



Percutaneous Endoscopic Gastrostomy (PEG) Feeding Tube

Patient Instruction Packet

Percutaneous -any medical procedure where access is made via needle-puncture of the skin

Endoscopic- looking into the body with a camera and a light attached.

Gastrostomy - a surgical opening into the stomach

Anatomy of the PEG tube

A P.E.G. tube was inserted for you today. Some tubes have to be removed by the surgeon in the operating room and some can be removed in a clinic setting.

The Brand of your tube is _____.

Your tube: can be removed in a clinic setting

Must be removed in the operating room

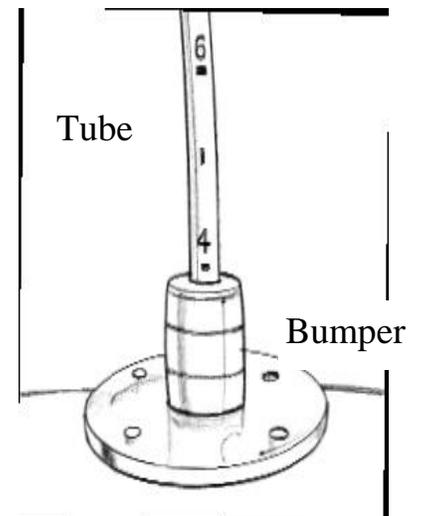
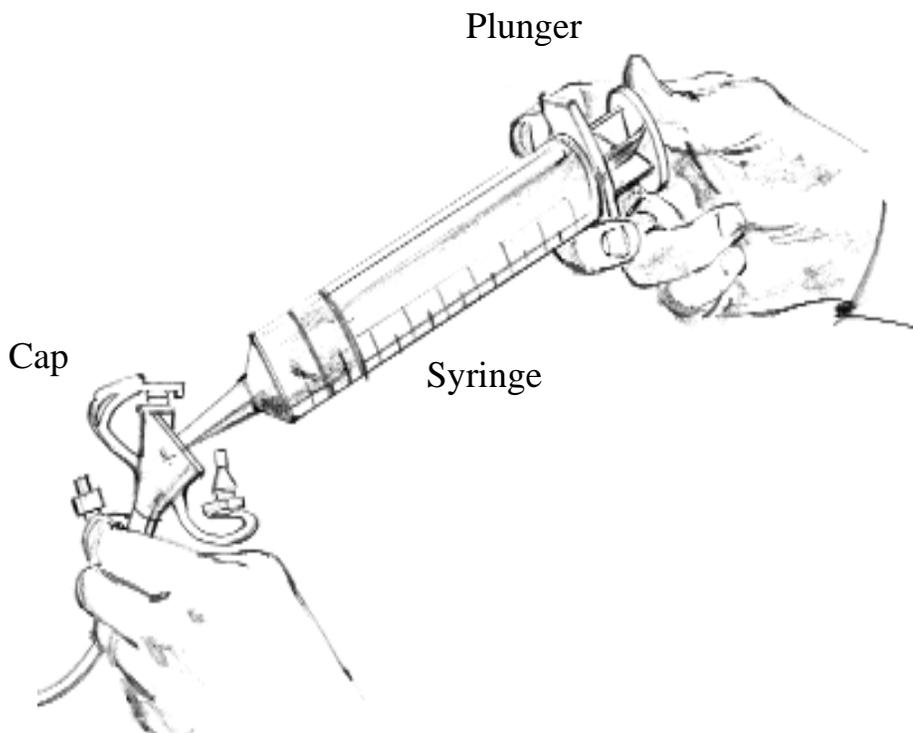
Here are the parts of your tube you will need to know so you can use and care for your tube.

Cap- the opening to the tube where the feeding goes in

Syringe- 60 mL syringe used to funnel the feedings, flushes and medication into your stomach

Tube- rubber tubing with numbered markings

Bumper- plastic disc outside of your skin and inside your stomach. Because of this inside bumper, the tube must be removed in the operating room



Healing from surgery

The PEG tube is stitched to the skin. These stitches need to come out one week after surgery. You will be scheduled to return to the General Surgery clinic to have this done. For the first week at home, you may use the tube for your feedings and medications. The dressing may be changed if soiled.

The “insertion site” may look dry and crusty or it may be moist and have clear or yellowish drainage. This is normal.

After the stitches are removed, wash the site with warm water and soap daily. Replace the slit gauze to absorb any drainage and protect the skin. Change the slit gauze as needed to keep it dry.

Call the surgeon’s office if you experience:

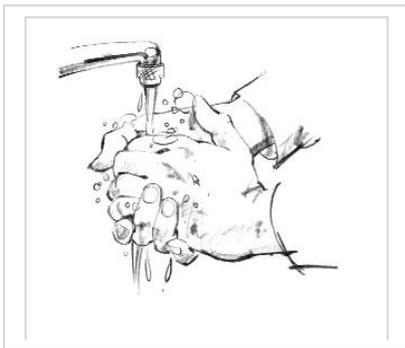
- increasing redness at the skin
- thick yellow or green drainage around the tube
- increasing tenderness or soreness
- fever

Keep the tube secured in your waist band. It is important that the tube not get pulled on. If you want to have the tube removed, notify the surgeon who placed it. Do not let anyone attempt to take it out without talking to the surgeon.

General Guidelines

Routine Maintenance:

For the first few weeks, while your skin heals from the procedure, you may notice a small amount of bloody or pale yellow drainage around the PEG site. This is normal and should not alarm you.



Always wash your hands thoroughly with soap and warm water prior to handling the tube and work in a clean environment.

You may clean around the base of the tube twice a day using a Q tip and warm water (for the first month only). Cleaning around the PEG site will help remove dried secretions and keep your skin clean and healthy while healing.

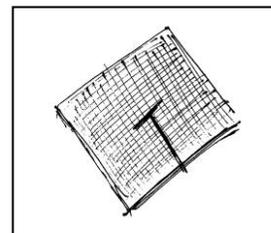
After cleaning the site, place one small gauze square around the base of the tube. You can cut a T-shape in the middle of the gauze to help it fit around the base of the tube.

After the sutures are gone, gently rotate the tube once daily. One simple turn per day will prevent skin from adhering to the tube as it heals.

As your PEG site heals, you can reduce the cleaning to once per day and can change to soap and warm water.

You can continue to place the gauze square around the base of the tube to help with any drainage that may occur.

Clear or pale yellow drainage around the tube is normal; it may be stomach juices.



Call your doctor or nurse's office if you experience:

- Thick yellow or green drainage around the tube
- Extreme tenderness or soreness around the PEG site
- Fever

When the tube is not in use: Simply curl it up and tuck it into your clothing

NOTES: _____

Feeding, Flushing and Medication

Feeding Prescription -prescribed by the **team that manages your disease**.

Cans or plastic bottles of ready-to-use formula:

Amount of Formula Daily: _____ milliliters (mL) or _____ cans

Amount of Water Flush: _____ milliliters (mL)

Using with the tube

1. Remove formula from refrigerator and allow it to come to room temperature as this is less likely to cause stomach upset.
2. Wash hands. This prevents bacterial contamination of formula.
3. Ready to use Formula
 - a. Shake can or bottle well.
 - b. Rinse top of can or bottle before opening.
 - c. Measure the amount of formula needed for your scheduled feeding.
 - d. Cover and refrigerate any extra formula.
Discard open formula after 24 hours.
4. Sit with the head raised at least 30°. This prevents aspiration.
5. Clamp feeding tube. This action prevents air from entering the tube, preventing distention and prevents stomach contents from draining.
6. Attach tip of catheter-tipped syringe.
7. Fill catheter-tipped syringe with formula. Unclamp the tube and allow fluid to flow in by gravity. The rate of flow is regulated by raising or lowering the syringe.
8. Pour additional formula into barrel of syringe when it is three-quarters empty. This will prevent air from entering stomach.
9. After giving the prescribed amount of formula, flush tubing with at least 30 mL of water to prevent clogging of feeding tube.
10. Plug the end of the tube when finished.
11. Rinse equipment with warm water, and dry, as this will limit bacterial contamination.
12. Keep the head up for 60 minutes after feeding is completed to prevent aspiration.



Note:

- Do not put hot liquids or cold liquids through the PEG tube. Hot liquids may injure the stomach lining and cold liquid tend to upset the stomach.
- Do not add medication to the tube formula.

Water Flushes

Water, in addition to the formula fluid, is an important step in taking care of yourself and your tube. The nutritionist will tell you how much water you need each day. This extra water keeps you from getting dehydrated, prevents constipation, loosens the secretions in your mouth and your lungs and helps to maintain your energy level. Flushing water through your tube before and after each use keeps it clean and open.

- Put 30 mL of lukewarm water through the tube **before and after** every use each day.

*Use of the plunger is not necessary with flushing.

Medications

Some medications can be put through your PEG tube. Check with your doctor before putting any medications through your PEG tube. Your pharmacist can also talk to you about what types of medications can be crushed or come in liquid form. Use liquid medications when possible; Crush pills well and mix with lukewarm water. Give each medication separately. Never mix medications with formula.

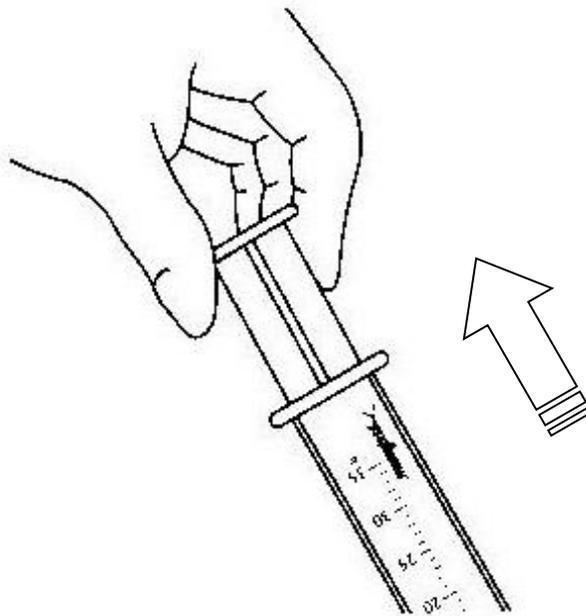
NOTES: _____

Checking Residuals

Prior to giving a feeding, you may check for residuals. This is to assure that the formula is being digested and emptied by the stomach.

- 1). Unclamp and open your feeding tube.
- 2). Attach the syringe with the plunger.
- 3). Slowly pull back on the plunger until you feel resistance. The stomach contents will enter the syringe. If the stomach is empty, there may be no formula residual.
- 4). You will likely draw up some stomach juices and possibly some residual formula from a previous feeding. This is normal.
- 5). Check the numbers on the side of the syringe to determine the amount of residual. (If you withdraw more than the 60 mL of residual, you may need to empty this into a clean basin until all of the residual is obtained and measured).
- 6). **Inject the residuals back into the stomach.** It is very important to return the gastric residuals back into the stomach because the gastric juices contain enzymes and electrolytes that your body needs.
- 7). If the stomach residual is greater than 150 mL, wait 30-60 minutes, and check again before administering more formula. If you are continually drawing up high residuals (more than 150 mL), contact your doctor or health care professional.

If you have recently taken any food by mouth, wait ~ 60 minutes before checking residuals.



Problem solving and Trouble Shooting

Clogged Tubes

- To prevent a clogged tube, always flush with at least 30mL of warm water after a feeding.
- Don't mix medicines with formula.
- Do not put whole pills or capsules into the tube. Be sure all medications are crushed and dissolved in water. Ask your pharmacist for hints.
- If the tube gets clogged, you may attempt to loosen it by putting 30mL of warm water in the tube and pulling back and forth on the plunger.
- You may try a product with "pancreatic enzymes" in it to dissolve the clog. Ask your pharmacy.
- For tough clogs, call the doctor's office for advice.

Aspiration

Aspiration happens with food or fluids entering the lungs. Signs of aspiration include: coughing, gagging, change in skin color, increased temperature, rapid pulse, and noisy breathing. If this occurs: STOP the feeding and notify the doctor's office.

To prevent aspiration:

- Sit or lie upright at 45 degree angle during the feedings.
- Remain in this position for one hour after feedings.
- Administer feedings slowly.

Feeling sick

Nausea or bloating happens when formula is being given too fast, is too concentrated or is too cold.

To prevent feeling sick:

- Feed slowly over 10-15 minutes
- Gas or bloating can be relieved by allowing the air out through the tube. Lie flat, carefully open the cap and let the gas out. Be aware stomach contents can come out too.
- If nausea, distention, vomiting continue with feedings, contact the doctor.

Diarrhea

If you experience loose stools for more than 2-3 days after beginning the tube feeds, contact your doctor.

- Diarrhea is common with starting new formula, and as a side effect of some medications.
- Always wash your hands to prevent a bacterial infection.
- Check expiration dates on the formula.

Constipation

Constipation happens when physical activity is limited, too much fiber, too little water and with some medications. Ask for advice from the doctor, the pharmacist or the Registered Dietician.

PEG Tube Feeding Routine

Time	Flush (mL) Before	Formula (cans)	Mechanical Pump rate (mL per hour)	Flush (mL) After

PEG Tube Medication Routine

Time	Flush (mL) Before	Medication- Crushed	Medication -Liquid	Flush (mL) After

PEG Tube Records	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date							
Formula and Water (Record Info.)							
*Amount of formula given/day							
*Additional water given/day							
Tube Care							
Flush tube							
Clean tube							
Site Care							
Clean site							
Check for skin problems							
Check for pain/discomfort							
Check for increased redness							
Replace gauze							
Monitoring (Record Info.)							
Weigh yourself twice a week							
Daily bowel movement frequency							