

ENTERAL FEEDING PATIENT

Date _____ Signature _____

This patient has a **FREKA PEG-J**

Tube Size 15 Fr PEG with 9 Fr Jejunal Extension

Date placed _____

Replacement **Life span varies patient to patient. To be changed as indicated**



Name:
Date of Birth:
Trust ID:
Address:

DATE FROM _____ UNTIL _____

IMMEDIATE NURSING CARE (DAY 1-14)

Day 1

- Nil by mouth for first 2hrs
- Nil by PEG-J for first 4hrs
- 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 4 hours post insertion 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 via the jejunal/intestinal port)

Day 2-14

- Inspect site daily
- Clean site with saline/sterile water and dry
- **Do NOT rotate or advance the tube**
- The stoma should be healed and not need a dressing. However, if still healing, use a dry keyhole dressing over the site
- Flush 4 hourly when not in use via jejunal/intestinal port with 30ml sterile water to keep tube patent

General Care Advice

- Flush the tube with a minimum of 30ml sterile water before and after feed and/or medication
- Always use a 60ml Enteral feeding syringe for feed, flushes and medications
- When tube not in use, ensure clamp remains open

DATE FROM _____

LONG TERM NURSING CARE (Day 15+)

Daily

- Flush 4 hourly via the jejunal / intestinal port with 30ml sterile water to keep the tube patent
- Open the fixation plate
- Clean around the site with sterile water and dry
- Advance the tube 1-2cm
- Gently pull the feeding tube back until resistance is felt and secure the fixation plate 2-5mm away from the skin
- **DO NOT rotate**

General Care Advice

- Do NOT rotate the tube as this can dislodge the jejunal extension
- A dressing should not be needed
- Ensure medications are in a suitable form for jejunal feeding and delivery e.g. liquid/dispersible. Discuss with pharmacy.
- A PEG-J normally has a green port and a smaller white port to help differentiate it from a PEG
- Always use the green jejunal/intestinal port labelled with an 'I' for feed/water/ medications
- The white gastric port labelled with a 'G' can be used for aspiration
- If this tube was surgically placed and has stitches bleep the Surgical Registrar on Day 15 to discuss removal of stitches
- When tube not in use, ensure clamp remains open

ALERT

If there are any of the following:

- Pain on feeding
- Prolonged or severe pain post-procedure
- Fresh bleeding
- External leakage of gastric content
- 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 Endoscopy Nurses on 64570 for troubleshooting tube problems (Mon-Fri 8am – 4pm)

Be particularly vigilant with patients who have communication difficulties.

If you are concerned about position of jejunal extension, consider a tubogram.

If you are concerned about the gastric positioning, take an aspirate via the white 'g' port. If the pH is >5.5 check for medications which could affect pH & wait for 1hr. Recheck pH, if still >5.5 do NOT deliver feed via this port and bleep the Gastroenterology Registrar or Out of Hours the On-Call Medical Registrar for advice