

**NURSING CARE PLAN No 27**  
**Gastrostomy Plan**  
*All careplans must be used conjunction with careplan 1*

Full Name: .....

Address: **Addressograph** .....

HCR.....

<b>Care Plan No 27 Problem</b>	<b>Gastrostomy Plan Goals</b>	<b>Issue Date:</b> April 2020 <b>Review Date:</b> April 2023	
<p>..... requires a:</p> <ul style="list-style-type: none"> <li>• Mic-Key Tube</li> <li>• PEG Tube</li> <li>• Mallecot / Foley gastrostomy tube</li> </ul> <p>Date inserted.....</p>	<ul style="list-style-type: none"> <li>• Preoperatively, the infant/child will be safely prepared for insertion of the gastrostomy tube</li> <li>• Postoperatively, the infant/child will have a safe and comfortable recovery</li> <li>• Effective management of complications</li> </ul>		
<p><b>Nursing Intervention</b></p> <ul style="list-style-type: none"> <li>• Use with Care plan 6 for routine pre &amp; post-operative care</li> <li>• Use in conjunction with OLCHC NPC Enteral Guidelines</li> </ul> <p><b>NB. Loop all enteral feeding tubes when not in use to prevent tubes catching in equipment if not connected to feeding pumps. Special care when moving and handling infants</b> (For example, transferring to a buggy, placement in parents' arms or weighing)</p>			
No	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<b>1</b>	<b>Pre-Operative Care prior to Insertion of Gastrostomy Tube</b>		
	<ul style="list-style-type: none"> <li>• Explain procedure to patient/parent/guardian</li> <li>• Provide written and verbal information</li> <li>• Provide specific skin preparation as per instructions</li> <li>• Adhere to correct site surgery policy (OLCHC, 2009) .....</li> <li>• Contact Nutrition Support Nurse (Bleep 8742/8743) to ensure they are aware of intended Surgery</li> <li>• Additional information: .....</li> </ul>		
<b>2</b>	<b>Post-Operative Care</b> (NOTE: For specific care, please tick (☑) relevant section below)		
	<ul style="list-style-type: none"> <li>• Follow post-operative instruction as requested by Surgical Team.</li> <li>• Dressing to remain untouched for 24hrs post insertion.</li> <li>• Remove dressing 24hrs post tube insertion</li> <li>• Observe and document wound condition on the assessment sheet (see Section 3 for care of</li> <li>• infected site)</li> <li>• After 24 hours, clean the site:               <ul style="list-style-type: none"> <li>○ Use Aseptic Non-Touch Technique level 3 as per ANTT NPC 2011</li> <li>○ Clean the site with sterile water</li> <li>○ Allow the site to air dry</li> <li>○ Cover clean site with soft dressing low adhesive i.e. Mepilex Border Lite®.</li> <li>○ Change same dressing daily for 5-7 days.</li> </ul> </li> <li>• Commence feeds as per instructions of surgeons and dietician.</li> </ul> <p>Date commenced:</p>		

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2.1	Mic-Key Tube	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<ul style="list-style-type: none"> <li>• Check pH prior to the first feed - Range should be between 0 – 5.</li> <li>• Turn the Mic-Key 360 degree's 72hrs post insertion and continue this rotation daily.</li> <li>• Change water in balloon every 14 days remove the 5mls of water with 10ml syringe and replace with</li> <li>• 5mls of water in a 10ml syringe</li> <li>• <b>Supplies out of hours</b> - If supplies needed outside of office hours, these are available in Materials</li> <li>• Management Storeroom. Contact Security (Bleep 8700) for access to same.</li> <li>• Do not insert a syringe directly into the mic-key always use the extension set</li> </ul> <p>Additional Information: ..... .....</p>		
	<p style="text-align: center;"><b>2.2 PEG Tube</b></p> <ul style="list-style-type: none"> <li>• Check pH prior to the first feed - Range should be between 0 – 5.</li> <li>• Turn the PEG tube 360 degrees 72hrs post insertion</li> <li>• Continue this rotation daily to ensure tract formation and prevent Buried Bumper Syndrome.</li> </ul> <p>Additional information ..... .....</p>		
	<p style="text-align: center;"><b>2.3 Mallecot / Foley Gastrostomy</b></p> <ul style="list-style-type: none"> <li>• <b>DO NOT ROTATE TUBE</b> (Tube may be held in place by suture and water balloon)</li> <li>• Gastric pH MUST be checked before each use. Range should be between 0 – 5.</li> <li>• Document same in nursing notes.</li> </ul> <p>Additional information ..... .....</p>		
	<p style="text-align: center;"><b>3 Care of Infected Site</b></p> <ul style="list-style-type: none"> <li>• Observe site for signs of redness/swelling/oozing</li> <li>• Perform daily dressings or as directed by surgeons and CNS</li> <li>• Apply topical creams as prescribed</li> <li>• Administer pain relief as required and monitor effectiveness of same</li> <li>• Document condition of site on assessment sheet</li> <li>• Obtain microbiological Swab for Culture and Sensitivity</li> </ul> <p>Administer antibiotics as prescribed ..... .....</p> <p>Additional information: ..... .....</p>		

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4	Discharge Planning	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<ul style="list-style-type: none"> <li>• Provide parents with written and verbal information</li> <li>• Provide education to parents and ensure Parent Teaching Checklist / Competence Assessment is completed prior to discharge</li> <li>• <b>Mic-Key Tube only</b></li> <li>• Advise parents to make appointment for three months <b>with surgeons</b> to change Mic-Key button</li> <li>• Ensure parents have a spare Mic-Key on discharge which is the same length and size as tube in-situ.</li> </ul> <p>Additional information: ..... .....</p>		
5	Tube Dislodged		
	<ul style="list-style-type: none"> <li>• Observe Child</li> <li>• Observe wound site for bleeding/gastric leakage if excessive bleeding apply pressure with gauze directly on exit site</li> <li>• Contact Surgical Team immediately and inform of situation</li> <li>• Time is vital as tract can close quickly</li> <li>• Administer pain relief as prescribed.</li> <li>• Tube on occasion maybe inserted at ward level (mic-Key Tube)</li> <li>• Provide Dr with the same size tube and one smaller in size, Dr will re-insert tube. Confirm position with check of pH</li> <li>• Continue to observe patient and entry site of tube, document on nursing notes.</li> <li>• Child may need to attend Theatre for re-insertion (prepare as per care plan 6)</li> </ul>		

Created by Nursing Department  
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