

## Endoscopy Unit: Request for PEG Insertion

**Please complete all sections of this form; incomplete requests will be returned.**

### Patient Information

Hospital Number:	Ward:
Patient's Name	Consultant:
Date of Birth	Date Requested:

### Indications (please circle)

**Indication:**    Reduced consciousness                      Swallow dysfunction                      Progressive weight loss  
 Recurrent aspiration (can occur with PEG)    Intolerable difficulty with eating  
 Long term supplementary feeding for \_\_\_\_\_

**Cause: Acute: please state**

Please remember a naso gastric tube could be used for 6 weeks

**Chronic: please state**

**In head and neck cancers for treatment with curative intent; refer to the Radiology Department for a Radiologically Inserted Gastrostomy (RIG)**

### Patient's Risk Assessment

Risk assessed	Result	Advice
Oxygen saturation lying flat on air		If $\leq 92\%$ discuss with endoscopist (For patients with MND assessment by respiratory consultant required.)
Previous abdominal surgery	Yes / No	If affects stomach or upper abdomen please discuss with Nutrition Nurse Specialist
Comorbidities: cardiac, respiratory, renal disease.	Yes / No ASA grade:	
Contraindication: ascites, peritonitis, small bowel obstruction, coagulopathy, gastric varices, MI within 6 weeks, prognosis < 30 days.	Yes / No Prognosis:	Relative contraindication include hepatosplenomegaly, portal hypertension, morbid obesity, severe GORD, current chest infection, dementia, anorexia nervosa
Known risk of CJD or vCJD	Yes / No	Please inform endoscopy
Diabetes	Yes / No	Please read guidance on intranet endoscopy page for diabetic persons having a gastroscopy, and anticoagulants and anti-platelet agents
Is the patient taking Anticoagulant or anti-platelet medication?	Yes / No If so which:	

## Details

Dietetic Assessment	Yes	No	Date and details:
SALT Assessment (if appropriate)	Yes	No	Date and details:
Nutrition Nurse Assessment	Yes	No	Date and details:
Restricted mouth opening	Yes	No	Details: Please ask endoscopy for a mouth guard and ensure it fits if you have identified restricted mouth opening.
Known Pharyngeal / Oesophageal stricture	Yes	No	Details: Please discuss with an endoscopist
Screened for MRSA	Yes	No	Results: Date: A positive MRSA screen is a contraindication; no recent MRSA screen is a relative contraindication.
Co-amoxiclav allergy	Yes	No	Prior to PEG insertion 1.2g IV Co-amoxiclav or 750mg IV Cefuroxime is given. Teicoplanin 400mg IV is given for past anaphylaxis to these drugs; this needs ordering in advance.
Cefuroxime allergy	Yes	No	
Procedure discussed with Family/Carers	Yes	No	Details: If further information or discussion would be helpful please provide Nutrition Nurse contact tel. 01225821954
Does the patient have the mental capacity to consent to the procedure	Yes	No	If no , consent form 4 should be completed by the responsible consultant following best interest discussion with family and MDT If yes, consent will be obtained at the time of the procedure.
Procedure discussed with Community Staff (if appropriate)	Yes	No	Comments:
Discharge plan	Home	Nursing Home	Other:
Current method of feeding	Oral	NG	Other:

**Requested by (please print):** \_\_\_\_\_ **Bleep No:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Responsible Consultant:** \_\_\_\_\_

**Further guidance on Percutaneous Endoscopic Gastrostomy (PEG) and Radiologically Inserted Gastrostomy (RIG) is available on the intranet on the nutrition page or by contacting the nutrition nurse specialists on bleep 7191, or extension 1954**