

ENTERAL FEEDING PATIENT

Date _____ Signature _____



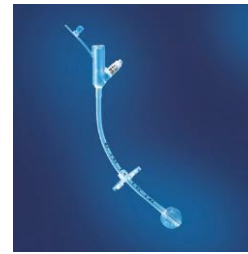
University Hospitals Sussex
NHS Foundation Trust

This patient has a **SURGICALLY PLACED BALLOON GASTROSTOMY**

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) NEW STOMA TRACT

Day 1

- Nil via balloon gastrostomy or mouth for first _____ hrs and then flush 4 hourly with 30ml sterile water to keep tube patent
- Nil **feed** via balloon gastrostomy for first _____ hours (as per Consultant instruction)
- 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** (as per Consultant instruction)
- Prior to commencing feed test pH of tube aspirate. If ≤ 5.5 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 advance or rotate the tube
- Do NOT cut the sutures.
- 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 tube aspirate before each administration of feed/medication. If the pH is >5.5 check for medications which could affect pH, wait 1hr. Recheck pH, if still >5.5 do NOT feed and bleep the On-Call Surgical Registrar for urgent advice

General Care advice

- Flush the tube with 50ml of sterile water before and after feed and/or medication
- Do NOT use the balloon inflation port (labelled 'BAL') 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

If the sutures have not dissolved, cut them on Day _____ (To be agreed with the consultant, but normally within 14-21 Days)

Day _____ onwards (once sutures cut)

DAILY

Move the fixation plate gently;

- Clean around the site with soapy water and dry
- Rotate tube 360°
- Replace the fixation plate 2-5mm to the skin.

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 tube aspirate if there are any concerns about its position after day 21. Only use tube if pH ≤ 5.5 .

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 1mls more or less of water than was placed into the balloon
- If the tube comes out (the stoma will start closing in 30mins and be fully closed in 4hrs)

Then

- **STOP** the feed immediately
- **BLEEP** the Surgical Registrar for urgent advice

AND

- Contact Interventional Radiology on 4240 if the tube has come out (Mon-Fri 8am – 4pm)

Be particularly vigilant with patients who have communication difficulties