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**Gastrostomy and Jejunostomy Care**

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| Author  | D. Martin |
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1. **Purpose and Application**

This policy has been developed to provide guidance and information about gastronomy and jejunostomy care, covering:

**What is a gastrostomy or jejunostomy tube feeding?**

**Different types of feeding equipment**

**Care of the tube and medication administration**

**Potential problems**

The policy will apply to:

* **Permanent employees**
* **Temporary employees**
* **Agency workers**

It will be the responsibility of the managers to take any necessary action if this policy is not adhered to, taking into account the relevant regulatory responsibility.

1. **Responsibilities**

**The nominated individual** is accountable for the implementation of this policy in its entirety. They are a key contact for the service.

**The registered manager and any trained nurses** are responsible for the implementation of this policy.

**Any care staff** that have been deemed competent by the care organisation in helping to support a service user with gastrostomy and jejunostomy care.

1. **Legislation and Regulation**

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12**

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

Providers must make sure that the premises and any equipment (including medical devices) used is safe and where applicable, available in sufficient quantities.

Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare.

CQC understands that there may be inherent risks in carrying out care and treatment, they will not consider it to be unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage risks that may arise during care and treatment.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. CQC do not have to serve a Warning Notice before prosecution.

1. **Gastrostomy or Jejunostomy Tube: Policy & Procedure**

**What is a Gastrostomy or Jejunostomy?**

The gastrostomy feeding tube and jejunostomy feeding tube are used to provide nutrients to patients who have a functional gastrointestinal tract but can’t take adequate amounts of food through the mouth.

**Gastrostomy Tube**

1. A gastrostomy tube is a small feeding tube placed into the stomach. The tube allows a person to be fed without using their mouth. Some tubes are long term and can last for a few years if well cared for. Other tubes are short term and need to be changed every 3-6 months. The most commonly used gastrostomy tube types are:
* Percutaneous endoscopic gastrostomy tubes (PEG tubes), and
* Long tubes: one-piece tubes held in position by a bumper or by a retention balloon.

A complication of the presence of a gastrostomy tube can be the formation of granulation tissue, which can be irritating, painful and bleed easily.

1. Buttons or Low-Profile tubes: tubes without a permanently attached long tube. They have an extension set, connected when needed and disconnected after use. When the extension set is disconnected, the button lies relatively flat against the skin.

**Jejunostomy Tube**

Jejunostomy tube is a medical device, inserted into the jejunum (the middle part of the small intestine). Its aim is to provide the necessary medications and nutrition. These are less commonly used than gastrostomy tubes and are applied when gastrostomy tubes cannot be used due to some kind of obstruction, for example, anatomical issues.



**Feeding Procedures**

* Always wash your hands before setting up the feed or flushing the tube.
* Store the feed at room temperature and check the feed has not exceeded the expiry date. Shake the feed gently before using.
* Flush the tube with cooled boiled water before and after each feed and before and after giving medicines. Use the amounts given on the feeding plan.

Feeds can be given by the following methods:

**Pump feeding:** using a pump connected to the feeding tube.

* Attach the giving set to the pump, prime the giving set and attach to the tube trying not to touch any of the connecting ends directly.
* Check the flow rate on the pump is the same as the feeding plan.

**Gravity feeding:** using gravity.

* Prime the gravity set with feed.
* Attach the gravity set to the tube.
* Loosen the clamp on the giving set and allow the feed to run through with gravity.
* The clamp will be adjusted depending on the drip rate stated on the feeding plan.

**Bolus feeding:** using a syringe.

* Draw up the feed into the syringe.
* Attach the syringe to the tube with the clamp closed on the tube. Remove the plunger from the syringe.
* To allow feed into the stomach, release the clamp fully and allow the feed to flow into the tube with gravity.
* Top up the syringe with the correct amount of feed as per the feeding plan. Try not to touch any of the connecting ends directly.

**Administering Medicines Through the Feeding Tube**

* If using a pump, turn this off.
* Flush the tube with at least 30ml of water using a syringe (as per the feeding plan).
* Administer the prescribed medicine through the feeding tube.
* Flush the feeding tube again with the amount of water as per the feeding plan.
* If several medicines are given at once, flush with at least 10ml of water between each one.

Ideally, medicines should be in liquid form so they can be flushed easily down the tube. If the instruction is to crush the tablets, it is important that they are crushed and dissolved with water. Flush the tube with a least 30ml of water before and after medicines. If you are administering several medicines at the same time, flush with at least 10ml of water between each.

*\*\* Remember: There are some medicines which cannot be crushed. Please ask the pharmacist if you are unsure. Some medicines may interact with the feed and therefore the feed may need to be stopped for a few hours before or after. Please ask the nutrition nurse, pharmacist or doctor for advice if you are unsure. \*\**

**Caring for the Feeding Tube**

**Daily Cleaning of the Tube Site**

The tube site (also called the stoma site) is the point at which the feeding tube enters the body. A dressing is not required once the stoma site has healed. Wash your hands with soap and water and dry well before touching the stoma site. Move the external fixation plate along the tube away from the skin to allow access for cleaning. Gently clean the skin around the tube with mild soap and warm water and dry the area thoroughly.

**Caring for the Stoma Site**

Try to avoid using powders or creams on the skin area unless advised by a healthcare professional and try to avoid using a dressing around the site unless again advised to do so. Contact the GP for advice if there is a problem; for example, the tube site is red and sore or there is leakage from around the tube.

**Flushing the Tube**

Always flush the tube with cooled, boiled water before and after feeds and medicines to prevent the tube from blocking. See the feeding plan for details on the amount of water to flush. It is important to only put feed, water and liquid medicines down the tube, unless otherwise advised by a healthcare professional. Try to make sure that the tube does not get pulled or kinked, and to avoid kinks along the tube, try to avoid closing the clamp at the same place on the tube; move the clamp along the tube, and if possible try to keep the clamp open when not in use.

If you think the tube has dislodged, do not feed and contact the GP/nutrition nurse for advice and guidance.

**PEG Tube**

All PEG tubes are held inside the stomach by an internal plate/disc and on the skin by an external fixation plate.

**Rotating the Tube**

Some people may be prone to the skin inside the stomach growing over the internal plate. Rotating the tube may help to prevent this from happening. Always check with the nutrition nurse or dietitian if and when to start rotating the tube and how to rotate it. To rotate the tube, once a week, loosen the external fixation plate. Gently push the tube into the stomach by 2-3cm, and then rotate the tube 360° (degrees). Finally, pull back the tube gently to feel resistance and replace the fixation plate approximately 1cm from the skin. Do not rotate the tube if there is discharge, if the stoma site has not healed or looks infected, seek advice from the GP/nutrition nurse.

If the PEG is pulled out accidently, this must be replaced by a suitable trained person and may require attention at the nearest A&E department for reinsertion.

A balloon gastrostomy feeding tube is held in the stomach by an internal balloon.

A jejunostomy feeding tube ends in the jejunum (small intestine) rather than the stomach. It is held in place by an internal disc or stitches. If it is felt that the tube end may have moved into the stomach, it may be necessary to arrange a visit the nearest A&E department. It is important that you do not remove the stitches or advance and rotate this type of tube unless you have been advised to.

**General Care (for All Types of Tubes)**

 Try to avoid immersing the tube in water. People can shower after the site has healed (normally about 2-3 weeks after tube has been placed) and they can have a shallow bath. Ensure the feed is disconnected from the pump and check that the clamp on the tube and the end of the tube is closed. Dry the area thoroughly afterwards.

**Potential Problems**

**If the Tube Blocks**

* + Check to ensure all clamps are opened and there is nothing blocking the end of the tube.
	+ Check for any kinks or bends in the giving set or tube.
	+ Flush the tube with 30ml of lukewarm water.
	+ Sometimes massaging the tube with fingertips may help.
	+ Avoid using juices or other sugary fizzy drinks.
	+ Never try to unblock the tube with sharp objects or excessive force as this may damage the tube.
	+ If at first you do not succeed, try once more. If the blockage persists, contact your nutrition nurse or GP for advice and guidance.

**Constipation or Diarrhoea**

When tube feeding has commenced, it can lead to either fewer or more bowel movements than normal. Antibiotics and some medications may also cause diarrhoea for a short while.

 **Nausea**

Temporarily stop feeding and try to sit the patient in an upright position. When starting the feed again, make sure the person is sitting upright or if they are in bed, make sure the person’s head is raised at a 30-45 degree angle. Re-start the feeding rate at a slower rate than normal. Gradually increase the feeding rate back to the original rate. If the person continues to be unable to tolerate water or vomiting continues, contact the GP.

**Lack of Sufficient Fluids**

The feeding regime will have estimated fluid requirements. There may be a need to increase the amount of water in hot weather, if the person has a high temperature or diarrhoea. Common signs of dehydration are feeling thirsty, dry mouth, cracked lips, headaches, constipation and dark or concentrated urine.

1. **Equality Impact Assessment**

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| **Equality Impact Assessment Checklist** | **Yes/No?** |  **Comments** |
| **1.** | Does the procedural document affect one group less or more favourably than another on the basis of: |  |  |
| * Race?
 | No |  |
| * Ethnic origins (including gypsies and travelers)?
 | No |  |
| * Nationality?
 | No |  |
| * Gender?
 | No |  |
| * Culture?
 | Potentially | There is a possibility that changes in diet due to cultural and religious choices may affect the pattern of care and support required around gastrostomy and jejunostomy care. Staff need to be aware of any cultural preferences and choices of the service user and discuss feed regimes with the nutrition nurse or GP.  |
| * Religion or belief?
 | Potentially |
| * Sexual orientation, including lesbian, gay and bisexual people?
 | No |  |
| * Age?
 | No |  |
| **2.** | Is there any evidence that some groups are affected differently? | No |  |
| **3.** | If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? |  |  |
| **4.** | Is the impact of the procedural document likely to be negative? | No |  |
| **5.** | If so, can the impact be avoided? |  |  |
| **6.** | What alternatives are there to achieving the procedural document without the impact? |  |  |
| **7.** | Can we reduce the impact by taking different action? |  |  |

If you have identified a potential discriminatory impact of this procedural document or need advice, please document the action required to avoid/reduce this impact.