

PATIENT INFORMATION

People being Discharged with a Gastrostomy (Feeding) Tube, Information for People

Patient Name:

NHS Number:

Dietitian:

Gastrostomy tube

Type:

Size:

Date tube inserted on:

Date of discharge from hospital:

FIRST 72 HOURS FOLLOWING PLACEMENT

It is **ESSENTIAL** to monitor for the following after tube insertion

- Pain on feeding
- prolonged or severe pain following insertion
- fresh bleeding or external leakage of gastric contents,
- raised temperature
- breathlessness or increased respiratory distress



If any are present **STOP** feed/medication/water delivery immediately

Contact the Nutrition Nurses **URGENTLY** ringing Torbay Hospital on 01803 614567 and ask them to bleep 67 385 or #6774.

Out of hours or if **no response**, please attend A and E as an **EMERGENCY** (as per NPSA guidelines) taking this booklet.

The aim of this booklet is to provide information about the use of a feeding tube. Depending on how the feeding tube is placed it may be called a gastrostomy tube, a PEG, a RIG or a surgically inserted gastrostomy tube.

All training will be provided and questions answered. Please do not hesitate to contact us with any queries. Contact details can be found on the back of this booklet.

This booklet will include

- What is a feeding tube?
- How long can the feeding tube last?
- What happens after feeding tube insertion?
- Hand hygiene
- How to care for the feeding tube
 - Flushing regularly
 - Moving the clamp
 - Rotating and advancing of the feeding tube
 - Stoma care
 - Having a bath and swimming
 - Medication
- Storage of feed
- Syringes
- Mouth care
- Supplies
- Feeding tube removal
- Trouble shooting

What is a feeding tube?

A feeding tube is a thin, flexible plastic tube that passes through the abdomen and into the stomach. It is used for providing nutrition, water and medication.

If no longer needed, your feeding tube can be removed. This will be discussed with your dietitian, speech & language therapist, nutrition nurse and doctor.

How long can the feeding tube last?

The feeding tube will be checked regularly and replaced as required. Depending on the tube type this could be every few months or years.

What happens after feeding tube insertion?

Following insertion of the feeding tube and discussion with the patient, the dietitian will calculate a suitable feed regimen. Training will be provided on how to give the feed, water and medications. Advice will be given on caring for the tube and stoma site.

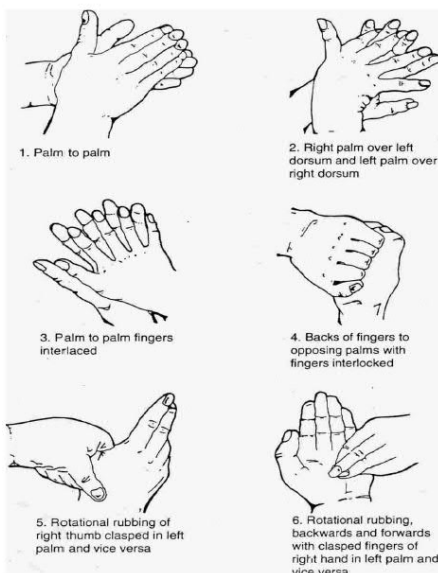
On discharge from hospital, 14 days of supplies will be provided. A company called Fresenius Kabi, Homecare Service will deliver supplies from then on. Contact will be made to set up regular deliveries of feed, syringes and if required, giving sets. Please contact Fresenius Kabi Homecare (0808 1001 990) with any supply or delivery concerns.

The dietitian will review regularly. Please contact them with any concerns (01803 654380).

Hand Hygiene

Always wash hands before and after using a feeding tube. Unclean hands can spread germs and cause infection so regular hand washing is important. Cuts and grazes should be covered with a waterproof plaster and fingernails should be kept clean.

Effective Handwashing Technique



How to care for the feeding tube

Correct care of the feeding tube will help reduce the risk of problems such as stoma infections and blockages. Always try to keep the tube and connections clean, free from spilt feed and medications.

Flushing regularly

Regular flushing of the tube will help prevent blockages.

Flush the feeding tube with freshly drawn tap water

- Before starting a feed
- After a feed has finished
- If feeding is interrupted; flush the tube at the time the feed is stopped and again before feeding recommences
- Before and after any medication
- Between each individual medication

Moving the clamp

Training will be provided on how to care for the clamp on the tube and whether moving it is necessary. There are graduated markings on the tube so that the length can be accurately recorded. This should be checked regularly to ensure the tube is in the correct position and not migrating into the stomach. If the length has altered significantly, please contact the Nutrition Nurses at Torbay Hospital.

Rotating and advancing of the feeding tube

Rotating and advancing the feeding tube will help prevent a condition called 'buried bumper'. Buried bumper occurs when the stomach lining grows over the internal fixation plate that is holding the tube in place inside the stomach. If this happens, it will be difficult to use the tube and a surgical procedure may be required to replace it. Tube rotation should be commenced 7 days after tube insertion. The tube should then be rotated and advanced once a day and not less than once each week. Teaching will be provided on how to do this.

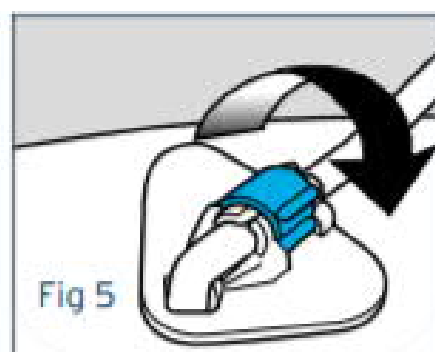
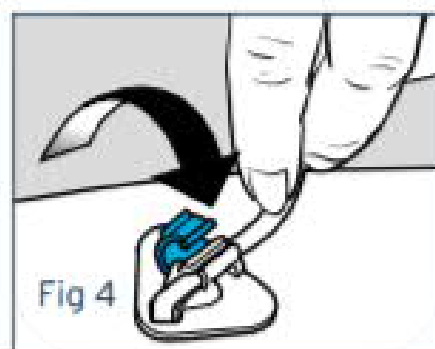
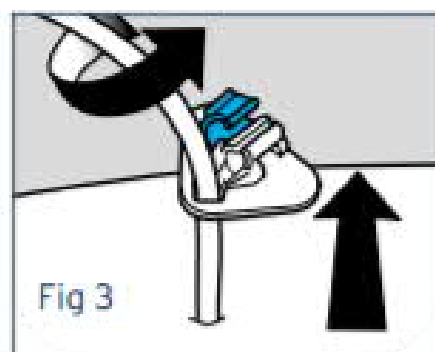
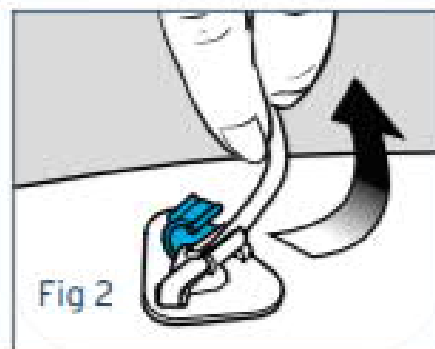
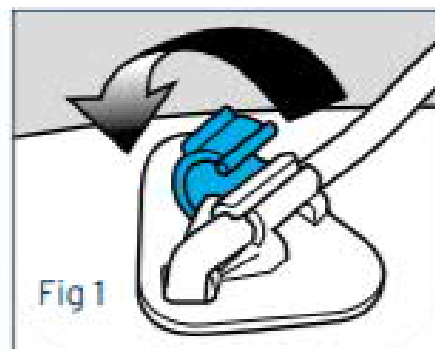
If an infection is suspected (site appears red, sore or weepy) or it is not possible to rotate and advance the tube, contact the nutrition nurses, community nurses or GP.

Do not rotate the tube if the site is discharging or has not healed.

Always check with your Healthcare Professional about when to start rotation.

Suggested rotation process:

1. Wash hands thoroughly with soap and water.
2. Clean the external plate as advised by your Healthcare Professional.
3. Open the fixation catch (see Fig 1).
4. Detach tube from groove in fixation plate (see Fig 2).
5. Move plate away from skin (see Fig 3).
6. Clean tube and stoma area and the underside of the plate and dry. Push 3-5cm of the tube into the stomach and rotate, gently pull back the tube to feel resistance.
7. Place the fixation plate back to its original position (approx 1cm away from the skin). Re-insert tube in the groove (see Fig 4) and close the fixation catch (see Fig 5).
8. Your fixation plate should not be too tight or too loose. If you feel that it is, your Healthcare Professional will be able to advise you.



Stoma Care

- The stoma site (the area where the feeding tube enters the tummy) must be kept clean and dry to help prevent infection
- Wash the stoma site daily, using warm water and soap. Then dry carefully

Talc or creams should not be applied to a healthy stoma site as they can irritate skin and potentially cause an infection. Some can react with the material that the tube is made of, increasing the risk of damage to the tube.

There may be a small amount of leakage at the stoma site when the tube is first inserted. This should stop after a few days. If the stoma site becomes red or painful or is leaking, please contact the Nutrition Nurses at Torbay Hospital or Community Nurses or GP. Regularly observe the stoma for excess bleeding and signs of infection (oozing, swelling, heat, redness, pain, offensive smell).

Having a bath and swimming

Swimming/hydrotherapy may commence once the stoma is fully healed. Ensure the clamp and end connections are closed. Curl the feeding tube around and place a waterproof dressing over the top to keep it secure. After swimming/hydrotherapy thoroughly dry the skin. Do not swim if an infection is suspected or present.

Medication

Training will be provided regarding giving medicines. Medications can be given by mouth if safe to do so or via the feeding tube. The GP should, where possible, prescribe medications in a **liquid** preparation or **dissolvable** form if being given through the tube. Some medications are only available in tablet form and may need to be crushed and mixed with water before putting them down the tube. **Never mix medications.** Some medicines can be sticky and may need extra flushes after given to ensure the tube is clean. (Caution may be required if following a fluid restriction – please discuss with the dietitian). **Do not crush sustained release tablets/capsules. Administration must be discussed with a pharmacist and GP to ensure the correct method is used.**

Storage of feed

- Feed should be stored in a cool, dry place (between 5-25 degrees) out of direct sunlight
- Ensure bag of feed is within 'Use By Date', packaging is intact and feed is of normal appearance
- Store opened bags of feed ("capped off") in the fridge
- Remove from the fridge to reach room temperature 30-60 minutes before using (feed that is too cold may not be well tolerated)
- NEVER use feed that has been open for longer than 24 hours

Syringes

Reusable syringes will be delivered by the Homecare Company. After every use dismantle and clean with hot soapy water, rinse and allow to air dry on a clean surface such as kitchen roll. Single-use syringes should not be cleaned and reused.

Mouth care

Plaque and bacteria will still build up in the mouth. Clean mouth and tongue regularly. If mouth becomes dry or sore, speak to the GP as there are a range of mouthwashes, toothpastes and saliva sprays that can be used to help relieve this.

Supplies

Feed, syringes and giving sets are provided by a Homecare Company who will contact to arrange delivery of essential supplies on discharge and then monthly thereafter. Contact them on 0808 1001990 with queries or supply problems.

Feeding regimen

The dietitian will prescribe the volume of feed needed and provide a feeding regimen. It is very important that this fits in as best as possible with normal life. Feeding can be intermittently or continuously during the day or overnight using a pump, or bolus feeding where a syringe is used to draw up feed and give through the tube.

Always follow the recommended regimen. If there are any problems with the feed contact the dietitian. A back pack can be provided to help with independence and mobility when pump feeding.

To prevent heartburn and feed refluxing, feed in an upright position. For overnight feeding, use supporting pillows or a backrest. If this is uncomfortable the mattress at the head of the bed can be raised instead.

Speech and language therapists can advise if eating and drinking safely is possible, please contact the team to discuss.

Feeding using a tube does not stop going on holiday but does take planning to arrange. Contact the Homecare Company and dietitian for help and advice with this. The patient charity PINNT is a useful source of support and information for people with feeding tubes. Contact details can be found on the back page.

Feeding tube removal

If the feeding tube is no longer needed and the team (dietitian, speech and language therapist, nutrition nurse and medical team) agree, it can be removed. The method for removal will be discussed and contact will be made to arrange this.

Trouble Shooting
For urgent advice please see contact details on back page

PROBLEM	ADVICE
Blocked tube	<p>Ensure the clamps are open and the tube is not kinked.</p> <p>If tube blocked try a pulling/pushing action on the 60ml syringe plunger. If unsuccessful try flushing with</p> <ul style="list-style-type: none"> • warm water • carbonated water • or bicarbonate of soda mixture (2 tsps of bicarbonate of soda in 50ml warm water). <p>Try rolling the tube between the finger and thumb along the whole length of the tube to help break the blockage down.</p> <p>Try each step separately and allow 30 minutes between each fluid application to assess for effectiveness. This may need <u>several</u> attempts before the tube is unblocked.</p> <p>Some medications are more likely to block tubes than others. Please ask a doctor or pharmacist for advice on suitable preparations. Check with a doctor or pharmacist if all medications are still needed.</p> <p>Routinely flush the feeding tube before and after feeding and all medications (or at least every 4 hours during the day). This will reduce the likelihood of blockage</p> <p>Should the tube remain blocked, contact information for the team can be found on the back page of this booklet. If there are concerns about dehydration or blood sugar levels, please contact 111 for advice.</p>

Trouble Shooting
For urgent advice please see contact details on back page

PROBLEM	ADVICE
Accidental tube removal	<p>If your tube comes out during office hours, contact the Nutrition Nurses at Torbay Hospital. Otherwise contact 111 for advice.</p> <p>If a spare tube (and training to insert) has been provided please replace the tube. Contact the Nutrition Nurses to order a new spare tube.</p> <p>A new feeding tube needs to be put in as soon as possible as the stoma will close very quickly. If another tube is not inserted quickly, the initial procedure will need to be repeated which may be risky or not possible.</p>
Sore stoma	<p>Check the stoma daily for sign of irritation, oozing, leaking, redness or soreness. A swab may need to be taken to rule out infection.</p> <p>Clean regularly with soap and water. Pat dry.</p> <p>Ensure that the tube is anchored securely with tape or Grip-Lok.</p> <p>Ensure that the triangular plate is in the correct position (approximately 1cm from tummy).</p> <p>Ensure that all connections, particularly triangular plate that is in contact with the skin, are clean and dry.</p> <p>Apply a barrier cream as advised by Nutrition Nurses.</p>
Damaged connections or split tube	<p>Damaged connections will need to be replaced, please contact the Nutrition Nurses with details of the part.</p>

Trouble Shooting
For urgent advice please see contact details on back page

PROBLEM	ADVICE
Poor feed tolerance, vomiting or diarrhoea	Contact dietitian if during working hours. For out of hours advice please contact 111.
Unable to rotate or advance the tube	Try moistening or lubricating the stoma site to aid movement. Repeat again on the same day and then again the next day. If unsuccessful contact the Nutrition Nurses as soon as possible during normal working hours.
Pump alarming	If the feed pump is alarming please refer to the pump instruction booklet or online troubleshooting. If you are still unsure, please contact Homecare for assistance.
Problems with deliveries orders	Contact the dietitian (for adjustments to orders) or Homecare for delivery queries.
Constipation, diarrhoea, vomiting	Contact your dietitian, Nutrition Nurse, Community Nurse or GP as appropriate. Pharmacists may also be able to provide advice.

Contact Details

Dietitian	01803 654380
Homecare (24 hours/day)	0808 100 1990
Torbay hospital	01803 614567
Nutrition Nurses	01803 654951 or contact the hospital on 01803 614567 and ask for bleep 67 385 or #6774
PINNT (a charity supporting people with feeding tubes)	01202 481625 www.pinnt.com

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.