


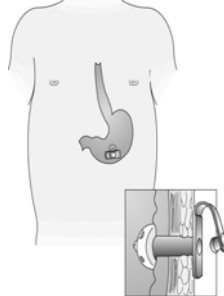
Gastrostomy Care

Nurse Aide's Role



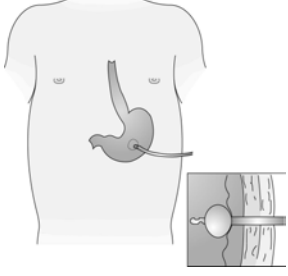
Percutaneous Endoscopic Gastrostomy (PEG) Tube

- Surgery is contraindicated.
- Dressing first 7-10 days.
- No gauze is to be used under it, because it can cause the bumper to be pulled forward through the skin.
- Skin care- after 2-3 wks. wash with soap and water, rinse, dry, apply skin barrier.
- Tube will be marked with indelible ink at exit point.
- Report if tube moves, breakdown



Gastrostomy tube- foley catheter

- Initially a surgeon makes an incision and inserts tube.
- These need to be replaced from time to time by nurse.
- Notice it is a soft balloon inside the stomach.
- What would be the disadvantages?



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: **Gastrostomy Button**
: cosmetically more pleasing

- Clients experience greater mobility.
- Has antireflux valve, report gastric contents leakage.
- The nurse will rotate the button in a full circle during feeding.
- Avoid oily substances around stoma, which can deteriorate silicone button.
- Cleanse the skin with mild soap/water
- Use stoma adhesive powder or wafer skin barrier.

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: **Nursing Care**

- Feeding may be intermittent or continuous.
- HOB 45-60 degrees/feeding and 30min. after
- Report any skin breakdown.
- Report any vomiting or retching immediately.
- HOB to be up at least 30 degrees at all times.
- Make sure tubing is not kinked, if continuous.
- Notify the nurse if tube falls out.
- Keep water carafe out of patient's reach.
- Oral hygiene q2h
- Notify nurse if controlling device alarm sounds
