

Signs and symptoms of infection around the PEG Tube

- Increased warmth, redness, swelling, tenderness and/or drainage at the tube insertion site.
- Severe abdominal pain during or after tube feedings.
- Foul odor from your tube.

Points to remember

- Keep your feedings at scheduled times each day. This will help ensure a routine and better compliance of taking the correct amount of feedings.
- Be sure to take the prescribed amount of tube feedings each day.
- Constipation, diarrhea, vomiting, increase in pain and inability to tolerate tube feedings should be reported.
- Ask questions! If you are unsure about a certain aspect regarding your tube feedings, schedule, weight loss, inability to tolerate feedings, etc. contact your home health nurse or physician.

Tube feeding goal

You are presently taking _____ cans of _____ a day.

Your goal is _____ cans a day.



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Percutaneous Endoscopic Gastrostomy Tube



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Easy management of the PEG Tube

(Percutaneous Endoscopic Gastrostomy Tube)

Purpose

A Percutaneous Endoscopic Gastrostomy Tube (PEG) has been placed to help maintain your nutritional status. Many patients will have difficulty chewing and swallowing by the end of the second week of radiation and chemotherapy treatment. This is because of the disease and the pain caused by the effect of the radiation and chemotherapy on the lining of the mouth and throat.

To avoid the pain associated with eating and to maintain your weight, a feeding tube was placed directly into your stomach. All of your daily nutritional requirements will be supplied by the specialized liquid formula you put in your tube. **Adequate nutrition is extremely important in curing patients and in minimizing problems caused by treatment.**

It is not necessary to eat regular foods. Your nutritional requirements will be completely supplied by the liquid tube feeding. Therefore, it is very important for you or those taking care of you to learn how to use the feeding tube. Usually through the first week of treatment, patients are hospitalized for combined radiation and chemotherapy. During this time the nurses will teach you and your caregivers how to use the tube and will supervise the feedings so that you can feed yourself successfully at home.

In addition to using the tube feedings, you may eat or drink as tolerated. Please fulfill your nutritional requirements with the tube feeding before taking regular food.

Administering medication and feedings through the PEG Tube

Crush: All pills must be finely crushed and dissolved in at least 30cc of warm water and capsules must be opened and dissolved in at least 30cc of warm water before administering. Do not crush long-acting pain medications such as MSContin®. Please check with your nurse at the time of discharge to determine if any of your present medications should **NOT** be crushed

Flush: Always remember to flush your tube with at least 30cc of warm water before and after administering feedings and medication.

Position:

Bolus or Gravity Feeding: Bolus tube feedings are done by removing the plunger from the 60cc syringe and flushing with 30cc of water. Then the tube feeding is added to the syringe. It should take about 20 minutes to administer 200 - 300 cc. If you give the feeding faster, this might cause an upset stomach. Try to keep the syringe from emptying. Clamp the tube off to refill it if you need to. When the end is open with no formula in the syringe, air can enter the tube and cause gas. It is important that you remain in a sitting position during the feeding and for at least one hour after completion of the medication and/or tube feeding. If you are unable to sit up straight during your tube feeding, elevate the head of the bed by placing two pillows, rolled-up blanket or foam wedge under the mattress at the head of the bed. Try to remain in a sitting or semi-reclining position after feeding. Better yet, walk about the house/yard to aid digestion.

Continuous Pump Feedings: You may use the pump during the day while you are doing your normal daily activities. If used at night and you are in bed, elevate the head of the bed by placing two pillows, rolled-up blanket or foam wedge under the mattress at the head of the bed. *It is important for you to not lay*

flat while you are getting your feedings. By not laying flat, you prevent gastric reflux (feeding coming back up your esophagus) and heartburn.

Cleansing the insertion site of the PEG Tube

Handwashing: Wash your hands thoroughly using soap and water before and after handling PEG tube.

Cleaning: Cleanse site with hydrogen peroxide using a circular motion, starting next to the tube, moving towards the outer skin, continuing to use a circular motion. Use Q-Tips for cleaning. This is to be done once a day until your site is completely healed (about two weeks). After the site is healed, cleaning can be accomplished daily with just normal soap and water. If your site looks infected, contact your home health nurse or physician.

Site Care: Do not use creams or powders around the tube unless prescribed by your physician, as this may promote skin breakdown and infection.

Trouble-shooting the PEG Tube

If you meet resistance when giving medication or feedings through your PEG Tube: **STOP**. The tube is probably clogged. The most common cause of this is undissolved medication fragments.

- Do not attempt to clear the clogged tube with any type of foreign object. Instead, flush the tube with 30cc of warm water, Pepsi, Coke or cranberry juice. Let this sit for 30 minutes. If unsuccessful, call your home health agency or physician.
- Always keep a record of your feeding intake as prescribed by your physician, nutritionist or home health nurse.