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Gastrostomy

Patient name: _____

Admission: _____

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- I. **The client/caregiver can define a gastrostomy.**
 - A. It is a catheter inserted surgically through the abdomen into the stomach for the purpose of feeding the client.
 - B. It is used when a client is unable to swallow for a long period of time and in order to provide complete nutrition.
 - C. They are larger in diameter than most nasogastric tubes. This could result in less chance of the tube becoming blocked.
 - D. The feeding can be given continuously or intermittently.

- II. **The client/caregiver can demonstrate a gastrostomy feeding procedure.**
 - A. Gather all equipment.
 - B. Wash hands well.
 - C. Put client in an upright position.
 - D. Aspirate stomach contents to check residual and then return aspirated contents to stomach. (Hold feeding if residual is greater than 50 to 100 ml and notify physician.)
 - E. Check feeding solution for expiration date.
 - F. Warm feeding solution to room temperature.
 - G. Remove clamp and attach bulb syringe to end of gastrostomy tube.
 - H. If giving bolus feeding
 1. Pour room temperature feeding solution into syringe and adjust height of syringe to increase or decrease rate of flow, allowing approximately 20 to 30 minutes to infuse.
 - I. If using pump or continuous feeding
 1. Pour room-temperature feeding solution into bag and prime tubing by filling with formula to prevent air from going into stomach.
 2. Connect to pump and attach to gastrostomy tube.
 3. Set the pump for quantity to be infused and at what rate.

NRS
DATE INITIAL

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- J. Flush tube after feeding with approximately 30 ml of water or as ordered.
 - K. Clamp tube securely.
 - L. Client should remain in an upright position at least 15 to 30 minutes after a meal.

- III. **The client/caregiver can list measures for skin care around tube.**
 - A. Keep skin around tubing clean and dry.
 - B. Apply dressing or ointments as ordered.
 - C. Report any signs of wound infection (i.e., fever, redness, drainage, odor, and tenderness).

- IV. **The client/caregiver can list measures to prevent complication.**
 - A. Wash hands well and keep work area very clean to prevent infection.
 - B. Weigh regularly to detect any weight loss.
 - C. Keep head of bed elevated at least 30 degrees to prevent aspiration.
 - D. Refrigerate opened cans of feeding solution and discard after 24 hours to prevent spoilage.
 - E. Hang only the amount of feeding that will infuse in 4 hours to prevent spoilage and accidental excess infusion.
 - F. Use a delivery pump for a continuous feeding to assure a correct rate of flow.
 - G. Infuse slowly at rate ordered by physician to decrease nausea.
 - H. Flush tube as ordered to prevent clogging.
 - I. Have client sit in an upright position after eating to prevent aspiration.
 - J. Assess and monitor blood sugar if diabetic, and report to physician.
 - K. Wear Medic Alert bracelet to inform others of medical information.
 - L. Report to physician any intolerance to feedings (i.e., nausea, vomiting, cramping, diarrhea, and abdominal distention).
 - M. Keep follow-up appointments with physician and laboratory.

(Continued)

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DATE INITIAL

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V. The client/caregiver can list possible complications.

- A. Tube obstruction
- B. Aspiration pneumonia
- C. Diarrhea, nausea, or vomiting
- E. Local skin infection
- F. Inadvertent removal of the tube

RESOURCES

Medical equipment companies

Counseling

REFERENCES

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