Page:	1 of 1
Issue Date: Revised Date:	March 29, 1994 March 23, 2005
Revised Date.	Maich 25, 2005

## HACKETTSTOWN REGIONAL MEDICAL CENTER

Originator: P. Mastroeni, RN, CGRN

Revised by: W. Beatrice, RN Reviewed by:S. Koeppen, RN, CGRN

## **MINOR PROCEDURE**

(Scope)

## TITLE: POST-OP CARE OF PERCUTANEOUS ENDOSCOPIC GASTROSTOMY TUBE SITE (P.E.G)

PURPOSE: To outline steps for care of P.E.G. site

SUPPORTIVE DATA:

- 1. Prevent infection and assure the formation of adhesions to hold the stomach up against the intra-abdominal wall before the development of a well formed tract in ten to fourteen
- 2. Proper skin care at P.E.G site:
  - a. Maintains skin integrity.
  - b. Prevents infection.
  - c. Insures continued patency of P.E.G. tube.

EQUIPMENT LIST: 1. Gloves - non-sterile

- 2. Warm water and soap
- 3. Wipes, gauze, washcloth or Q-tips

CONTENT: PROCEDURE STEPS:

KEY POINTS:

1. Note and chart markings on tube after insertion.

To use as a guideline for future measuring.

Check stoma for redness, swelling, soreness, bleeding, pain, unusual drainage or irritation. Notify the physician if any of these symptoms exist. Gastric secretions are caustic to the skin. Make sure dual port feeding adapter is closed when not in use.

3. Check tube placement markings. Keep one copy of marking number on chart and one copy at bed

side.

If the tube has become longer or shorter than originally noted, it may have migrated. A shorter tube may cause blockage or aspiration. A longer tube may cause damage to the stomach lining. The tube should have a small amount of play.

DOCUMENTATION:

- 4. Document the following in patient's chart:
  - a. Document patient/family teaching and comprehension.
  - b. Document marking on tube.

Reference: Bard, "Care of P.E.G.," video and booklet. MANUAL OF GI PROCEDURES, 5<sup>th</sup> Edition, 2004, Gastroenterology Nursing: A CARE CURRICULUM, 3<sup>rd</sup> Edition, 2003