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:  
Chief complaint: 

Allergies: ____________________

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:  
☐ Clear  
☐ Dark  
☐ Cloudy  
☐ Bloody  
☐ Foul odor  

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.  
☐ Bloody or coffee colored drainage through tube  
☐ Stomach becomes bloated or swollen and tight  
☐ Temperature of 100.4 degrees F.  
☐ Peg tube comes out or is shorter than when it was put in.  
☐ Coughing or vomiting during/after feeding  
☐ 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)  
☐ Peg Tube Feeding  
☐ Provided privacy and procedure explained to inmate.  
☐ Hands washed with soap and water and gloves applied.  
☐ Inmate placed in semi-fowlers position.  
☐ Peg adapter cleanse with alcohol pad.  
☐ Peg tube placement assessed with auscultation. Injected 30 cc to 50 cc of air with syringe. Whooshing/gurgling sound present.  
☐ 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.)  
☐ Peg tube flushed with 30 cc water to clear tube of gastric fluid.  
☐ Formula (name and amount) ____________________________ administered.  
☐ Peg tube flushed with 30 cc water after feeding.  
☐ ________ cc free water given.  
☐ No signs/symptoms of bloating, nausea, or vomiting during/after feeding.  
☐ Gloves removed, disposed, and hands rewashed.  
☐ Inmate tolerated procedure well.  
☐ Routine Peg Care  
☐ Provided privacy and procedure explained to inmate.  
☐ Hands washed with soap and water and gloves applied.  
☐ Using clean technique, area cleansed with soap and water. Skin allowed to dry.  
☐ Peg adapter and tube cleansed.  
☐ Ointment applied (if ordered)  
☐ Gauze applied and secured with tape.  
☐ Peg tube secured to abdomen with tape.  
☐ No signs/symptoms of infection noted.  
☐ Gloves removed, disposed, and hands rewashed.  
☐ Inmate tolerated procedure well.

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)  
DOC #