



(Patient Label)

PEG or SURGICAL GASTROSTOMY FOR FEEDING

EXCLUSIONS: NEONATES, FUNDOPLICATIONS PRIMARY CARE

Physician _____

Allergies: _____

INPATIENT PATH

PHASES OF CARE

ASPECT OF CARE MGMT	DAY PRIOR TO PROCEDURE	DAY OF PROCEDURE	POST-OP DAY 1	POST-OP DAY 2	POST-OP DAY 3	POST OP DAY 4 AND AFTER
OUTCOMES	<ol style="list-style-type: none"> 1. Tolerates NG feeds 2. No Candida 3. Upper GI completed 4. Consent signed 5. Physical completed 6. Not constipated 7. Access to stomach 	<ol style="list-style-type: none"> 1. Tube in place 2. Pain well managed Numeric scale < 5 Faces scale < 3 CRIES scale < 5 FLACC Scale < 5 	<ol style="list-style-type: none"> 1. Afebrile 2. Tolerates infusion & initiation of feeds 3. Tube site free of infection 3. Pain well managed Numeric scale < 5 Faces scale < 3 CRIES scale < 5 FLACC Scale < 5 4. Patient family teaching started. 5. Home discharge planning started 	<ol style="list-style-type: none"> 1. Afebrile 2. Tolerating nutrients 3. Advance to home feeding regimen 4. Tube site free of infection 5. Family teaching completed 6. Pain well managed Numeric scale < 5 Faces scale < 3 CRIES scale < 5 FLACC Scale < 5 	<ol style="list-style-type: none"> 1. Afebrile 2. Tolerating home tube feeding regimen 3. Tube site free of infection 4. Parent/caregiver has demonstrated proper care of tube 5. Confirmation that home care nursing / supply needs are met 6. Pain well managed Numeric scale < 5 Faces scale < 3 CRIES scale < 5 FLACC Scale < 5 7. Follow up appointments scheduled 	
SAFETY / ACTIVITY			Use developmentally appropriate safety precautions to ensure integrity & safety of enteral feeding system			
DEVELOPMENT		<ul style="list-style-type: none"> • Nursing assessment 	<ul style="list-style-type: none"> • Provide age appropriate therapeutic activities & social interaction • Provide infant w/ pacifier during enteral feeding 	Normalize child routine so feedings can be administered during mealtimes w/ family		

CLINPATH

ASPECT OF CARE MGMT	DAY PRIOR TO SCHEDULED PEG	DAY OF PROCEDURE	POST-OP DAY 1	POST-OP DAY 2	POST-OP DAY 3	POST OP DAY 4 AND BEYOND
ASSESSMENT	<ul style="list-style-type: none"> History & physical, including discharge nutrition planning Height, weight Patient Family coping 	<ul style="list-style-type: none"> Physical assessment Vital Signs Q15 min. x 1hr., Q 30 min x 1hr., Q1 hr. x 4hr., Q 4hrs. Pulse oximetry for neurologically impaired patients CR monitor with pulse-ox for children on Narcotics Monitor I/O Patient / family coping Assess carefully for: <ul style="list-style-type: none"> redness & drainage abdominal distension bleeding or leakage around G tube gagging or retching <p>NOTIFY PHYSICIAN FOR ANY OF THE ABOVE</p>	<ul style="list-style-type: none"> Monitor I/O, weight every day on same scale VS every 4h Assess carefully for: <ul style="list-style-type: none"> redness & drainage abdominal distension bleeding or leakage around G tube gagging or retching <p>NOTIFY PHYSICIAN FOR ANY OF THE ABOVE</p>	<ul style="list-style-type: none"> VS every 4h Assess carefully for: <ul style="list-style-type: none"> redness & drainage abdominal distension bleeding or leakage around G tube gagging or retching <p>NOTIFY PHYSICIAN FOR ANY OF THE ABOVE</p>		
WOUND MANAGEMENT		<p>FOR PEG:</p> <ul style="list-style-type: none"> Keep gastrostomy tube open to drainage until feedings begin Place a sign on the bed stating, “I have a fresh PEG placed on _____. If it is dislodged or comes out, do not put it back in; call the GI Fellow pg. 51462. (or surgical resident on call 58209 if put in by Surgery service) <p>FOR SURGICAL GASTROSTOMY:</p> <ul style="list-style-type: none"> <i>DO NOT TURN TUBE</i> Keep gastrostomy tube open to drainage (if Mickey button use an extension tube for 	<p>FOR PEG:</p> <ul style="list-style-type: none"> Clean stoma w/ soap & water daily (no need for a dressing) GI attending to turn the tube plus bar 360 in tract. If PEG is dislodged or comes out, do not put it back in; call the GI Fellow pg. 51462 (or surgical resident on call 58209 if put in by Surgery service) Discuss with primary team or wound care if skin assessment tool score is “high risk”. <p>FOR SURGICAL GASTROSTOMY:</p> <ul style="list-style-type: none"> <i>DO NOT TURN TUBE until sutures are</i> 	<p>FOR PEG:</p> <ul style="list-style-type: none"> Clean stoma w/ soap & water daily (no need for a dressing) RN to turn the tube plus bar 360 in tract daily. Contact physician if there is resistance or if unable to rotate If PEG is dislodged or comes out, do not put it back in; call the GI Fellow pg. 51462 (or surgical resident on call 58209 if put in by Surgery service) <p>FOR SURGICAL GASTROSTOMY:</p> <ul style="list-style-type: none"> <i>DO NOT TURN TUBE</i> 	<p>FOR PEG:</p> <ul style="list-style-type: none"> Clean stoma w/ soap 7 water daily (no need for a dressing) Turn the tube plus bar 360 in tract daily. Contact physician if there is resistance or if unable to rotate <p>If PEG is dislodged or comes out, do not put it back in; call the GI Fellow pg. 51462</p> <p>FOR SURGICAL GASTROSTOMY:</p> <ul style="list-style-type: none"> <i>Once sutures removed allow tube to turn freely. Remove extension when not in use.</i> If GT is dislodged or comes out, do not put it back in; call the on call surgical team.” Surgery will make recommendations for any dressing and suture removal prior to discharge. 	

		<i>drainage) until feedings begin</i> <ul style="list-style-type: none"> Place a sign on the bed stating, “I have a fresh GT placed on _____. If it is dislodged or comes out, do not put it back in; call the on call surgical resident on- call. 58209 	<i>removed</i> <ul style="list-style-type: none"> <i>Keep gastrostomy tube open to drainage (if has a Mickey button use an extension tube for drainage) until feedings begin</i> If GT is dislodged or comes out, do not put it back in; call the on call surgical team Discuss with primary team or wound care if skin assessment tool score is “high risk”. 	<i>until sutures are removed</i> <ul style="list-style-type: none"> If GT is dislodged or comes out, do not put it back in; call the on call surgical team 58209 	
PAIN MGMT		<ul style="list-style-type: none"> Use developmentally appropriate pain scale for assessment Document assessment, interventions & response Positioning for comfort Comfort measures Notify GI / Surgery if patient needs additional pain management 	<ul style="list-style-type: none"> Use developmentally appropriate pain scale Document pain management, interventions & response Positioning for comfort Comfort measures 		
MEDICATION	<ul style="list-style-type: none"> Enema for constipated &/or neurologically compromised child Continue home Medications 	<ul style="list-style-type: none"> Peri-procedural Ancef x1 dose (give equivalent alternative abx if allergy) Tylenol ATC IV Morphine IV PRN For surgical g tubes: Toradol IV ATC (per provider discretion) Give critical home meds (ex. Seizure, cardiac, transplant immunosuppressants, psych, HIV etc) IV or if unavailable in IV formulation give via GT (clamp GT for 30 min- 1hr after giving meds) If history of seizures should have Ativan on call in case of status epilepticus 	<ul style="list-style-type: none"> Tylenol GT ATC Resume home medications 	<ul style="list-style-type: none"> Tylenol GT PRN 	

ASPECT OF CARE MGMT	DAY PRIOR TO SCHEDULED PEG	DAY OF PROCEDURE	POST-OP DAY 1	POST-OP DAY 2	POST-OP DAY 3	POST OP DAY 4 AND BEYOND
NUTRITION / HYDRATION	<ul style="list-style-type: none"> • NPO after midnight • MIVF 	<ul style="list-style-type: none"> • NPO (except critical medications) • MIVF 	<p>For PEG & surgical gastrostomy unless otherwise ordered by primary team:</p> <ul style="list-style-type: none"> • NPO except vital meds until morning after surgery • After assessment by Surgery, or GI team and orders entered start feeding via GT; oral electrolyte solution (pedialyte) @ ½ the overnight rate if receives continuous feeds or ½ maintenance x 6h. • IVF (rate set so child receives maintenance fluid from IVF + PEG/GT feeds) • After 6h of oral electrolyte solution, if tolerated advance to full rate (overnight rate if child receives continuous feeds at home or maintenance if doesn't) of full strength home formula via PEG or surgical GT • Add oral feeds if part of child's home regimen 	<p>For PEG & surgical gastrostomy unless otherwise ordered by primary team:</p> <ul style="list-style-type: none"> • If receiving bolus feeds, stop o/n feeds at 6am & start bolus feeds 		
PATIENT / FAMILY EDUCATION	<ul style="list-style-type: none"> • Provide education • Surgical consent signed • Assign Get Well network videos if available. 	<ul style="list-style-type: none"> • Education about procedure & OR preparation • Support parent(s) and/or pt expressing concern about procedure <p>GWN videos</p>	<p>Begin "skill set" teaching</p> <ul style="list-style-type: none"> • Give parent/caregiver "Home Care for PEG tube before first tube change" OR "Home Care for surgically placed gastrostomy tube before first tube change" • Nurse to review skills listed in education handout <p>1. GWN videos</p>	<ul style="list-style-type: none"> • Complete skill sets • Parent/ caregiver return demonstrates care of stoma & tube • Nurses document patient education in Cerner • GWN videos 	<ul style="list-style-type: none"> ▪ Parent/ caregiver return demonstrates care of stoma & tube ▪ Parent/ caregiver return demonstrates dressing change for surgical gastrostomy 	

ASPECT OF CARE MGMT	Day Prior to Scheduled PEG	DAY OF PROCEDURE	POST-OP DAY 1	POST-OP DAY 2	POST-OP DAY 3	POST OP DAY 4 AND BEYOND
CONSULTS / REFERRALS	<ul style="list-style-type: none"> Anesthesiology Nutrition CLS Wound and Skin as needed 	<ul style="list-style-type: none"> Nutrition Pastoral Care, Social Work as needed 				
D / C PLANNING (CLINICAL RESOURCE MANAGEMENT)	<ul style="list-style-type: none"> Inpatient APN informs admitting units leadership and Case Manager of potential admission 	<ul style="list-style-type: none"> Admitting nurse identifies current home equipment & services 	<ul style="list-style-type: none"> Assessment of anticipated home care needs Discuss options for services w/ parents Contact payer, DME & home nursing companies 	<ul style="list-style-type: none"> Ensure delivery of supplies as needed Confirm discharge w/ nursing company Follow-up appointment scheduled with Surgery or GI 2 weeks after discharge Give back-up g tube (same Fr mic-gastrostomy for PEG, same Fr mic-key for surgically placed tubes) 	<ul style="list-style-type: none"> Follow-up appointment scheduled GI / Surgery Give back-up supplies if not already given 	
INITIALS & SIGNATURE	() _____ () _____ () _____ () _____ () _____	() _____ () _____ () _____ () _____ () _____	() _____ () _____ () _____ () _____ () _____	() _____ () _____ () _____ () _____ () _____	() _____ () _____ () _____ () _____ () _____	() _____ () _____ () _____ () _____ () _____
VARIANCES	<input type="checkbox"/> NOT ALL SKILL SETS TAUGHT PRIOR TO DISCHARGE <input type="checkbox"/> INTOLERANCE OF FEEDS (VOMITING, DISTENSION, DIARRHEA) <input type="checkbox"/> SEIZURE ACTIVITY IN NEUROLOGICALLY IMPAIRED CHILDREN <input type="checkbox"/> INFECTION AT SURGICAL SITE <input type="checkbox"/> RESPIRATORY DISTRESS Note: (Please identify variance, date and sign each entry) _____ _____ _____ _____ _____ _____ _____ _____ _____					