syringes in hot, soapy water, rinse, dry with a paper towel & store in a plastic container labelled with the patient's name.

2. Keep the syringes for 24 hours and then discard according to unit policy for disposal of clinical waste.
3. The extension set is reused for two weeks therefore send home with patient.

Documentation

1. Record in the patient's records the medication which has been administered, according to Unit Policy. [4]

For trouble shooting advice refer to procedure for administering bolus feeds through a gastrostomy.

PROCEDURE FOR CARING FOR GASTROSTOMY STOMA SITE

Normal daily care of a gastrostomy stoma site, is to bath as normal and ensure the stoma site is dried thoroughly. However, if the stoma site needs to be cleaned in between bathing then the following procedure needs to be followed. [1,2,5,8,9]

Equipment

Apron
Non-sterile disposable gloves
Tray
Alcowipes
Cooled, boiled water
Gallipot or small bowl
Gauze or wipe

Prepare the Equipment

6. Wash hands as per Walsall teaching Primary Care Trust Procedure.
7. Put on apron.
8. Gather equipment needed.
9. Wipe tray with alcowipe.
10. Place equipment on tray.

Position the Patient

4. Make sure the patient is in a comfortable position at an angle of 30 degrees or more with access to the stoma site. The patient can be sitting or in bed supported with pillows & backrest. [2,8,9]
5. Explain the procedure to the patient.
6. Ensure the patient's privacy & dignity is maintained at all times.

Cleaning around the stoma

1. Put on gloves.
2. Pour some cooled, boiled water into the gallipot/small bowl.
3. Take a piece of gauze/wipe and moisten in the cooled, boiled water.

4. Wipe around the stoma in a clockwise direction using one stroke.
5. Using a clean piece of gauze/wipe each time, continue to clean around the stoma until the area is clean.
6. Once the stoma site is clean, dry the area with a clean piece of gauze/wipe.
7. Rotate the gastrostomy tube/button through 360° to ensure that the tube does not adhere to the skin and also to prevent the bumper from becoming buried. [1,8,9]
8. Ensure patient comfort and maintain their dignity throughout the procedure.
9. Dispose of gauze/wipes, aprons & gloves according to unit policy. Wash gallipot/small bowl in hot soapy water, rinse, dry and store in a container labelled with patient's name.

If a skin retention device is in place on the gastrostomy tube then move it along the tube so as to access the stoma site easily. Ensure the skin retention device is moved back close to the skin following cleaning.

Special Observations

- a) Leakage of stomach contents

Observe for any leakage of stomach contents. This may be due to the balloon retention device not being inflated or being over inflated.

ACTION . Check the volume of water in the balloon and re inflate with 4-5ml of water

- b) Redness, swelling or skin breakdown

Observe for any signs of redness, swelling or breakdown of skin around the stoma. This may be due to infection or the external skin fixator may be too tight or too loose causing movement of the tube. If a gastrostomy button is fitted and the patient has lost or gained weight, then movement or tightness of the button may be causing the soreness.

ACTION . Assess whether the external skin fixator is in the correct position. Gently pull the gastrostomy tube until you feel resistance and then slide the external skin fixator towards the skin leaving about a 3mm gap between the skin and the fixator.

ACTION - Assess whether the gastrostomy button is too tight or too loose. Arrange for the button to be changed to a more appropriate size if this is the cause of skin redness or skin breakdown.

ACTION . Assess whether the redness and swelling is due to infection. If infection is suspected then swab and send for culture and sensitivities. The patient may need to be treated with oral antibiotics.

c) Overgranulation

Overgranulation is the over growth of tissue around the gastrostomy stoma site. It may cause pain, discomfort and the raw edges may bleed

ACTION . If overgranulation is present then there are several options for treatment. Contact the District Nurse or Community Children's Nurse for advice.

Mouth Care

It is very important to give regular mouth care to patients who are being fed through a gastrostomy. If the patient is nil by mouth then hourly mouth care may be needed to prevent a sore, dry mouth and lips.
[5,8,9]

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MANAGEMENT AND FEEDING THROUGH A GASTROSTOMY

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