



## CLINICAL GUIDELINE

# Dislodged gastrostomy tubes for Adult patients Attending A&E

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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<b>Lead Author:</b>	Ruth McKee
<b>Approval Group:</b>	Acute Services Division Clinical Governance Forum

### Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

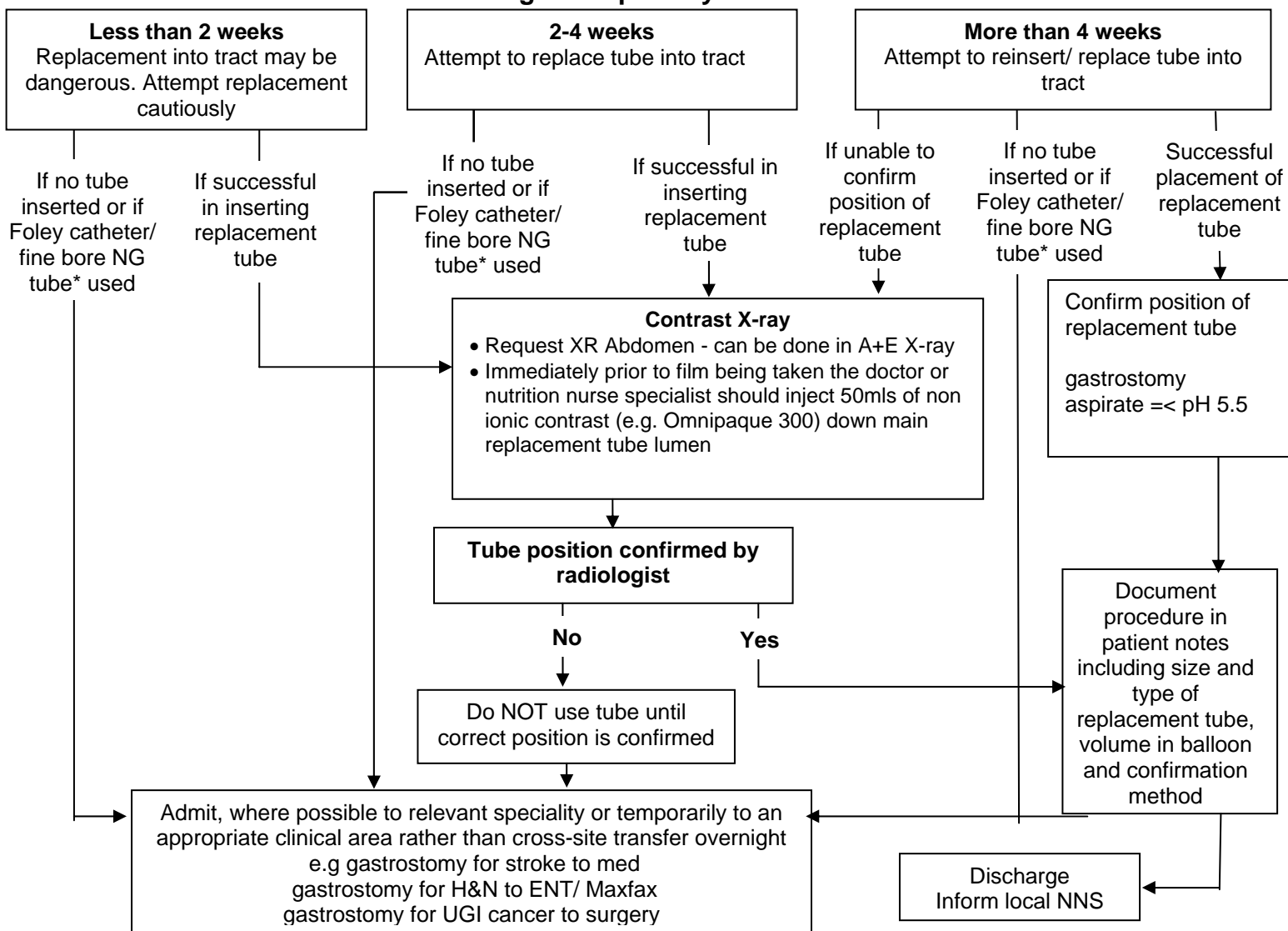
## Adult patients attending A&E with dislodged gastrostomy tubes

- Within standard working hours 9am-5pm, a **Nutrition Nurse Specialist (NNS)** should be contacted as soon as patient is triaged for guidance and support to place replacement tube.
- Out with standard working hours or if the NNS cannot attend use the following algorithm to aid clinical decision making for replacing the patients tube

**NB**

- **The date of insertion of the primary tube must be identified by patient/ carer or medical notes**
- **The patient is given a replacement tube with first home delivery of Enteral Nutrition and should bring on attendance to A&E**
- **Where possible, replacement tube should be used**
- **Any attempt by doctor or nurse specialist to place a tube must be carried out as soon as possible**
- **Where a replacement tube cannot be placed a Foley Catheter\* or Fine Bore tube\* should be considered to keep tract open**

### How long since primary tube insertion?



**\*Foley catheters and NG tubes are a temporary measure for maintaining tract patency until a gastrostomy tube is inserted. DO NOT DISCHARGE PATIENT/ DO NOT USE FOR MEDICATION/FLUIDS OR NUTRITION**

- On admission, if the patient is nil by mouth, document a plan for the patient in relation to hydration, nutrition and route of medication.
- Replacement of definitive tube should be arranged (interim use of a nasogastric tube may be considered), **inform NNS**
- Guidelines/ Procedure for replacing gastrostomy tubes in the Nutrition Resource Manual Section 5:3

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