

Administration of Food and Medication via Percutaneous Endoscopic Gastrostomy (PEG) Policy and Procedure

Enteral tube feeding refers to the delivery of a tube feed into the gut via a tube. It should be considered in people who are malnourished or at risk of malnutrition and have unsafe or inadequate oral intake and a functional accessible gastrointestinal tract. They are made of polyurethane or silicone, which are suitable for long-term use. A flange/button, dome or inflated balloon anchors the tube in place on the inside and prevents the leakage of gastric juices or food adequate oral intake and a functional accessible gastrointestinal tract.

Aim

To provide concise guidance for all health care staff regarding enteral feeding via Percutaneous Endoscopic Gastrostomy (PEG) tube in the home setting. And the standard procedure is to ensure the safe administration of prescribed medication via a Gastrostomy Tube to the individual.

Scope

- To minimise potential risks of infection and hazards, and enable safe and effective feeding and administration of medication to be provided according to the client's clinical need.
- To clearly outline the role of each health care professional in supporting clients receiving gastrostomy feeding
- To facilitate and improve the organisation and quality of care for clients' requiring gastrostomy
- To ensure individual clients receive the nutritional support they require in the community.
- To include all following client groups:
 - Clients who require long term feeding (i.e. over 6 weeks duration).
 - Clients unable to take anything orally
 - Clients requiring additional nutrition to improve inadequate oral intake.

This document does not negate the need for dietetic assessment of each individual client requiring gastrostomy feeding, but should be used as a reference guide by all members of the health care teams.

Recruitment

All Homecare staff will be appointed in line with myhomecare strict recruitment and selection policies and procedures to ensure that all necessary checks are carried out on individuals expected work with infants and children.

Pre selection checks must include the following:

- Completion of an application form including a self disclosure about criminal records
- Consent to obtain information from the Garda Vetting Office to check for convictions for criminal offences against children in accordance with current legislation
- Completion of Health Screening form proving that the individual is fit and health for work, ensuring all immunisations are up to date.
- Receipt of three references in accordance with myhomecare recruitment and selection procedures
- Verification of qualifications

- Verification of Identity

Screening by the Garda Vetting Office will be undertaken on all staff that work with children and vulnerable adults as part of their normal duties. A register of designated posts which are subject to Garda Vetting checks is maintained by the Human Resources Department.

Training and Staff

- Nursing staff will have completed a recognised training course (within last 2 years) and three clinical/competency assessments in this area
- Nursing staff who have received instruction, and have their competency assessments up to date, may instruct other staff on the management of gastrostomy tubes in line with myhomecare standard procedures and guidelines.
- Nursing staff who have received training and instruction every two years may administer medications via gastrostomy tubes and will have completed the Medication Management provided by HSEland.ie and will adhere to medication management standard procedures and guidelines in line with Scope of Nursing and Midwifery Practice Framework.
- Training should be client specific, according to the individual clients' needs in the community. Delegation of care is the responsibility of the Nursing Manager undertaking staff assessment.
- The nurse has an obligation to practice according to the legislation and professional codes of practice governing nursing and midwifery practice, and to the current standards, policies and guidelines of An Bord Altranais and myhomecare.
- As well as an obligation to practice according to legislation, nurses should have adequate knowledge of gastrostomy tube management.
- Nurses should also:
 - Ensure that their competencies, skills and practices are up to date.
 - Acknowledge any limitations in competence, refusing in such cases, and accepting delegated or assigned functions.
 - Seek support, assistance and training from myhomecare, where necessary, for continued professional development to maintain competence in gastrostomy tube management.

Procedures for Administration of Food

Equipment

- Appropriate feed required as per dietitian
- Appropriate giving set
- Appropriate pump
- Infusion stand
- 50ml syringe (for flush and administration of drugs), sterile or boiled (cooled) water in appropriate container.
- Clean covered container for syringes and caps
- Appropriate protection
- Gloves.

Procedure

- Check the correct appropriate feed is used:
 - Check the feed against the prescription
 - Check the bag is labelled appropriately if not pre-packaged
 - Check the expiry date
 - Check the bag is intact
 - Check the bag is at room temperature.
- Explain the procedure to the individual and gain consent (age appropriate).
- Take all equipment to the bedside or appropriate location
- Ensure privacy for the procedure.
- Wash and dry hands
- Avoid touching any internal part of the feed container and giving set with your hands.
- Open the giving set packaging and roll down the roller clamp to stop the flow of the feed.
- Turn the feed bag upside down and uncap the feed.
- Attach the giving set to the feed according to manufacturer's instructions.
- Hang the feed on to the infusion stand, unclamp the roller clamp and prime the giving set tubing according to manufacturer's guidelines. Ensure that all air is expelled.
- Close the clamp and leave the cap on the end of the set in place to avoid contamination.
- Fill a 50ml syringe with 50ml cool boiled water.
- Ensure the PEG tube is clamped.
- Uncap the PEG tube port and place the cap in a clean dry container.
- Attach the 50ml water filled syringe to the port, unclamp the tube and flush the tube with the recommended amount of water.
- Reclamp the PEG tube.
- Place the syringe back in container unless it is due to be changed.
- Uncap the giving set and attach it to the PEG tube (place the cap in the container) and unclamp both the administration set and the PEG tube.
- Set the pump to the recommended feeding rate volume given. Feed delivery time will remain unchanged unless the pump has to be turned off during the time span for the feed, then extra time for break must be added to the recommended feed time.
- Ensure the feed is not hanging lower than the level of the individual to prevent any risk of reflux.
- Ensure the head and shoulders of the individual are raised to an angle of approximately 30 degrees during feeding and for at least one hour after feeding stops.
- Keep elevated at night, if feed goes through during the night. Usually for infants and children.
- Make the individual comfortable in bed or upright in a chair, and ensure clothing/blankets are replaced appropriately.
- Turn on the pump.
- Tidy away all equipment and wipe up any spillage, especially on the pump.
- Wash container, syringes and caps in mild detergent, rinse and dry thoroughly. Cover all equipment in storage.
- Feeding pumps will be kept clean by wiping daily with a cloth moistened in a mild detergent and water solution. Any spills of feed onto the pump will be mopped up immediately.

- Record on the care plan and Fluid Balance Chart; the amount of flush given, the time it was given, type of feed, rate of flow and the time the feed was started at, on the 24 hour fluid balance sheet.
- Oral hygiene remains important to help prevent infections - oral hygiene is required at least twice a day and more frequently if advised.
- Apply cream to the lips to avoid discomfort caused by dry lips. If there are any difficulties with a dry mouth, sore tongue, bleeding gums or blistered mouth always contact GP/Nurse.
- Liaise with the dietician in relation to nutritional needs as required, for feed/flushes and follow up

Note: Leur Lock Syringe:

Where a Y connector is in use on the PEG tube, the administration set does not have to be disconnected to administer medications and/or water flushes. Some of these Y connectors may have leur lock connections as opposed to catheter tipped connections, therefore a leur lock syringe may be used instead of the catheter tipped.

Procedures for Administration of Medication via PEG

Equipment

- Prescribed medications
- Pill crusher
- Medication container
- 50ml syringe (for flush and administration of drugs)
- Sterile or boiled (then cooled) water in appropriate container
- Covered container for syringes and caps
- Appropriate protection.

Procedure

- Crush all medications individually and do not mix medications.
- Crushed tablets should be diluted with 10-15mls of water.
- Soluble drugs should be diluted in 10-15mls of water.
- Viscous liquids should be diluted with equal amounts of water.
- If medication is recommended to be given on an empty stomach, please ensure that it is given after the feed has been stopped for two hours.
- Explain the procedure to the individual and gain consent (age appropriate).
- Take all equipment to the bedside or an appropriate location
- Ensure privacy for the procedure.
- Wash and dry hands thoroughly
- Place appropriate protection over the abdomen and expose the tube.
- Fill a 50ml syringe with 50ml of water (sterile/boiled).
- Place the pump on hold or turn it off noting the volume of feed administered on 24 hour fluid balance sheet.

- Ensure the PEG tube and administration set is clamped.
- If there is not a second port for administration of medication, carefully separate administration set from the gastrostomy tube and recap the set. (Use of a Y connector with a medication administration port is highly recommended.)
- Clean the port as per manufacturer's instructions.
- Attach the 50mls water-filled syringe to the port, unclamp the tube and flush it with approximately 50mls of water.
- Reclamp the PEG tube.
- Draw up the medication and water into the syringe and attach it to the g- tube.
- Each medication should be taken separately with a flush of 10mls between each one.
- Unclamp the tube and administer the medication steadily.
- Reclamp the PEG tube with approximately 10mls of water between administrations of each medication.
- Following administration of the last medication, flush with approximately 50mls of water.
- Reclamp the tube.
- If feed is being continued, uncap the administration set and reattach it to the PEG tube and unclamp both the administration set and the PEG tube.
- If a Y connector is being used, re-cap the medication port.
- Turn on or reset the pump to the delivery amount desired.
- Record on the care plan and Fluid Balance Chart the amount of flush given, time it was given, type of feed, rate of flow, time the feed was started at, on a 24 hour fluid balance chart. Record the medications given on the medication administration record.

References

- Clinical Resource Efficiency Support Team (2004.) Guidelines for the Management of Enteral Tube Feeding in Adults. www.crestni.org.uk
- Home Enteral Feeding Resource Pack (2007) Irish Nutrition & Dietetic Institute
- Home Tube Feeding Guide 2011, patientcare.ireland@nutricia.com