Advice for Parents/Guardians caring for an 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 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 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. To make this appointment, please contact the Nutrition Support Nurse 3 months after the PEG tube was inserted and leave a voicemail message at 014282656.

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. This will help determine if the PEG tube loosens 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 minimise gastric leaking and allow the stomach to adhere to the abdominal wall

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

Additional instructions
PLEASE DOCUMENT THE FR SIZE OF THE CHILD’S PEG TUBE AS IT IS IMPORTANT TO KNOW FOR ORDERING SUPPLIES

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How often is the PEG tube changed?
It is a permanent tube, and changes are normally only performed when there is a problem e.g. blocking of tube, accidental dislodgment, untreatable infections at stoma site causing colonisation of PEG tube. It can only be reinserted under a general anaesthetic.
PEG tubes are only changed/removed if they become:
- Blocked or experience regular blockages in an old PEG tube
- Partially dislodged
- 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.

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.
These will be supplied by the Community. Any problems with supplies please contact:
- Allphar services: (01) 4688472

<table>
<thead>
<tr>
<th>Product</th>
<th>Size / Quantity</th>
<th>Reference No</th>
<th>Supplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORLOCK - CORPORT Y-Adapters</td>
<td>12 FR (box of 5)</td>
<td>090120054</td>
<td>Allphar services, Tallaght, Dublin</td>
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<tr>
<td></td>
<td>16FR (box of 5)</td>
<td>090120058</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20FR (box of 5)</td>
<td>090120051</td>
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</tr>
<tr>
<td>Enteralok syringes</td>
<td>1.0 ML</td>
<td>ELESO1</td>
<td>Technopath, limerick, Ireland</td>
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<tr>
<td></td>
<td>2.5 ML</td>
<td>ELESO25</td>
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<tr>
<td></td>
<td>5 ML</td>
<td>ELESO5</td>
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<td></td>
<td>10ML</td>
<td>ELESO10</td>
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<td>20ML</td>
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<tr>
<td></td>
<td>60ml</td>
<td>ELESO60</td>
<td></td>
</tr>
<tr>
<td>Mepitac</td>
<td>2cmX3cm (box of 24)</td>
<td>298300</td>
<td>Fannins</td>
</tr>
</tbody>
</table>

Subject to change based on product availability

For any further advice, please contact the:
Nutrition Support Nurse: Bleep 8742 (when in hospital only)

Day 3-5 post operation, 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 slightly altered. 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
- Inspect stoma site and surrounding area daily for signs of infection, oozing, 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
- Rotate the PEG tube 360° daily
- Pat the stoma site, surrounding skin and PEG tube dry
- 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 would like further advice on the appropriate pain relief for your child/infant, ask you child’s/infants surgical team, nurse or the ward can liaise with the Clinical Nurse Specialist (CNS) in Pain.

How soon after the PEG tube is inserted can my child / infant start feeding?
The surgeon will identify when your child / infant can start feeding via the PEG tube. 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?
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:
- 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 post operatively, 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 post operatively (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.

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 the child’s medication prescription and provide advice on the suitable medication for this tube prior to 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 pre and post administration of 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.

<table>
<thead>
<tr>
<th>Medications to be aware of with a PEG Tube</th>
<th>Reason</th>
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</thead>
<tbody>
<tr>
<td>Omeprazole (Losec)</td>
<td>can block tube</td>
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<tr>
<td>Lansoprazole (Zoton)</td>
<td>can block tube</td>
</tr>
<tr>
<td>Pancrelipase (Creon)</td>
<td>can block tube</td>
</tr>
<tr>
<td>Clarithromycin (Klacid)</td>
<td>can block tube completely</td>
</tr>
</tbody>
</table>

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 an indication that the tube is old and needs replacing.
You can try to unblock the PEG tube by:
- Filling a 10ml syringe filled with approx 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 by taking the following steps:
- Clamp the PEG tube
- Remove plunger of syringe
- Open only one port on 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 child is comfortable, clamp the PEG tube
- Remove the barrel of the syringe
- Close lid of tube
- Any feed that reflexes into the PEG tube must be replaced back into the stomach or replaced with a similar volume of fresh feed
- Flush PEG tube with 10mls cooled boiled/sterile water