

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
Percutaneous Endoscopic Gastrostomy Tube (PEG)

MSRM 140117.01.12.4
(R-4/19)

ALL PROCEDURES MUST HAVE A CORRESPONDING ORDER DOCUMENTED IN THE INMATES EHR. IF THERE IS NO DOCUMENTED ORDER, WRITE A VERBAL ORDER AND ASSIGN TO THE PROVIDER FOR SIGNATURE. CMA'S THAT HOLD A CURRENT GASTRO CERTIFICATION MAY USE THIS NURSING PROTOCOL.

Subjective Data: _____ **Allergies:** _____

Chief complaint: _____

Peg Materials:

- | | |
|------------------------------|--|
| Catheter Tip Syringe A(60cc) | Cotton-tip swab (to clean under anchor) |
| Stethoscope | Ointment (if ordered) |
| Gloves | Gauze dressing (if drainage around tube) |
| Water | Formula |
| Medical Tape | |

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____

Urine:	<input type="checkbox"/> Clear	<input type="checkbox"/> Dark	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Bloody	<input type="checkbox"/> Foul odor
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CMA's ARE TO CONTACT THE RN IMMEDIATELY. THE RN IS TO CONTACT HEALTH CARE PROVIDER: Health care provider must be called if not on site or if after clinic hours.

<input type="checkbox"/> Bloody or coffee colored drainage through tube	<input type="checkbox"/> Stomach becomes bloated or swollen and tight
<input type="checkbox"/> Temperature of 100.4 degrees F.	<input type="checkbox"/> Peg tube comes out or is shorter than when it was put in.
<input type="checkbox"/> Coughing or vomiting during/after feeding	
<input type="checkbox"/> S/S if infection at insertion site (redness, warm to touch, firm to touch, tender)	

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

<input type="checkbox"/> Peg Tube Feeding	<input type="checkbox"/> Routine Peg Care
<input type="checkbox"/> Provided privacy and procedure explained to inmate. <input type="checkbox"/> Hands washed with soap and water and gloves applied. <input type="checkbox"/> Inmate placed in semi-fowlers position. <input type="checkbox"/> Peg adapter cleanse with alcohol pad. <input type="checkbox"/> Peg tube placement assessed with auscultation. Injected 30 cc to 50 cc of air with syringe. Whooshing/gurgling sound present. <input type="checkbox"/> Aspirated stomach contents for residual. Residual amount obtained _____ cc. Instilled aspirated contents back into feeding tube. (Notify health care provider if gastric residual > 50 cc.) <input type="checkbox"/> Peg tube flushed with 30 cc water to clear tube of gastric fluid. <input type="checkbox"/> Formula (name and amount) _____ administered. <input type="checkbox"/> Peg tube flushed with 30 cc water after feeding. <input type="checkbox"/> _____ cc free water given. <input type="checkbox"/> No signs/symptoms of bloating, nausea, or vomiting during/after feeding. <input type="checkbox"/> Gloves removed, disposed, and hands rewashed. <input type="checkbox"/> Inmate tolerated procedure well.	<input type="checkbox"/> Provided privacy and procedure explained to inmate. <input type="checkbox"/> Hands washed with soap and water and gloves applied. <input type="checkbox"/> Using clean technique, area cleansed with soap and water. Skin allowed to dry. <input type="checkbox"/> Peg adapter and tube cleansed. <input type="checkbox"/> Ointment applied (if ordered) <input type="checkbox"/> Gauze applied and secured with tape. <input type="checkbox"/> Peg tube secured to abdomen with tape. <input type="checkbox"/> No signs/symptoms of infection noted. <input type="checkbox"/> Gloves removed, disposed, and hands rewashed. <input type="checkbox"/> Inmate tolerated procedure well.
<input type="checkbox"/> Education/Intervention: Instructed patient to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Inmate verbalizes understanding of instructions.	

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN/CMA Signature/Credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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