

Rancho Los Amigos National Rehabilitation Center DEPARTMENT OF NURSING **CLINICAL** POLICY AND PROCEDURE

SUBJECT: GASTROSTOMY FEEDING TUBES,

Policy No.: C146.10 REINSERTION AFTER ACCIDENTAL Effective Date: 11/1990

REMOVAL

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PURPOSE OF PROCEDURE: Gastrostomy tube reinsertion when accidentally dislodged or removed.

PHYSICIAN'S ORDER REQUIRED: Yes

PERFORMED BY: RN

EQUIPMENT NEEDED:

Gloves

4 x 4 gauze pads or drain sponges

Water soluble lubricant Indwelling catheter

6 mls syringe with sterile water (for the balloon)

60 mls catheter tip syringe

Stethoscope Catheter plug

Tape

Trash bag

0.9% Normal Saline

POLICY STATEMENTS:

1. If gastrostomy tube becomes dislodged or accidentally removed, call physician to obtain an order for indwelling catheter insertion as a temporary measure to maintain patent tract.

KEY POINT: If gastrostomy tube was inserted less than 6 weeks prior, call physician to replace.

PROCEDURAL STEPS:

1. Position patient supine with head of bed elevated 30-45 degrees unless contraindicated.

Key Point: An elevated supine position will facilitate passage of the tube toward the left upper quadrant.

Key Point: Reinsertion should be done on an empty stomach, if possible.

- 2. Perform hand hygiene.
- 3. Cleanse skin around stomal area with NS from stoma outward using circular pattern to reduce infection potential. **Key Point:**
- 4. Generously lubricate 2 inches from the tip of the catheter with water-soluble lubricant to facilitate passage and to prevent trauma.
- 5. Gently insert catheter 2 to 4 inches. If resistance occurs, remove catheter slightly, re-lubricate, and gently reinsert. **Key Point**: Never force the catheter as this may create a false passage.
- 6. Aspirate gastric contents with 60mL catheter tip syringe to confirm placement
- 7. Inflate the balloon with 5mls sterile water to hold catheter in place.

Key Point: Gently pull catheter until resistance is met.

- 8. Plug catheter with catheter plug to prevent leakage.
- 9. Fold two 4" x 4" gauze pads and place folded edges alongside catheter Secure with tape. Use pre-cut sponges, if available.
- 10. Loop and secure remaining catheter length with tape to prevent accidental removal.
- 11. Keep patient NPO and do not use replacement catheter until further physician orders.

PATIENT/ FAMILY EDUCATION: Teach patient and/or caregiver:

- 1. What to expect before, during, and after procedure.
- 2. Type and size of catheter is used.
- 3. Catheter care.
- 4. Common catheter concerns:
 - a. Catheter blockage
 - b. Catheter migration
 - c. Balloon breakage

DOCUMENTATION:

- 1. Document incident and physician notification in the EHR. Complete an event notification including:
 - Stoma condition
 - Treatment rendered related to site complications
 - If temporary catheter was inserted, include catheter size.
- 2. Update "GI information" in the EHR.
- 3. Document patient/family education in EHR.

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 11/90 – Revised
 07/09 – Revised
 08/16 – Revised

 04/97 – Revised
 03/12 – Revised
 10/18 – Revised

 03/00 – Revised
 09/15 - Revised
 10/21 - Reviewed