NDIS LWB 5628 HIDPA Enteral Feeding Gastrostomy – Procedure

- Only staff trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.
- This procedure is a guide only and may not be appropriate in all circumstances. Therefore, instructions from an AQHP based on the person’s Enteral Feeding Support Plan must always be obtained and followed.
- This procedure should be read with the NDIS LWB 5600 High Intensity Daily Personal Activities - Procedure, NDIS LWB 5501 Health and Wellbeing - Procedure, LWB National Medication Procedure and in consultation with the person we support or their care plan.

The person's support requirements must be documented by an AQHP, such as an Accredited Practising Dietitian (at minimum) in a HIPDA Enteral Feeding Support Plan/protocol.

The AQHP is to provide training in any required gastrostomy support and is in the scope of practice of a Disability Support Worker (DSW).

Gastrostomy Procedure

☑ Check

- Check and follow the person’s Enteral Feeding Support Plan, and if they also have food or fluid by mouth – check the person’s Mealtime Management Plan.
- Check for gastric venting requirements in the support plan.
- Check that the required equipment and consumables are available and ready for use.
- Confirm how the person would like to be actively involved in their support, as outlined in their plan, and to the level they choose.
- Explain the procedure to the person and seek their consent to proceed.
- Check the tube placement by checking the tube length using the position marker on the tube.
- Rotate the tube if not stitched in. Do not rotate a PEJ tube.
- Check the skin around the stoma and tube for any irritation, bleeding discharge or leakage.
- Monitor the tube for signs of blockage or dense discolouration.
- Always check with the Medical Practitioner that new medication is suitable to be administered via a PEG/PEJ tube.

The Gastrostomy Tube becomes displaced.

- Gastrostomy tubes are available in a variety of sizes and lengths. Most hospitals do not have all types of stock items available. All people we support should have a new tube available as a replacement if required.

- People we support should have information in their Enteral Feeding Support Plan about what action is required if the feeding tube becomes displaced (falls or is pulled out).

- If a gastrostomy tube becomes displaced, you must act quickly, as the stoma can begin to close quite quickly. **Support workers should not attempt to replace the tube**. **Instead, immediately call for emergency (000) medical assistance.** Secure a clean, dry cloth over the stoma with tape. If the person is to be transported to a hospital, take a new tube to replace the one which has been displaced. If there is no spare, take the displaced tube or similar tube so it can be matched for placement.
- Once the person's immediate medical needs have been addressed, reorder another tube as a spare.

The formula does not flow through the tube.

- Feeding tubes can become kinked or blocked. Always check that all clamps are open, there are no kinks in the tube, and it is not caught or restricted by the person's clothing, chair, seatbelt or bed.
- The tubing can become blocked for several reasons. Crushed medication is a common cause. A formula that is administered slowly or has a high-fat content can also cause the tube to become blocked. Insufficient flushing of the tube can also increase the risk of blockage.
- Fatty deposits can form inside the tubing when feeding equipment has been used over a long period. These can be difficult to remove. Repeated blockages may indicate it is time for the tube to be changed.
- Over time, the tube will become rigid and less malleable, increasing the risk of becoming blocked.
- Never poke anything into the tubing to try and dislodge a blockage. If the blockage cannot be cleared, discontinue all feeds and seek immediate advice from an AQHP.
- Tubing is replaced at the person's discretion. However, the person or guardian should be advised when excessive fatty deposits or signs that the tubing is becoming rigid and inflexible are observed. Always keep a spare tube for these situations.

Pain/discomfort

- Some pain and minor discomfort are expected immediately following the insertion or replacement of a gastrostomy tube. This may be relieved by using simple analgesics as prescribed by the Doctor.
- Any unrelieved pain or pain experienced following the immediate post-surgery period should be investigated as it may indicate complications.

Hypergranulation

- Hypergranulation is common, with red or pink tissue forming around the stoma opening. The tissue is usually soft and moist and can bleed if trauma occurs to the gastrostomy site.

- A small amount of hypergranulation is normal and does not require treatment. However, medical advice should be obtained if the granulation continues to grow, shows signs of infection such as redness or yellow discharge, becomes painful or has excessive bleeding or bleeding that does not stop.

Gastric fluid leaking from the stoma

- Some leaking from the stoma may occur, especially if the stomach is full or pressure is applied, or a smaller tube has replaced a larger one. For some people, this is normal.
- Clean around the site with water to reduce leakage of fluid. If directed by an AQHP, a clean absorbent pad can be placed around the gastrostomy tube if preferred. This pad should be changed frequently to support healing and prevent infection.
- Check the person’s support plan to see if a barrier cream should be applied to protect the skin. Do not place a dressing underneath the bumper (if one is used) unless advised by AQHP.

  Any increased or unusual leakage should be reported immediately to Disability Support Leader [1]or On Call.

Support

- Ensure hands are washed and the appropriate PPE is used whenever supporting gastrostomy care, feeding and flushing through the enteral tube.
- The skin around the gastrostomy opening (stoma) should be cleaned with mild soap and water twice daily. It can be washed in the shower or bath and gently patted dry with a clean face washer or towel. Dry around the tube and under the external bumper.
- Rotate a PEG tube 360 degrees once a day. DO NOT rotate a PEJ.
- Ensure the person's correct positioning before and after feeding for the duration listed in the Enteral Feeding Support Plan, e.g. sitting upright or semi-reclining with the head of the bed or chair at a 45-degree angle. These positions enhance the gravitational flow of the feeding and help prevent aspiration into the lungs.
- Do not tuck the person’s tube into their underwear. If they have a long tube, secure it with some tape. Refer to the Enteral Feeding Support Plan.
- Follow the person's Enteral Feeding Support Plan for their oral hygiene requirements, including cleaning teeth and preventing dry mouth and lips.

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[1] [1] All references to Disability Support Leader (DSL), includes all Frontline Leadership roles, such as House Supervisor

Water Flush

- To prevent tube blockages and maintain the integrity of the tube, it is essential that you flush the person's tube regularly with room-temperature water.
- It is important to flush:
  - before and after each bolus feed and every 4 hours if feeds are delivered with a pump.
  - before and after each medication. Refer to the Enteral Feeding Support Plan.
  - Twice daily if the person is not using the tube for nutrition.

Tube Rotation

- If the PEG tube requires rotation 360 degrees or a full circle daily, this is usually best done during bathing or cleaning around the tube. This prevents the tube from adhering to the skin and scar tissue,
- If a person has a PEJ, the tube has been stitched in and should never be rotated.

Tube Position

- Most tubes have numbers or marks to indicate how long the tube is.
- Before using the tube, always check that the exit site and/or bumper are at the same level documented in the person's Enteral Feeding Support Plan.
- If the person doesn't have markings on their tube, it is important to measure the length of the tube visible and mark it, then monitor the length.
- If a bumper is used to help hold the tube in place, there should be a gap of approximately 2- 5mm between the external bumper and the person's skin. It should be firm but not leave a mark on the skin. If changes are observed, contact the AQHP to adjust the external bumper to fit.
- Weight gain and loss, especially under the skin, can make the tubing tighter or looser, particularly under the bumper. Report significant weight changes to Disability Support Leader.
- Ensure the enteral feeding tube is not caught in or linked in clothing. Do not place tight bands over the PEG site.

Using the tube

- Formula feeds, water and medications (liquids or tablets that are crushed appropriately) are the only things permitted to be delivered via the feeding tube unless specifically listed in the person's Enteral Feeding Support Plan.
- When connecting giving sets or syringes to the feeding tubes, do not apply excessive force or overtighten the connectors. In most instances, 1/4 turn is sufficient to connect the ends.
- Ensure the person's correct positioning before and after feeding for the duration listed in the Enteral Feeding Support Plan, e.g. sitting upright or semi-reclining with the head

Support

of the bed or chair at a 45-degree angle. These positions enhance the gravitational flow of the feeding and help prevent aspiration into the lungs.

Tube Blockage

- If the person’s tube becomes blocked, do not insert anything into the tube to try to unblock it, as you may damage the lining of the tube and introduce bacteria or injure the person’s skin or tissue.
- Tubes should be easy to flush using the technique below. Do not apply excessive force.
- Always wash your hands and use PPE before handling the feeding tube.
- Only use water to try to unblock the tube. Do not use acidic fluids, e.g. juice/cola/lemonade, to unblock the tube, as this may damage the tube lining or increase the risk of it becoming blocked in future.
- Check that the feeding tube is not kinked.
- Gently massage the tube with your thumb and forefinger to squeeze and roll along the length of the tube until the blockage is cleared.
- If this doesn’t work, fill a 60ml syringe with warm water and gently try to flush.
- If it is still blocked, try pulling back on the syringe’s plunger and hold for 10 seconds, then gently push the plunger forward – this is known as the ‘push-pull’ method.
- If this is unsuccessful, contact the AQHP or take the person to the local hospital’s emergency department.
- Wash reusable equipment promptly in warm water and detergent, then rinse and dry in a clean, well-ventilated area out of direct sunlight. Over time the inside of the tubing will become rigid and coated with residue from the formula. Therefore, the connecting tubing should be replaced regularly, aligned with the person's preferences and listed in the support plan. The gastrostomy tube may last between 6-18 months before requiring replacement.

Gastric Venting – Decompression through a gastrostomy

Support

Excessive gas or air trapped in the stomach may cause discomfort and bloating. This can lead to pain or vomiting and stomach contents pushing out the stoma or up the oesophagus. Venting or decompression is used to relieve the pressure caused by the air. The frequency of this procedure will vary according to the person's needs.

- Explain the procedure to the person and seek their consent to proceed.

- Position the person in a semi-reclined or upright position, according to the Enteral Feeding Support Plan, with the upper body elevated to at least 45 degrees
- Wash your hands with soap and water and dry well.
- Wear the appropriate PPE.
- Attach the empty barrel of an ENFIT syringe to the feeding port of the gastrostomy tube.
- Raise syringe above the person's gastrostomy site level and open all clamps.
- Air is released upwards without the loss of stomach contents.
- Any liquid expelled from the stomach up the tubing into the syringe should flow back into the stomach once the air has escaped.

  This procedure may also be used within medical settings by an AQHP to empty some stomach contents.

Report

- Document the amount and times of feeds and flushes on the NDIS LWB 5623a HIDPA Enteral Feeding and Management - Daily Recording Chart. Report anytime the Enteral Feeding Support Plan cannot be followed as written.
- Immediately report any concerns or issues related to the person's enteral feed, including any observed problems with the stoma or the skin around the gastromy, to the Disability Support Leader On Call.
- Unusual gastric fluid leaking from the stoma should be reported immediately in i-Sight. The Disability Support Leader or On-call should also be informed, and the matter should be noted in progress notes and the enteral feeding chart.
- Record the time of venting and the amount and colour of fluid from venting that did not flow back into the stomach via the tube in the NDIS LWB 5623b HIDPA Gastric Venting - Recording Chart.

For Further Guidance and Advice

Contact the AQHP who developed the person's support plan.