

LRI Children's Hospital

Nursing care of a child with a new Percutaneous Endoscopic Gastrostomy (PEG)

Staff relevant to:	Nursing staff caring for Children with a new PEG within UHL Children's Hospital
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1. Introduction

Nutrition is a major part of a patient's treatments and is essential for recovery. Most patients will obtain all the nutrients they require from the consumption of food and fluids. Dietetic advice must be sought for patients who are experiencing a reduction in their dietary intake or deterioration in their nutritional status. When it is not possible for clinical reasons for a patient to maintain their nutritional status by normal means, additional nutritional support must be considered. Oral nutritional support (food fortification, oral nutritional supplements) is offered as first line treatment, in those patients with a functioning gastrointestinal tract. If long term artificial nutritional support is required then a gastrostomy tube should be considered, the decision on which tube is suitable is based on the patient's individual circumstances. These tubes require an invasive technique to insert them and therefore may have attached an increased risk of complications. The aim of this guideline is to standardise the post insertion care of a Percutaneous Endoscopic Gastrostomy (PEG) and minimise the risks associated with these tubes.

This guideline is for the use of nursing staff providing care to children/babies who have had a new Percutaneous Endoscopic Gastrostomy (PEG) fitted. It also applies to student nurses and student nursing associates under supervision.

Related documents:

[Bolus Feeds and Medicines to a Child with a Gastrostomy Tube UHL Childrens Hospital Guideline C9/2010](#)


[Assessment of Administration of Medicines by Nurses and Midwives UHL Policy B13/2009](#)

[Enteral Feeding Post Gastrostomy Insertion UHL Childrens Hospital Guideline B24/2018](#)

[Leicestershire Medicines Code UHL Policy B60/2011](#)

[Balloon Gastrostomy UHL Childrens Hospital Guideline C24/2017](#)

2. Procedure for Care of Insertion Site

No.	Action
1	Regular post-operative observations as per hospital policy
2	Observe gastrostomy site for displacement, pain on feeding, pain whilst giving fluids/feeds or medicines via PEG, bleeding, leakage of gastric contents and vomiting.
3	Daily cleaning using saline/cooled boiled water and gauze - edge of wound to edge of wound cleaning technique - drying with gauze - no dressing
4	Observe for signs of infection – redness and/or swelling around entry site
5	Ensure that parents are sent home with an initial supply of equipment on discharge and that they know how to obtain further equipment (10 days). Also give a copy of the parental information leaflet to be found on YourHealth website https://yourhealth.leicestershospitals.nhs.uk and teaching package (located on the wards) for reference.
6	<div style="text-align: center;">  </div> <p>Ensure parents are made aware that if a child shows signs of tube displacement at any time -</p> <ul style="list-style-type: none"> • dislodgement • bleeding • leakage of gastric contents • signs of tube movement • pain • tenderness • redness • swelling at entry site • pain during or immediately following feed • vomiting • unable to test the pH level <p>STOP USING THE TUBE IMMEDIATELY AND CONTACT THE SURGEONS ON CALL OR COLORECTAL SPECIALIST NURSES</p>

2.1 Procedure for commencing feeding post PRIMARY gastrostomy insertion

No.	Action
1	Upon admission of child for gastrostomy placement, inform ward dietician for a detailed enteral feeding regime based on an individual nutritional assessment.
2	Aspirate gastrostomy tube and check pH level – should be 5.5 or less on pH paper prior to use. The pH should be checked by a qualified nurse before proceeding.
3	Commence feeding as per dieticians plan. Adjust IV fluids to account for feed/fluid flushes administered. Ensure IV fluids meet fluid requirements.
4	Continue to increase volume of feeds as per dieticians plan, demonstrating to parents/carers the correct procedure for bolus feeding, giving a continuous feed and giving medicines using the teaching package provided in preparation for discharge home. Dietician will advise parents of a suitable feeding plan for home. Referral to the appropriate Home Enteral Nutrition Services will be made by the ward dietician. Refer to Community Childrens Nurses for area
5	Families to be shown how to give bolus feeds via 50ml syringe as they will not have access to kangaroo sets in the community

3. Education and Training

Ward Staff 'In House Training'

Children's Colorectal Specialist Nurses

Teaching packs available to teach staff and families – available on the wards

4. Monitoring and Audit Criteria

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Patients have the appropriate gastrostomy care plan documented in notes.	Retrospective review of notes	Children's Colorectal Specialist Nurse	3 yearly	Senior Children's Nursing Board
Appropriate actions followed if displacement is suspected	Incident review if reportable	Clinical risk team	As occurs	Quality & Safety Board

5. Supporting Documents and Key References

Anderton A (1995) *Reducing bacterial contamination in enteral tube feeding* BJN 4 (7) : 369-376

Brook G (2000) *Children's competency to consent* Paediatric Nursing 12:5 31-35

Campbell S Glasper E eds (1999) *Whaley & Wong's Children's Nursing UK edition* Mosby Barcelona

Huband S Trigg E eds (2000) *Practices in Children's Nursing Guidelines for Hospital and Community pps 115-125* Churchill Livingstone Edinburgh

Mallett J Dougherty L eds (2000) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*

<http://www.rmmonline.co.uk/manual> (accessed 11/07/2017)

Royal Marsden NHS Trust 5th edition section 27 *Blackwell Science Oxford*

National Health Service (2003) *Nasogastric and Gastrostomy Tube Feeding: for Children being cared for in the community Best Practice statement.*

National Patient Safety Agency (2005) *How to confirm the correct position of nasogastric tubes in infants, children and adults*

Nursing & Midwifery Council (2015) *Code for Nurses and Midwives*

Wright D (2002) *Swallowing difficulties protocol: Medication administration* Nursing Standard 17 14.15 43-45

6. Key Words

Percutaneous Endoscopic Gastrostomy, PEG, Gastrostomy

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS

Guideline Lead (Name and Title)	Executive Lead
Rachel Wade Children's Colorectal Specialist Nurse	Chief Nurse
Details of Changes made during review: <ul style="list-style-type: none">- Added that the guideline applies to Student Nurses and Student Nursing Associates under supervision- Added patients are to be discharged home with 10 days supply of equipment- Added aspirate pH checks should be checked by qualified nurse before proceeding	

