Royal United Hospitals Bath
NHS Foundation Trust

Enteral Tube Problems

Information for patients, medical and nursing staff

This leaflet is intended to provide guidance to both patients with a feeding tube and the medical and nursing teams involved in their care. When caring for an enteral tube it is essential to know the type of tube, how to identify tubes, what to do should they fall out (become displaced) or become blocked.

Key steps

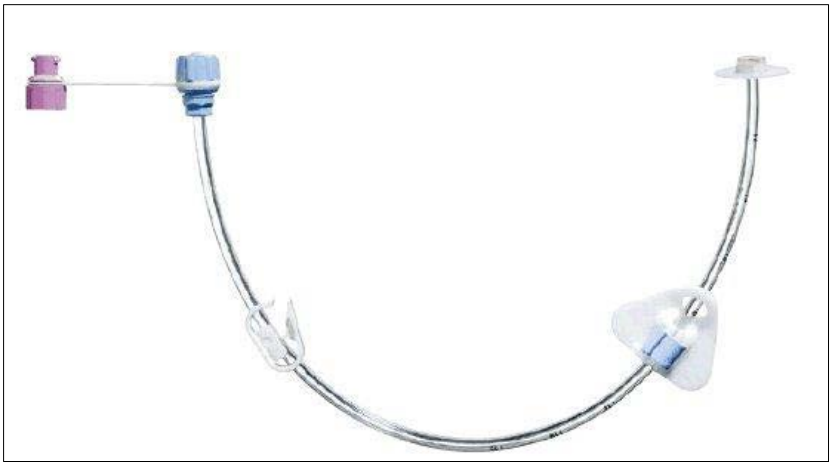
1. Identify the type of tube
2. Assess whether you can repair, or replace the tube; if not, should you place a device in the stoma to maintain the tract
3. Assess whether admission is required as an emergency or can be arranged as an urgent elective via liaison with the nutrition nurse specialists in normal office hours

Identifying the type of tube

Identifying the correct tube ensures the correct management and helps with arranging the replacement. Details of the tube should also be listed on the patient's record on Millennium.

The hospital's care plan for all the tubes identified are on the intranet under 'Nutrition Care Plans' and on the Gastroenterology web page. When a tube has been placed at the RUH, a booklet specific to the type of tube is given to the patient and it should be brought into the hospital in case of any problems.

Percutaneous Endoscopic Gastrostomy (PEG)



When a PEG tube is placed at the RUH, it is usually a Fresenius Freka size 15fr gauge gastrostomy tube. The Freka tube has purple and blue ends, a triangular fixation plate and a clamp.

The purple and blue ends, fixation plate and clamp can all be replaced if they become damaged. There are spares in the Gastroenterology clinic room 2 cupboard, this is accessed via Haygarth ward out of hours. There is a notice on the door of the clinic room.

If a PEG tube falls out, the external stoma may appear to be viable however the gastric mucosa may close over within approximately two hours of a tube falling out making it difficult to replace; therefore place a foley catheter in the stoma. The foley catheter only maintains stoma patency. A foley catheter can only be used for this purpose and **cannot** be used to give feed, water or medication. (See MDA alert No: 2004/006 2nd February 2004)

If the PEG is being used as the only source of hydration, or essential medication, emergency admission via the GP and medical take, for intravenous fluids, may be required until the PEG can be replaced. PEG replacement is only available in normal working hours in endoscopy. If emergency admission is not required, urgent elective replacement can be coordinated by contacting the Nutrition Nurse specialists, during normal office hours, who can liaise with endoscopy to arrange replacement.

Radiologically inserted Gastrostomy (RIG) balloon retained Gastrostomy tube

A RIG tube placed at the RUH will be a balloon gastrostomy tube size 14fr gauge with 3 gastropexy sutures in place (buttons) to maintain the formation of the stoma - the sutures should dissolve after 2 to 4 weeks.

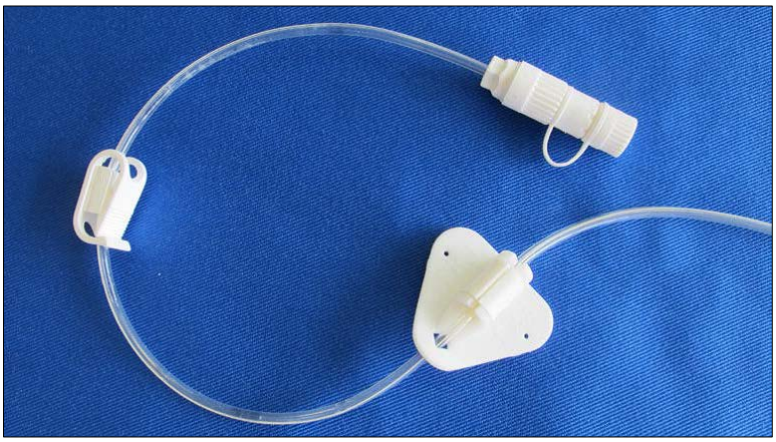
If a balloon gastrostomy tube falls out **within 3 weeks** of initial tube placement, replacement of a tube should be done under imaging in Radiology, as the stoma tract is not mature - this will need to be done in hospital, so admission is usually required. Emergency admission, via the GP and medical take, is appropriate if the RIG tube is the sole source of hydration or essential medication.
If emergency admission is not required, urgent elective replacement can be coordinated by contacting the Nutrition Nurse specialists, during normal office hours, who can liaise with Radiology to arrange replacement as there are no out of hours interventional Radiology lists.

If a balloon gastrostomy tube falls out **after 3 weeks** of tube placement an attempt can be made to replace the tube using an appropriate sized balloon gastrostomy tube. The external stoma may appear to be viable however the gastric mucosa may close over within approximately 2 hours of a tube falling out, making it difficult to replace. Spare balloon gastrostomy tubes are available from the Gastroenterology clinic room 2 cupboard, accessed via Haygarth ward out of hours. There is a notice on the door of the clinic room. It is appropriate for medical/nursing staff to attempt to replace the tube within 24 hours of tube removal. Confirmation of the gastric placement of the tube is made by obtaining aspirate and using pH indicator strips - a pH of 5.5 or less indicates gastric placement.

If this cannot be obtained, radiological confirmation of the tube position (tubogram) will be required before the tube can be used for feed, water or medication.

If tube replacement is not possible, referral to the Radiology department for the stoma to be dilated and insertion of a new tube will be required.
Emergency admission, via the GP and medical take, is appropriate if the RIG tube is the sole source of hydration or essential medication. If emergency admission is not required, urgent elective replacement can be coordinated by contacting the Nutrition Nurse specialists, during normal office hours, who can liaise with Radiology to arrange replacement as there are no out of hours interventional Radiology lists.

Jejunostomy



A jejunostomy tube placed at the RUH will usually be a Fresenius Freka size 9fr gauge jejunostomy tube. The jejunostomy tube has a purple and yellow or white end, and the triangular fixation device is sutured to the abdominal wall. The sutures are the only means of securing the tube. The sutures must be replaced immediately if they have fallen out; dressings alone are not adequate to secure the tube. If a jejunostomy tube falls out, a new tube will be required. These are placed by a specialist surgical team, and hospital admission is usually required. If the

jejunostomy is the only source of hydration or essential medications, emergency admission via the GP and surgical take may be required until the jejunostomy tube can be replaced.

Otherwise an elective tube change can be arranged by referral to the acute surgical clinic based on the surgical admissions unit or referral to the Upper Gastrointestinal specialist nurse

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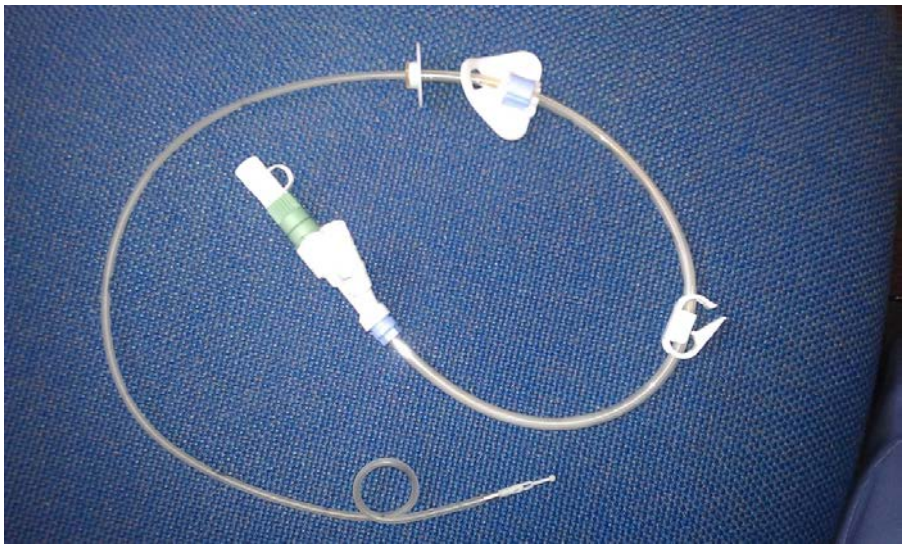
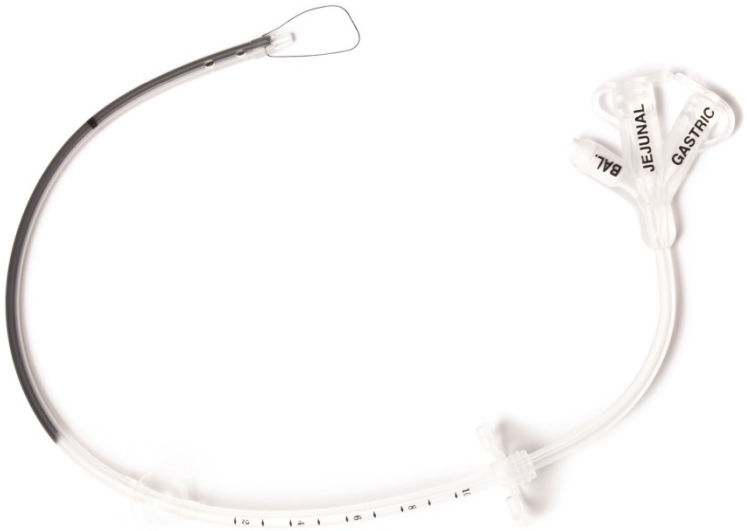
Percutaneous Endoscopic Gastrostomy with Jejunal Extension (PEG-J)



A PEG with a jejunal extension is placed for those who have problems tolerating gastric feeding. There are 2 ports on a Y connector. “G” marks the gastric port and is a size 15fr gauge, “I” marks the jejunal port and is a size 9fr gauge. If any part of the connector becomes loose, the jejunal part of the tube will become displaced. Emergency admission, via the GP and medical take, is appropriate if the tube is the sole source of hydration or essential medication If emergency admission is not required, urgent elective replacement can be coordinated by contacting the Nutrition Nurse specialists, during normal office hours, who can liaise with Radiology to arrange replacement as there are no out of hours interventional Radiology lists.

Transgastric Balloon Retained Jejunal feeding tube (RIG-J) Single or Double Lumen



This type of tube is placed when gastric feeding is not tolerated or when there is a problem with recurrent aspiration. Externally the tube will look like a balloon retained gastrostomy tube. The balloon is situated in the stomach, but the end of the tube sits in the jejunum. The ports on the tube are marked to indicate their position.

If the tube is displaced and is the sole source of hydration or essential medication, emergency admission via the GP and medical take, for intravenous fluids, may be required until the tube can be replaced.

If emergency admission is not required, urgent elective replacement can be coordinated by contacting the Nutrition Nurse specialists, during normal office hours, who can liaise with Radiology to arrange replacement as there are no out of hours interventional Radiology lists.

A balloon gastrostomy tube could be placed in an emergency out of hours to preserve the stoma. It must NOT be used for feeding or administration of medication.

Blocked tubes

When a blocked tube occurs, continual attempts should be made to flush the tube with warm water, carbonated water or under medical supervision, sodium bicarbonate mixed with water (1 teaspoon sodium bicarbonate powder mixed in

10ml of warm water). A small bore purple enteral syringe (10ml) may be used; these are available on most inpatient wards; keep trying.

If the tube is blocked by medication, the medication should be reviewed to reduce the risk of further blockages. Liaise with medicines information in pharmacy.

If a balloon gastrostomy tube cannot be unblocked by the above methods it should be replaced by nursing / medical staff. If further support or advice is required contact the senior medical or nursing staff.

For further advice or information please contact the Nutrition Nurse Specialists directly on:
01225 821954

Or via the hospital switchboard 01225 428331
Requesting Bleep 7191

The community team who have up to date information about the patient and the feeding tube can be contacted on 03452501058 or out of hours 03457623636

Interventional Radiology in office hours
Call: 01225 824375

Dietitians in office hours
Call: 01225 824398

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01225 428331 www.ruh.nhs.uk

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email ruh-tr.pals@nhs.net or telephone 01225 825656.