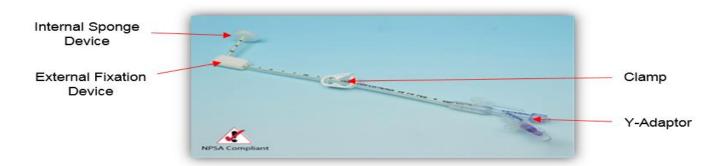


INFORMATION LEAFLET FOR PARENTS / GUARDIANS OF A INFANT / CHILD WITH A COR-FLO PERCUTAENOUS ENDOSCOPIC GASTROSTOMY (PEG) TUBE



AIM OF THIS ADVICE SHEET

To provide information to assist parents/guardians to care for children/infants before and after the insertion of a PEG tube while in hospital and at home.

WHAT IS A COR-FLO PEG TUBE?

A COR-FLO PEG tube provides direct access to the stomach and is used for enteral feeding and venting. The PEG tube is made from medical grade polyurethane. It is held in place by an internal sponge device on the inside and an external fixation device on the outside.

When a PEG tube is indicated as the route of choice for enteral feeding, the type of tube and insertion method will depend on the clinical condition of the child and will be discussed with you by the surgical team.

WILL I LEARN TO CARE FOR THE PEG TUBE?

Yes. Your child's nurse and the Nutrition Support Nurse will show you how to care for the PEG tube before your child is discharged home.

Y-ADAPTORS

WHAT IS THE Y-ADAPTOR USED FOR?

The PEG tube ends in a Y-Adapter which allows the feeding equipment to be attached. The universal adapter at the end of all feeding sets can be attached directly to this Y-Adapter, reducing the risk of the feeding set being accidently disconnected.

WILL I NEED SPARE Y-ADAPTORS?

Yes. When still in hospital, they are sourced from the Material Management Department and are stored in the Store Room. Before discharge, you will receive a prescription from OLCHC for your community supplies (Public Health Nurse/local pharmacy). You will require at least 2 Y-Adaptor devices.

WHAT SIZE Y-ADAPTOR WILL I NEED?

The size of the Y-Adaptor is determined by the number (FR) on top of your child / infants external fixation device.



EXTERNAL FIXATION DEVICE

WHAT IS THE EXTERNAL FIXATION DEVICE USED FOR?

The fixation device is used to keep the PEG tube in place and stops it moving excessively in and out of the stoma site. It can be tightened or loosened depending on each child's individual needs.

WILL I BE TAUGHT HOW TO USE THE EXTERNAL FIXATION DEVICE?

Yes. You will be taught how to open, close and clean the fixation device 3 months after the PEG tube is inserted. Until then, the fixation device can only be opened by a Surgeon or Nutrition Support Nurse. You will not be given an appointment for this education. To make this appointment, you must ring the Nutrition Support Nurse 3 months after the PEG tube was inserted and leave a voicemail message at 01 428 2656.

CARE OF THE PEG TUBE

SPECIFIC PEG TUBE CARE (UP TO 5 DAYS AFTER THE PEG TUBE IS INSERTED)

- Document the number marked on the PEG tube where the PEG tube exits the external fixation device. If the number marked changes it is a sign that the PEG tube has loosens, tightened or is pulled
- Apply a Mepilex Border Lite ® dressing for the first 24 hours
- Do not open or rotate the fixation device for 72 hours post operatively, to reduce gastric leaking and allow the stomach to adhere to the abdominal wall
- Day 3-5 after the PEG tube is inserted turn (rotate) the PEG tube 360° rotation every day to ensure that the internal sponge device does not become embedded in the stomach wall. Daily turning of the PEG prevents 'buried bumper syndrome'.
- If the fixation device is:
 - > Too tight to the skin, this may be due to a distended abdomen. The position may need to be changed slightly. Contact the Nutrition Support Nurse / Surgical Team for advice
 - ➤ Too loose (external fixation device is too far from the stoma site) allowing the PEG tube to slide in and out of the stomach, causing leakage of stomach contents. Contact the Nutrition Support Nurse / Surgical Team for advice.

GENERAL PEG TUBE CARE

- Always wash hands with soap and warm water, and dry thoroughly before handling the PEG tube
- Remove dressing, if present
- Look at the stoma site and surrounding area daily for signs of infection:- oozing, redness or unusual smell; leakage of feed; bleeding; granulation tissue at the stoma site or pain
- Clean stoma site, surrounding skin, PEG tube and Y-Adaptor daily with cool boiled water
- Pat the stoma site, surrounding skin and PEG tube dry
- Rotate the PEG tube 360° daily
- Apply a new Mepilex Border Lite ® dressing between the skin and the external fixation device daily for up to
 14 days after the PEG tube is inserted, and then only if required or advised by the Nutritional Support Team

WILL MY CHILD / INFANT BE UNCOMFORTABLE AFTER THE INSERTION OF THE PEG TUBE?

Your child / infant may experience some discomfort after the insertion of the PEG tube and will require regular pain relief for at least the first 48 hours. Distract your child/infant with age appropriate toys to help take their mind off any pain/soreness/discomfort. If you would like further advice on the appropriate pain relief for you child/infant, ask your child's / infants surgical team, nurse or the ward can liaise with the Clinical Nurse Specialist (CNSp) in Pain.



HOW SOON AFTER THE PEG TUBE IS INSERTED CAN MY CHILD / INFANT START FEEDING?

The surgeon will say when your child / infant can start feeding through the PEG tube after it is inserted. This may vary from 6 - 48 hours. If you have any questions contact your child's/infants surgical team.

WHY DO I NEED TO CHECK THE PH OF THE PEG TUBE?

The pH of the PEG Tube must be checked to make sure the PEG tube is in the correct position. The PEG tube position is check by applying aspirate from the PEG tube on a pH paper, and it should be between 0 - 5.0

HOW OFTEN SHOULD I CHECK THE PH OF THE PEG TUBE?

The position of the PEG tube is checked with pH paper:

- prior to the PEG tube being first used (by nursing staff)
- after opening and closing the external fixation device
- if the PEG tube has been accidently pulled

WHEN CAN MY CHILD / INFANT RETURN TO NORMAL ACTIVITIES AFTER GETTING THE PEG TUBE INSERTED?

Bathing is allowed 2 weeks after the PEG tube is first inserted. A sponge wash/bed bath can be performed during the first 2 weeks. Use soaps for sensitive skin in the bath water.

Swimming is allowed 6 weeks after the PEG tube is first inserted (stoma must not be infected or sore). The stoma site and surrounding area must always be cleaned with cooled boiled water after swimming to prevent any irritation from chlorine or seawater.

WHAT SIZE SYRINGE DO I USE?

The smallest syringe advisable for use with the PEG tube is a 10 ml syringe as smaller syringes can create too much pressure on the walls of the PEG tube and the stomach. If a smaller syringe is needed for medicines make sure the Peg tube is patent by flushing the tube before using it.

HOW OFTEN DO I FLUSH THE PEG TUBE?

The PEG tube should be flushed with at least 10mls of cooled boiled water before and after all feeds and any medications (more can be used, if required).

(If your child is fluid restricted, please ask the child's doctor or dietician for advice on how much water the tube can be flushed with).

FOLLOW UP ADVICE FROM PHARMACY DEPARTMENT

The Ward / Unit Pharmacist, must review what medication your child is taking and provide advice on the suitable medication for this tube before discharge to ensure the route of medication is given correctly:

- If your child / infant can take anything by mouth, give these medications ORALLY
- If your child / infant is nil by mouth, ensure that the PEG tube is flushed before and after medications with at least 10mls of cooled boiled water. Where indicated by the pharmacist you may need to dilute the medication in a minimum of 10mls of cooled boiled water in a 10ml syringe. This may help to prevent the PEG Tube becoming blocked

Medications to be aware of with a PEG Tube	Reason
Omeprazole (Losec)	can block tube
Lansoprazole (Zoton)	can block tube
Pancrelipase (Creon)	can block tube
Clarithromycin (Klacid)	can block tube completely



WHAT DO I DO IF THE PEG TUBE IS BLOCKED?

It is important to prevent PEG tube blockages, as it can shorten the lifespan of the tube. If the tube regularly blocks at home this can be a sign that the tube is old and needs replacing.

YOU CAN TRY TO UNBLOCK THE PEG TUBE BY:

- Filling a 10ml syringe filled with about 6mls of cooled boiled water
- Connect the syringe to the PEG tube
- Use a 'push-pull technique' with the syringe to unblock the tube by:
 - o slowly pushing the water into the PEG tube, and
 - o slowly withdrawing back
 - o never use excessive force as the tube may split
- If there is resistance: stop and try to aspirate back with the syringe
- If the blockage is aspirated from the PEG, discard the syringe, and flush the PEG tube with a new 10ml syringe and repeat the 'push-pull technique' until the PEG tube is unblocked
- If you cannot unblock the tube, contact your local Emergency Department

WHAT DO I DO IF THE PEG TUBE IS ACCIDENTLY PULLED OUT/FALLS OUT?

- Bring your child / infant to your local Emergency Department as soon as possible, so that a replacement gastrostomy tube can be inserted, as the stoma can close within hours
- Do not insert anything into the stoma as it may cause damage to the stoma and tract

WHAT DO I DO IF MY CHILD/INFANT HAS DIFFICULTY PASSING/BRINGING UP WIND?

You can vent the PEG tube.

HOW DO I VENT THE PEG TUBE?

This is done using a 60ml Enteralok syringe as follows:

- Clamp the PEG tube
- Remove the plunger from the syringe
- Open only one port on the Y adapter
- Attach the barrel of syringe to the PEG tube
- While holding the barrel of the syringe upright, open the clamp
- Allow wind to escape through PEG tube and syringe barrel
- Once your child is comfortable, clamp the PEG tube
- Remove the barrel of the syringe
- Close the Y-Adaptor port
- Any feed that refluxes into the PEG tube must be replaced back into the stomach or replaced with a similar volume of fresh feed
- Flush the PEG tube with 10mls cooled boiled/sterile water

HOW OFTEN IS THE PEG TUBE CHANGED?

It is a permanent tube, and changes are normally only performed when there is a problem. PEG tubes are only changed / removed, if they become:

- Blocked or experience regular blockages in an old PEG tube
- · Partially or completely dislodged
- Untreatable infections at stoma site causing colonisation of PEG tube
- The child/infant no longer needs it (this decision is made by the surgeons / medical team and dietetic team



HOW IS THE PEG TUBE CHANGED?

This PEG tube can only be removed or changed in Theatre. It can only be reinserted under a general anaesthetic.

HOW TO ORDER PEG TUBE SUPPLIES?

Parents / guardian will receive a prescription prior to discharge home for:

- Syringes
- Y-Adaptor (X2)
- Dressings (Mepilex Border lite), if required
- pH paper

You will be given enough PEG Tube supplies for 2 weeks and 2 Y-Adaptors on discharge. After this your supplies will be given to you by the Public Health Nurse. Any problems with supplies please contact:

Allphar services: (01) 468 8472

DASH 3 Single use syringes		DASH 3 [®] REUSABLE syringes		
NSV Code	Supplier Reference	NSV Code	Supplier Reference	
FTR03529	Ref: 13011015 DASH 3® ENFit 1ml	FTR03561	Ref: 13021015 DASH 3 [®] ENFit	
	syringe		Plus 1ml syringe	
FTR03535	Ref: 13011125 DASH 3® ENFit 2.5ml	FTR03562	Ref: 13021125 DASH 3® ENFit	
	syringe		Plus 2.5 ml syringe	
FTR03530	Ref: 13011050 DASH 3® ENFit 5ml	FTR03563	Ref: 13021050 DASH 3 ® ENFit	
	syringe		Plus 5ml syringe	
FTR03504	Ref: 13011100 DASH 3® ENFit 10ml	FTR03564	Ref: 13021100 DASH 3® ENFit	
	syringe		Plus 10ml syringe	
FTR03505	Ref: 13011200 DASH 3® ENFit 20ml	FTR03565	Ref: 13021200 DASH 3® ENFit	
	syringe		Plus 20ml syringe	
FTR03503	Ref: 13011610 DASH 3® ENFit 60ml	FTR03555	Ref: 13021610 DASH 3 [®] ENFit	
	syringe		Plus 60ml syringe	

Technopath, Fort Henry Business Park Ballina, Co. Tipperary Ph: 061335844 www.techno-path.com

DASH 3 ® Accessories			
NSV Code	Supplier Reference	Supplier Description	
FSB03062	13031001	Bottle adaptor for DASH 3 ENFit® syringe 10mm-14mm size 1	
FSB03063	13031002	Bottle adaptor for DASH 3 ENFit® syringe 14mm-16.8mm size 2	
FSB03064	13031003	Bottle adaptor for DASH 3 ENFit® syringe 16.9mm-20mm size 3	
FSB03067	13031004	Bottle adaptor for DASH 3 ENFit® syringe 20.2mm-24mm size 4	
FTR03543	13041001	DASH 3 ENFit ® syringe tip caps	
FTR03544	3051050	DASH 3 ENFit ® medicine straw 50mm	
FTR03545	3051100	DASH 3 ENFit ® medicine straw 100mm	

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CORFLO® PEG Y-ADAPTERS			
NSV Code	Supplier Reference	Supplier Description	
FWL01272	50-6112	Corflo® PEG repair kit y-adapters Size 12 fr	
FWL01271	50-6116	Corflo® PEG repair kit y-adapters Size 16 fr	
FWL01254	50-6120	Corflo® PEG repair kit y-adapters Size 20 fr	
Librahan aamilaaa Cit	have at Ph 01 460 9456		

Uniphar services, Citywest Ph 01 468 8456



DRESSINGS				
NSV Code	Supplier Reference	Supplier Description		
EHU0032	298300	Mepitac® Tape		
ELA00257	66800269	Supplier / Uniphar	Allevyn* Gentle Border 7.5 cm x 7.5 cm	
ELA00293	72631-00	Cutimed® Siltec B dressings 7.5 cm X 7.5cm X 2 daily		
ELA00297	55512AMDX	AMD Antimicrobial foam fenestrated disc dressing		
	4008	IV3000 10cm x12cm		
ELM00098	403706	Supplier United Drug	Aquacel® Ag dressings 5cm X 5cm	
EKB00021	CR3849	Actilite Dressing 10 x 10 cm		
		OTHER		
NSV Code	Supplier Reference	Supplier Description		
FSE00463	44-4100	Farrell® Valve Enteral Gastric Pressure Relief System		
FWM00396	1180-262154	Kangaroo® Paediatric feeding sets		
	MED250L from	250mls / Genesys contracted supplier		
NSV required	Genesys	250mis / Genesys contracted supplier		
Subject to change based on product availability				

For any further advice, please contact the:

Nutrition Support Nurse: Bleep 8742 (when in hospital only)

Outside hospital calls, Voicemail (01) 428 2656.

Please document the fr size of the child's peg tube as it is important to know for ordering supplies

Surgical Team on Call: Out of hours service (01) 409 6100

Remember: Ask your nurse if you are unsure about your child's care.

ADDITIONAL INSTRUCTIONS

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Developed by:

Elaine Harris (Clinical Placement Coordinator), Anthea Bryce-Smith (Nutrition Support Nurse), Renagh Tomlinson (Nutrition Support Nurse) In collaboration with the parental users

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