PURPOSE: To provide guidelines for nursing management of the gastrostomy tube site and reinsertion of a dislodged PEG or gastrostomy tube.

KNOWLEDGE BASE:
1. A Percutaneous Endoscopic Gastrostomy (PEG) is inserted with local anesthesia and sedation by a gastroenterologist.
2. A surgically placed gastrostomy tube (G-tube) is done under general anesthesia.
3. A button can only be inserted into a well-established G-tube site, usually four to six weeks after initial G-tube insertion. A button is inserted on an outpatient basis by the gastroenterologist.
4. A G-tube with a red band indicates an internal bumper and should only be removed by the gastroenterologist by endoscopy. A G-tube with a green band indicates no internal bumper was used.
5. Skin level devices (i.e. MIC-KEY, etc) have anti-reflux valves; therefore frequent bubbling may be required to reduce air in stomach.

EQUIPMENT:
For Cleaning:
1. Water;
2. Q-tips;
3. Tape.
4. Gauze.

For Reinsertion:
1. Foley catheter with five milliliter balloon (same size as G-tube);
2. Lubricating gel;
3. 6ml syringe;
4. Water;
5. Catheter tip syringe;
6. Catheter tip plug;
7. Tape.

PROCEDURE:
1. Assess the site for signs and symptoms of infection or excess granulation formation.
2. For excess granulation tissue around the G-tube site, silver nitrate sticks may be ordered weekly. Stick may need to be moistened with water to activate. Use rolling motion on excess tissue, being careful not to touch healthy skin.
3. For newly place tube, (under three days) pour sterile
saline/water into a medicine cup; use soap and water for healed site. For newly placed tube, saturate cotton-tipped applicator with sterile saline/water and cleanse around enteral tube insertion site, for tubes with external stabilizers cleanse under the stabilizer with the cotton applicator, using a gently rolling motion versus a scrubbing motion. Continue cleansing in the same manner with the remaining cotton-tipped applicators until all crusted material and drainage have been removed. Dry insertion site with gauze or a soft bath cloth.

4. After healing takes place, meticulous care is needed to keep the area surrounding the tube clean and dry to prevent excoriation and infection. Daily applications of antibiotic ointment or other preparations may be prescribed to aid in healing and prevention of irritation.

5. PEGs or skin-level G-tube devices, rotate device in full circle: refer to manufacturer’s instructions. Rotating the J-Tubes or g-j tubes is not indicated. Have a rubber bumper next to the site to stabilize the tube. Lift up the wings of the bumper to clean and dry next to the site with Q-Tips, then turn it in a full circle when cleaning (be sure to hold on to the tube when doing this).

6. PEGs generally do not need a dressing after the first day.

7. Avoid site submersion for approximately two weeks after surgery. For established tube sites, wash with soap and water during the child’s bath. Sponge baths or showers are appropriate during this time.

8. Using baby bottle nipples as anchors may seal in the moisture and decrease visualization of the site. Do not use these or an occlusive dressing.

9. When dressings are used, per practitioner preference, place a pre-split 2x2 gauze dressing around tube over skin and secure loosely with tape. Do not cut 2x2 gauze to make dressing because threads adhere to stoma margins. When using a dressing, assess frequently for the need to change the dressing.

10. For newly placed PEG’s, secure a loop of tubing to abdomen.

**Dislodgement Reinsertion Procedure:**

*Note:* If gastrostomy tube becomes dislodged, attempt to call the physician who placed the tube and ask them about insertion of a foley catheter to maintain the tract as a temporary measure. If the gastrostomy tube is less than three weeks old, the MD needs to come in to replace the tube.

**RN to perform the following if ordered:**

1. Apply sterile water-soluble lubricant to the last two inches of the catheter.

2. Gently insert the catheter into the stoma until mild resistance is felt. Check placement by aspirating stomach contents with the catheter tip syringe.

3. Inflate the balloon with five (5) ml water to hold the catheter in place. Gently pull catheter until resistance is met.
4. Anchor gastrostomy tube to the abdomen with tape.
5. Report any excess granulation tissue, excessive leakage around G-tube site, and/or dislodgement of a newly placed PEG or G-tube within the first weeks after placement.
6. Instruct patient/family in proper site care of G-tube; what to do if a fresh G-tube becomes dislodged; reinsertion of a G-tube; and reportable conditions.

DOCUMENTATION:

REFERENCE:
Sarasota Memorial Hospital Nursing Procedure. Tube Feeding or Medication via a Gastrostomy Tube. (tuf04). Sarasota, Fl.

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