

STANDARDIZED PROCEDURE

GASTROSTOMY (PEG) TUBE REPLACEMENT (Neonatal, Peds)

I. Definition

Placement of a percutaneous gastrostomy (PEG) tube by the gastroenterologist may require replacement secondary to mechanical tube failure, weight gain necessitating a larger size tube or patient or parent preference for a different type of tube. The PEG can be removed and changed three months after initial placement, when a tract or stoma has formed. An Advanced Health Practitioner (AHP) with specialized training can adequately change this tube. Thereafter, AHPs change these tubes with a regularity of every 3-6 months, when there is a mechanical tube failure or the need arises for a change in size, or after one year for replacement.

II. Background Information

A. Setting:

The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision

The necessity of this procedure will be determined by the Advanced Health Practitioner in collaboration with the supervising physician or his/her designee. Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the Advanced Health Practitioner.

Direct supervision will not be necessary once competency is determined, as provided for in the procedure. The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

C. Indications

Tube change is required for malfunctioning tube, inappropriate size, prolonged placement, or upon request for a different tube.

D. Precautions/Contraindications

1. Infants and children may be held by assistant.
2. Those with bleeding problems may need procedure to occur in a more controlled setting, eg. Endoscopy unit or OR.

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3. Infants and children with specific heart problems may need prophylaxis with antibiotics per American Heart Association recommendations which may be ordered by the AHP under the furnishing protocol.

E. Materials

1. New gastrostomy tube
2. KY jelly
3. 4x4s
4. Silver nitrate sticks
5. Towels
6. Water
7. 60ml syringe
8. 10ml syringe (for filling balloon after insertion)
9. Feeding extension set to test after placement
10. Obturator.

III. Gastrostomy (PEG) Tube Replacement

A. Pre-treatment evaluation

1. Subjective:
 - a. Clinical history provided by family or primary health provide
2. Objective:
 - a. Patient history provided by the medical records
3. Considerations/precautions
 - a. History, bleeding dyscrasias, acute respiratory problems, previous problems with tube change
 - b. Assess readiness to change, family understanding of the procedure, determine if size available appropriate for the patient
 - c. If the patient is an outpatient, a gastrostomy tube is ordered from the home care company after determining the correct size to be placed. The family then brings the gastrostomy tube to the clinic for change. For the inpatient, the tube to be replaced may be ordered from the unit after determining the correct size.

B. Patient Preparation

1. Discuss, in age appropriate language, what is to be done.
2. Supine positioning.
3. Drape abdomen to protect clothing.

C. Procedure

OBTURATOR TUBES

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1. Insert obturator through gastrostomy tube until it touches the internal dome at the distal portion of the tube. After stretching the internal dome to an elongated position, pull tube out and apply pressure.
2. Apply pressure and /or silver nitrate to stoma for bleeding until bleeding stops and/or for granulation tissue.
3. For reinsertion of obturator type tube, lubricate tip of gastrostomy tube-place obturator in tube to internal dome, stretching tube to elongated position for insertion.
4. Place tube through stoma opening.
5. Instill water through feeding extension set and aspirate gastric contents to confirm proper placement.
6. If unable to aspirate contents, a hypaque dye study must be done in radiology.

BALLOON TUBES

1. Aspirate water from side port.
2. Remove gastrostomy tube.
3. Apply pressure and/or silver nitrate for bleeding and/or granulation tissue.
4. Insert prelubricated enteral tube and inflate with the appropriate amount of water (depends on tube and fit).
5. If changing from an obturator type to balloon type, placement needs to be checked per above.

D. Post-procedure

1. May resume feeding regimen and activities
2. Discuss signs and symptoms of potential problems (e.g., bleeding and a problem with placement)
3. Follow-up-patient and/or family, providing telephone numbers to call for questions and/or concerns.
4. Provide training on use of tube and connections if different from previous tube.
5. Insure that patient has a second tube at home and family is given directions for replacing if tube is dislodged or comes out (tube needs to be placed within 30-60 minutes to maintain stoma opening, send patient to the emergency room if unable to place at home).

E. Follow-up treatment

Normal clinical appointment schedule as indicated by assessment.

F. Termination of treatment

Successful placement of tube.

IV. Documentation

A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation and any abnormal physical findings.
2. Record the time out, indication for the procedure, procedure, type and size of tube used and cm of length, method used, amount of water instilled into the

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stomach and that gastric contents were withdrawn, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose, route, & time) given, complications, and the plan in the note, as well as any teaching and discharge instructions.

B. All abnormal findings are reviewed with supervising physician.

V. Competency Assessment

A. Initial Competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The Advanced Health Practitioner will demonstrate knowledge of the following:
 - a. Medical indication and contraindications of gastrostomy (PEG) tube replacement
 - b. Risks and benefits of the procedure
 - c. Related anatomy and physiology
 - d. Consent process (if applicable)
 - e. Steps in performing the procedure
 - f. Documentation of the procedure
 - g. Ability to interpret results and implications in management.
3. Advanced Health Practitioner will observe the supervising physician perform each procedure three times and perform the procedure **three** times under direct supervision.
4. Supervising physician will document Advanced Health Practitioner's competency prior to performing procedure without supervision.
5. The Advanced Health Practitioner will ensure the completion of competency sign off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. The Advanced Health Practitioner must perform this procedure at least **three** times per year. In cases where this minimum is not met, the attending, must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.
3. Demonstration of continued proficiency shall be monitored through the annual evaluation.

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4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF POLICY

Revised April 2012 by Subcommittee of the Committee for Interdisciplinary Practice

Reviewed April 2012 by the Committee on Interdisciplinary Practice

Prior revision October 2008

Approved April 2012 by the Executive Medical Board and the Governance Advisory Council.

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