

# ENTERAL FEEDING PATIENT

Date \_\_\_\_\_ Signature \_\_\_\_\_

This patient has a RIG IN A NEW STOMA TRACT

Tube Make: **MIC** (Avanos)  **OTHER** \_\_\_\_\_

Tube Size \_\_\_\_\_ Fr Balloon water volume \_\_\_\_\_ ml\* Level at skin \_\_\_\_\_ cm

Date placed \_\_\_\_\_ Due for removal/replacement \_\_\_\_\_



Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Trust ID: \_\_\_\_\_  
Address: \_\_\_\_\_

DATE FROM \_\_\_\_\_ UNTIL \_\_\_\_\_

## IMMEDIATE NURSING CARE (DAY 1-14) IN A NEW STOMA TRACT

### Day 1

- Nil via RIG & mouth for first 6 hours
- Monitor temp, BP, respiration rate, pulse, pain score and site every **15 min for the first 1hr** and then every **30 min for the next 3hrs**
- At 6 hours post insertion test the pH of gastric aspirate. If  $\leq 5.0$  flush with 10ml sterile water and if patient is pain free commence the Enteral Feeding Regimen provided by the Dietetic Department (starts with a 50ml water flush hourly for 4 hours before feeding)

### Day 2-14

- Inspect site daily
- Clean with saline/sterile water and dry
- Do NOT rotate the tube
- Do NOT cut the gastropexies – these sutures should dissolve in 2-3 weeks. If not, they can be cut at Day 21
- The stoma should be healed and not need a dressing. However if still healing, use a dry keyhole dressing over the site

### Day 2-21

- Test pH of gastric aspirate once daily. If pH is  $>5.0$  check for medications which could affect pH and wait 1hr. Recheck pH, if still  $>5.0$  do NOT feed and bleep the Gastroenterology Registrar or the On-Call Medical Team for urgent advice

### General Care advice

- Flush with a minimum of 30ml of sterile water before and after feed and/or medication
- Do NOT use the balloon inflation port for anything other than checking the water volume and inflating the balloon
- Only use a 60ml Enteral syringe for giving feed, fluid and medication

DATE FROM \_\_\_\_\_

## LONG TERM NURSING CARE - FROM DAY 15 ONWARDS

### DAILY

Move the fixation plate gently;

- Clean around the site with soapy water and dry
- Rotate tube 360°
- Replace the fixation plate 2-5mm from the skin
- If an extension set is being used wash in warm soapy water. Store in a clean plastic box when not in use
- Check pH once daily until Day 21 post insertion into a new stoma tract

### WEEKLY

- Move external fixation device whilst holding tube next to abdominal wall
- Advance tube 2-3cm, then withdraw the water in the balloon and note the amount taken out
- Replace with amount of sterile water specified above \* (dependant on balloon size) using a 10ml luer slip syringe.
- Pull back tube until light resistance is felt. Replace external fixation device 2-5mm from the skin
- Discard extension set and replace if being used

### General Care advice

- A dressing should not be needed
- Test pH of gastric aspirate if there are any concerns about tube position. Only use tube if pH  $\leq 5.0$

## ALERT

If there are any of the following:

- Pain on feeding
- Prolonged or severe pain post-procedure
- Fresh bleeding
- External leakage of gastric content
- Balloon is empty (tape tube to skin immediately)
- Balloon water is not clear e.g. gastric content/feed/medication
- Balloon has 1ml more or less of water than was inserted
- If the tube comes out the stoma will start closing in 30mins and may be fully closed in 4hrs

### Then

- STOP the feed immediately
- Bleep the Gastroenterology Registrar or Out of Hours the On-Call Medical Registrar for urgent advice
- Contact Interventional Radiology on 4240 if the tube has come out (Mon-Fri 8am – 4pm)

Be particularly vigilant with patients who have communication difficulties

If a rash is observed around the stoma site alert the patient's Gastroenterology Registrar or Out of Hours the On-Call Medical Registrar re: potential NICKEL allergy from the gastropexy buttons

