

Gastrostomy Tube Replacement

Responsibility	<p>The following individuals may have responsibility for gastrostomy tube (G-tube) replacement specific to state professional licensing requirements.</p> <ul style="list-style-type: none">• RN• Nurse practitioner• Physician• Physician's assistant
Purpose	<p>The purpose of replacing the G-tube is to provide adequate nutrition under the following conditions:</p> <ul style="list-style-type: none">• Inadequate food intake• Unintentional weight loss• Metabolic disorders• Chewing or swallowing problems
Standard of Care	<p>The standard is to not routinely replace G-tubes. Reinsertion of G-tubes should only be done if the tube is accidentally removed or becomes dysfunctional, i.e., clogged or leaking.</p> <p>The Kendall/Kangaroo All Silicone Gastrostomy Feeding Tube with Y-Port is the approved gastrostomy device to be used.</p> <p>If a physician deems the use of another enteral feeding device medically necessary and cannot be changed to the Kendall/Kangaroo Gastrostomy Tube, then procedures and education for replacement and care must be obtained through the attending physician or through the hospital or clinic that performed the surgical insertion. Staff who will be caring for the resident using this device must have documentation of competency in replacement of this device.</p> <p><i>Note:</i> Under no circumstances should a Foley catheter ever be used for enteral feeding.</p>
Preparation	<ol style="list-style-type: none">1. Verify that there is a physician's order for this procedure.2. Review the resident's care plan and provide for any special needs of the resident.3. Assemble equipment and supplies needed.4. Ensure that the equipment and devices are working properly by performing any checks as instructed by the manufacturer or this facility.
Equipment and Supplies	<p>The following equipment and supplies will be necessary when performing this procedure.</p> <ol style="list-style-type: none">1. Soap and water;2. Wash cloth and towel;3. Gastrostomy tube (size ordered by physician);4. Water-soluble lubricant;5. Two (2) 10 cc syringes;6. Normal saline;7. Sterile water; and8. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).
Steps in the Procedure	<ol style="list-style-type: none">1. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.2. Wash hands and dry thoroughly. Wear clean gloves.3. Obtain ten (10) cc syringe, deflate balloon in existing gastrostomy tube.

continues on next page

4. Apply gentle pressure to abdomen with non dominant hand and gently pull upward with dominant hand on the gastrostomy tube.
5. Discard old gastrostomy tube in designated container.
6. Clean site with normal saline.
7. Open package and leave gastrostomy tube in package.
8. Check for proper inflation of balloon by inflating the balloon with ten (10) cc of sterile water and deflating the balloon.
9. Remove gastrostomy tube from package by the large end of the tube.
10. Apply lubricant to tip of gastrostomy tube.
11. Gently insert gastrostomy tube into gastrostomy opening six (6) to eight (8) inches.
12. Stop the procedure if resistance is met and try again.
13. Obtain syringe with sterile water and inflate balloon with five (5) cc of sterile water.
14. Pull gastrostomy tube upward so that the balloon is resting against the inside of stomach wall and secure with the disc.
15. Clamp the gastrostomy tube if not in use.
16. Place the wash cloth and towel in the soiled laundry container.
17. Discard disposable supplies in the designated containers.
18. Clean the overbed table and return it to its proper position.
19. Reposition the bed covers. Make the resident comfortable.
20. Place the call light within easy reach of the resident.
21. Remove gloves and discard into designated container.
22. Wash your hands.
23. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.

Documentation

The person performing this procedure should record the following information in the resident's medical record:

1. The date and time the procedure was performed.
2. The gastrostomy tube size and inflation of balloon.
3. The name and title of the individual(s) who performed the procedure.
4. All assessment data obtained during the procedure.
5. How the resident tolerated the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

Reporting

1. Report complications promptly to the supervisor and the attending physician.
2. Notify the supervisor if the resident refuses the procedure.
3. Report other information in accordance with facility policy and professional standards of practice.

References	
MDS (RAPs)	K5b; (RAP #14)
Survey Tag Numbers	F321; F322; F328; F441
Related Documents	
Risk of Exposure	Blood–Body Fluids–Infectious Diseases
Procedure Revised	Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____

