TITLE: GUIDELINE FOR PERCUTANEOUS ENDOSCOPIC GASTROSTOMY TUBE PLACEMENT

Disclaimer

The Canadian Society of Gastroenterology Nurses and Associates (CSGNA) presents this guideline to be used as a reference in the development of institutional policies, procedures and protocols. The CSGNA assumes no responsibility for the practices or recommendations of any member or other health care professional, or for the policies and procedures of any practice setting. The registered nurse functions within the scope of practice of the provincial licensing body and the institutional policy of where they are employed.

Background

Enteral feeding through a gastrostomy tube is recommended if the enteral feeding is to be greater than 30 days. The PEG tube insertion is also known as the “pull through” technique and can be done using a regular or therapeutic gastroscope.

Indications

- Esophageal obstruction (cancer)
- Chronic esophageal stricture
- Gastric volvulus
- Dysphagia related to stroke or brain injury
- Enteral feeding greater than 30 days
- Head/neck/facial trauma
- Neurological conditions such as ALS, MD
- Gastric/small bowel decompression

Contraindications

- Rapid, progressive, incurable disease
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- Multiple co-morbidities (severe respiratory disease)
- Gastric resection
- Ascites
- Hepatomegaly
- Obesity
- Inability to transilluminate or place needle cannula
- Multiple abdominal surgeries near gastrostomy tube insertion site
- Patient not NPO as per facility standard
- Uncooperative patient
- Coagulopathy
- Absence of consent
- Esophageal Stenosis

Pre-procedure

1. Ensure standard cardio-resuscitation equipment is available.
2. Anticipate the needs of the procedure and gather regular or therapeutic gastroscope, PEG kit, injectable xylocaine, chlorhexidine swabs, sterile gloves, and any other pieces of equipment that may not be included in the kit (snare/grasper forceps).
3. Ensure the patient is NPO.
4. Check that the INR is within therapeutic range to do procedure.
5. Check that prophylactic antibiotics have been given as ordered for high risk patients or at discretion of the physician.
6. Confirm any abdominal or gastrointestinal surgeries with the patient or from the chart.
7. Ensure baseline vital signs, allergies and nursing history is completed.
9. Verify that follow-up home care is arranged to ensure loosening of T-piece and Enteral nutrition education.
10. Ensure patient intravenous line for sedation

11. A designated driver must be arranged if the patient is having sedation and going home the same day.

**Intra-procedure**

When the registered nurse is acting in the expanded role during a therapeutic procedure such as PEG tube insertion, a second nurse must be present and is held accountable to monitor the patient, administer medication as ordered, maintain airway patency, suction the patient, monitor tolerance of procedure and perform documentation of care. Refer to the CSGNA position statement on Role of the Registered Nurse in the Placement of PEG Tube Placement for referencing on the importance of accountability, competence and knowledge surrounding the restricted activity of this skill.

1. All PEG tube insertions should be performed in a supportive, collaborative environment such as the endoscopy unit or a critical care environment.

2. The nurse caring for the patient must be competent to continuously monitor the patient’s airway and perform regular assessments which include but is not limited to oxygen saturation, vital signs monitoring, and level of consciousness, skin condition and comfort of the patient. In some facilities, anesthesiologists or Respiratory Therapist may be assisting in this role.

3. The nurse, under **direct** physician supervision, assisting in the restricted activity must demonstrate the knowledge, competence, and be accountable for his/her actions in carrying out restricted activities such as injection of Xylocaine, incision, introduction of trocar, and manipulation of endoscope controls, and be able to anticipate and manage any complications that arise. **The restricted activity must be approved by the RN’s licensing body and the facility in which the RN is employed. It is the institution’s responsibility to ensure the RN’s competence is current.**

4. All individuals participating in endoscopic procedures such as PEG tube insertions are to wear PPE (personal protective equipment) including gown, gloves, and eye protection as well as the area immediately surrounding the patient’s abdomen should be considered a sterile field.

5. As there may be variance between institutions, follow the manufacturer’s recommendations on the PEG tube insertion procedure as well as any set guidelines set in place by said institution.

- Inspect all necessary equipment for defects upon opening and verify with physician the desired scope to be used.
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- Elevate head of bed 30-45 degrees with the patient supine.
- Have suction accessible to empty possible liquid/secretions from the esophagus.
- The patient is sedated in the same fashion as with a gastroscopy.

Post Procedure

1. The RN must demonstrate an understanding of the potential complications as well as anticipate the required equipment needed to treat complications if they arise. Potential complications to monitor the patient for include but are not limited to:
   - Abdominal pain and distention (vent PEG tube as necessary)
   - Hemorrhage
   - Aspiration of gastric contents
   - Perforation
   - Peritonitis
   - Wound infection
   - Necrotizing fasciitis/ tissue necrosis
   - Gastrocolic/ colicocutaneous fistulas
   - Septicemia
   - Peristomal leakage
   - Device dislodgement
   - Respiratory or Cardiac Arrest

2. The feeding tube can be used in 24 hours from insertion once placement has been confirmed and documented.

3. Continual assessment of the patient’s oxygen saturation, vital signs, and puncture site should be monitored until the patient’s level of consciousness and vital signs have returned to baseline.

4. Ensure documentation of tube size, patient tolerance of procedure, any anticipated and unanticipated findings, and patient teaching.
5. The patient should be provided with written discharge instructions and have follow up arrangements made (home care for PEG tube care and loosening of the T-piece within 24 hours of insertion, physician appointment, and nutritional consultation regarding enteral feeding) as per institutional policy. As the patient has received sedation, they should be discharged home with a responsible designated driver. Instructions regarding care after conscious sedation shall also be reviewed with the patient prior to discharge. There may be some variance between hospitals and the conscious sedation policy. Always follow the policy of the facility in which you are employed.
References


CSGNA (2013). The role of the registered nurse in the placement of percutaneous endoscopic Gastrostomy (PEG) tube placement.
