

Don'ts

- Use rubbing alcohol or hydrogen peroxide daily to clean your tube feeding site
- Leave your stoma/dressings wet
- Use pool or tubs
- Crush sustained release medication

Tube Feeding Success: It takes a Team

The Doctor:

Phone: _____

- Order and clear you for PEG placement

The Home Nurse:

Phone: _____

- Instruct you on how to use your feeding tube and care for your PEG tube

The Social Worker:

Phone: _____

- Help coordinate your formula and supplies needs for tube feeding
- Help you with future deliveries

The Dietitian:

Phone: _____

- Prescribe a formula and a tube-feeding regimen that will help you get all the nutrition you need

The Speech Therapist:

Phone: _____

- Evaluate your ability to swallow and recommend a diet consistency

Work with you to help rehabilitate your swallowing



Feeding Regimen

Formula: _____

(Okay for equivalent formula)

Total: _____ cans (each can is _____ ml)

Delivery Site: Gastric via PEG tube

Method of administration:

Pump Assisted

Start at _____ ml/hr

Advance by _____ ml/hr every _____ hr to goal rate of _____ ml/hr

Gravity Assisted/ Bolus (Syringe)

Initial _____ ml bolus over _____ min _____ times daily

Advance by _____ ml each day to a goal of _____ ml feeding over _____ min _____ times daily

Water Flushes:

Flush the feeding tube with _____ ml of clean water before and after each meal

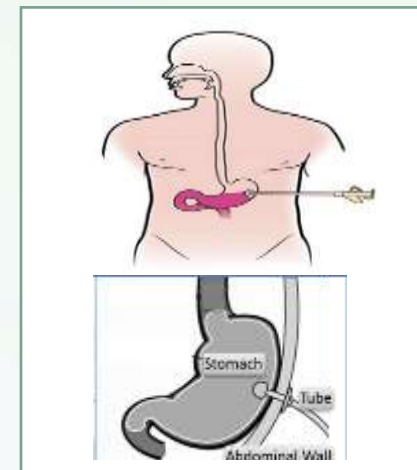
Flush the tube with an additional _____ ml of clean water _____ times daily.

Other:

Maintain head elevated at least 30-45 degrees during feeding (for gravity assisted/ bolus- maintain head of bed elevated for 30-45 minutes before and after each feeding). If you can sit upright, then do so.

An opened container can stay at room temperature no more than 4 hours if sealed properly. Use or discard remaining of the product.

Store open containers of formula in the refrigerator for a maximum of 24-48 hours, and bring formula to room temperature before infusing it.



What is a PEG tube?

Percutaneous Endoscopic Gastrostomy (PEG)
Feeding Tube

A PEG tube is a type of feeding tube that the tip goes directly to your stomach

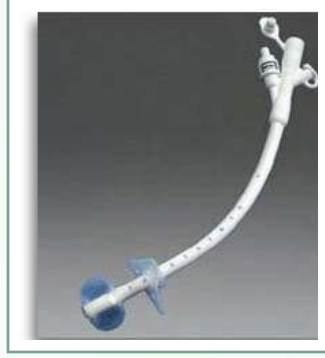


IN PURSUIT OF YOUR CURE.™

Percutaneous Endoscopic Gastrostomy

(PEG) Feeding Tube

A PEG Tube can be used to take nutrients when you cannot swallow food, or cannot maintain your nutrition by only eating. If your tube is placed prior to treatment, you can continue to eat by mouth if it is safe. Some people depend on the feeding tube for nutrition but enjoy the company of family during meals; they may still take small sips of liquids or tiny bites of food, for "pleasure feeds," if safe.



A PEG Tube is surgically inserted through the abdominal wall into the stomach. The tube will be placed via endoscopy or via an image-guided interventional procedure, which helps the physician look inside the body, and avoids the need for large incisions. When the PEG tube is placed, you will most likely receive a sedative through an IV, and local anesthesia. A stoma is the name for the opening once the PEG Tube is placed. The nutrition/medical team will order specific formulas to use through your tube. These formulas will provide you with necessary nutrients, vitamins and minerals. Some people choose to use blended foods instead. This will require close monitoring with your registered dietitian to make sure you are getting enough nutrition.

Prevent Infections

- If germs grow in your PEG tube, it can cause a serious infection, which could become life threatening. We can prevent infections from happening by properly caring for the tube.
- Infections can be prevented by:
 - Wash hands with soap and water (or antibacterial sanitizer) before handling tube
 - Do not reuse gauzes, tapes or swab sticks

Glossary

- Clean reusable supplies (such as water syringe) by rinsing it and drying it after every use
- Flush feeding tube with room temperature clean water before and after every feeding, and with medications
- Clean the skin around the feeding tube with soap and clean water daily (unless otherwise instructed by your doctor)
- Check your tube feeding daily for unusual color, discharge, smell or pain, and report these for the medical team



There are many different types of feeding tubes. Your feeding tube may look slightly different than the one pictured above.

Supplies

- Dressing:
 - 4 x 4 regular gauze
 - Tape or Cath-Secure
 - Zinc oxide ointment (i.e. Desitin®)
 - Iodine swab sticks (i.e. Betadine®)
- Feeding:
 - Formula
 - 60ml Syringe -catheter tip or an ENFit syringe (for water and syringe)
 - Pump (for some patients)

Do's

- A temperature over 100.4°F (38°C)
- Abdominal pain
- Nausea, vomiting, diarrhea or constipation that does not improve with medications
- Experience fatigue or dizziness
- Excessive drainage
- Oozing or bleeding from your site
- Redness, pain, or foul smell at the incision site
- Cannot regularly follow the tube feeding regimen prescribed
- Lose excessive amount of weight (>5 lbs. in a week)
- In the case of an emergency, call 911 or report to the nearest emergency room

Contact your physician's office if you have one of the following:

- Flush your tube daily with clean water even if you are not using it for nutrition
- Use soap and clean water to clean your stoma daily
- Dry your stoma well after you shower
- Keep external bolster comfortably set on the skin-
- you should be able to fit a coin between bolster and the skin
- If your feeding tube is clogged, gently irrigate it with 60 ml of warm clean water, push and pull the plunger back and forth. Clamp the tube and allow the water to soak for approximately 15-20 minutes. Repeat as needed
- Use elixir form of medications through tube.
- If unable to get elixir form, crush pills and further dilute in water prior to placing in tube.
- Make sure to manually flush tube with clean water before and after medication administration and tube feedings.