

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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Important Note:

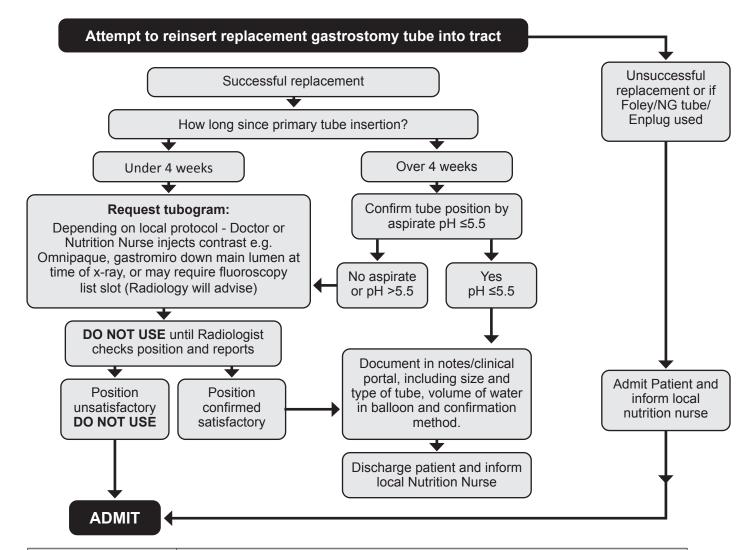
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Adult patients attending A&E with dislodged gastrostomy tubes

- Within standard working hours (Monday to Friday), contact the Nutrition Nurse as soon as patient is triaged for guidance and support.
- Outwith standard working hours or if the Nutrition Nurse cannot attend, use the following algorithm to aid clinical decision making for replacing the patients tube.
- Identify the date of insertion of the primary tube from patient/carer or medical notes.
- Patients should possess a replacement Gastrostomy tube (they are supplied with a spare at home).
- Where possible the patient's replacement tube should be used, but you may have to reduce tube size.
- Any attempt by Doctor or Nutrition Nurse to replace a tube must be carried out as soon as possible.
- If a replacement tube cannot be inserted, insert Enplugs if available or consider a Foley Catheter or NG tube to keep tract open. Foley catheters and NG tubes are a temporary measure, do not discharge patient or use for medication, fluid or nutrition administration.
- If the patient is nil by mouth, document a plan for hydration, nutrition and route of medication.



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