Name Hospital number DOB Affix patient label

Great Ormond Street Hospital for Children NHS Foundation Trust

Ward

Insertion of gastrostomy integrated care pathway

Note: While this ICP refers to the 'child' throughout, all activities are, of course applicable to young people.

Important

- This integrated care pathway (ICP) forms part of the legal record of care received so must be completed fully.
- Each professional making an entry in this record must complete the signature sheet below, after which they should only use initials.
- In using this ICP, the practitioner should refer to Trust policies, clinical practice and procedure guidelines and protocols, which provide evidence and support the activities contained herein.

Checklist

The procedure to insert a gastrostomy should not be undertaken unless the following have been completed, documented and checked:

	Initials	Date
• Medical notes (including assessment documentation) are available and up to date.		
• Clotting results (if required) have been received and reported to Consultant – stopping of anti-coagulation medicine discussed by Consultant and pre-procedure plan made.		
• Referral to the Gastrostomy Clinical Nurse Specialist at GOSH has been made and accepted.		
• Arrangements are in place to meet any specific needs of the child.		
• Community team are aware of impending procedure.		
• The feeding aim has been confirmed with community dietitians (or GOSH dietitians for internal referrals only)		
• Post-operative bed is booked and available.		

File in Nursing section of medical notes

Version: 1.0	Version date: June 2016	Review date: June 2018
Document development lead: Monika Morova		Document status: PILOT

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Signature sheet

Name	Designation	Signature	Initials	Date

Glossary of terms used in ICP

Abbreviation	Term in full or definition
G	Gastrostomy – an opening through the abdominal wall into the stomach through which a feeding device is inserted.
PEG	Percutaneous Endoscopic Gastrostomy – an endoscope (flexible plastic tube with a camera and light on the end) is used to insert the gastrostomy device.
RIG	Radiologically Inserted Gastrostomy – x-rays and other imaging techniques are used to insert the gastrostomy device.
T P R SPO_2% and BP	Temperature, Pulse, Respiration, Oxygen Saturation and Blood Pressure

Feeding aim - to be completed before admission

The feed aim is:

	ml of		(feed) +		ml of water given as

☐ bolus of | | mls | | times a day

☐ continuous feed of | | mls over | | hours

This may not be reached by discharge

Contact details for local dietitian	
Name ……	Organisation ……
Telephone ……	Email ……

Preparation for procedure

Note: Preparation depends on the method of insertion and team carrying out procedure

Interventional Radiology patients ONLY

- Barium sulphate suspension to be given evening before procedure at 3ml/kg
- Barium cans are available from the Fluoroscopy Suite in Radiology – telephone ext 5272 during working hours

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Before admission

ID	Activity	N/A	Met	Not met	Date	Time
		Initials				
ALL PATIENTS						
001	Ensure that child attends pre-anaesthetic assessment as per protocol					
002	Show child and family examples of device and confirm understanding of reason for procedure					
003	Ensure that family have been given appropriate written information about procedure and aftercare					
004	Explain preparation for procedure to child and family					
005	Contact community dietitian or GOSH dietitian to confirm feeding plan on page 2					
006	Contact community nursing team to inform them of planned procedure					
INTERVENTIONAL RADIOLOGY PATIENTS ONLY						
007	Give barium can, accompanying information sheet and advise administration as page 2					

Day of admission – pre-procedural care

ID	Activity	N/A	Met	Not met	Date	Time
		Initials				
INTERVENTIONAL RADIOLOGY PATIENTS ONLY						
008	Confirm barium given as per instructions					
ALL PATIENTS						
009	Confirm fasting has been completed as per policy					
010	Confirm feeding plan on page 2 and explain to child and family					
011	Confirm consent process has been completed and form signed by person with Parental Responsibility					
012	Complete pre-operative checklist, reporting any concerns to Consultant					

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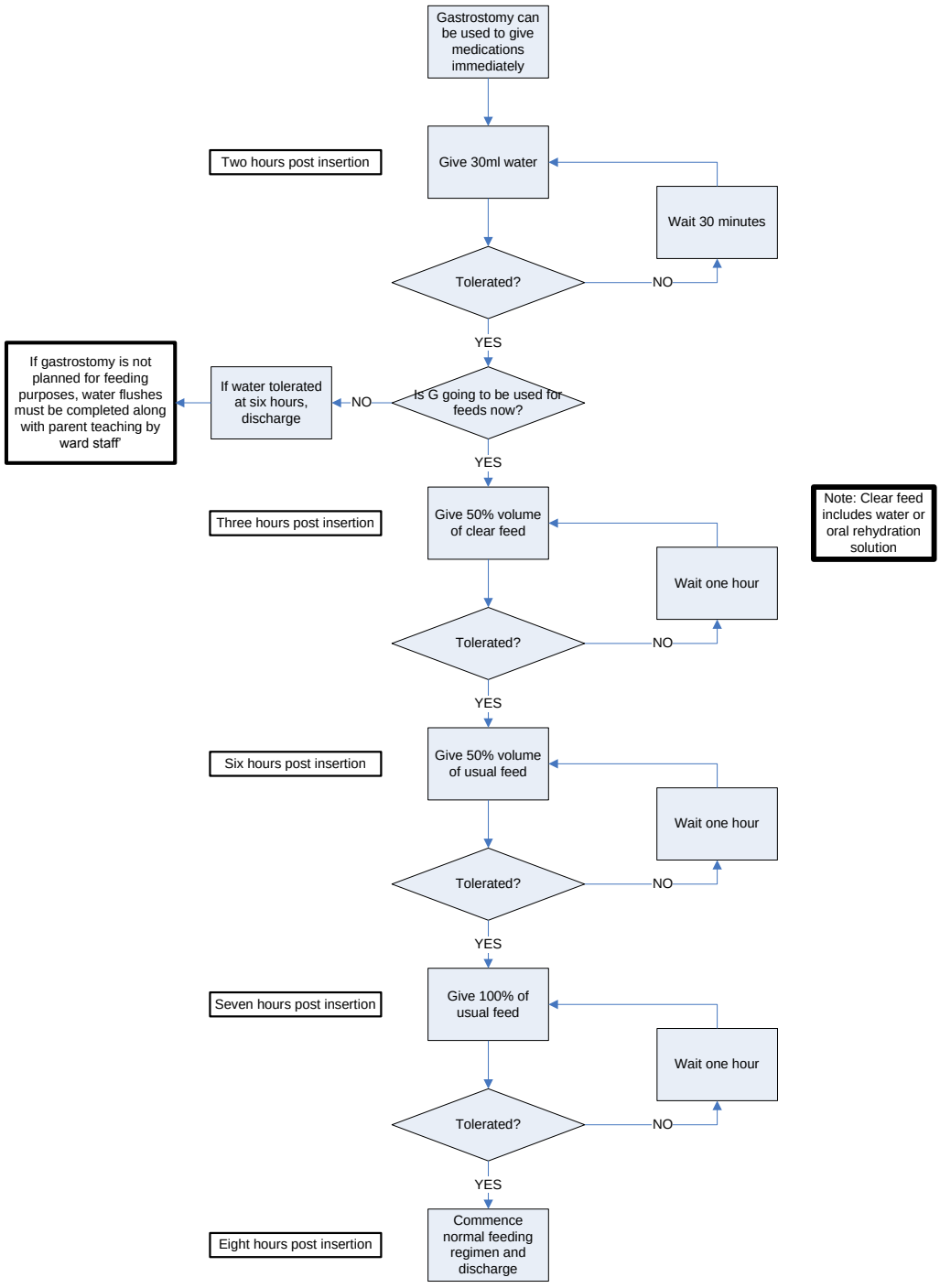
Feed introduction flowchart

Please refer to the operation note for specific feed introduction instructions for this child, otherwise follow the flowchart below. The feeding plan on page 2 details the desired total (24 hour) feed and fluid volume. The total feed and fluid volume can divided into smaller, more frequent feeds as tolerated by the child. However, until total feed and fluid volume is achieved, fluid intake should be 'topped up' either orally (if child has a safe swallow) or IV as appropriate. Please note: If the child has a complex feeding regimen, please refer to the medical record for plan.



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Day of admission – post-procedural care – day shift

ID	Activity	N/A	Met	Not met	Date	Time
		Initials				
ALL PATIENTS						
013	Record regular observations of T, P, R, BP and SpO_2 every 15 minutes for one hour, then hourly for 4 hours, then 4 hourly for remainder of stay unless otherwise clinically indicated as per Trust policy.					
014	Commence regular medications and analgesics as required using gastrostomy immediately					
015	Monitor and record pain scores at least hourly					
016	Give regular pain relief for first 24 hours					
017	Check operation site hourly for 4 hours then 4 hourly for remainder of stay – contact Consultant with any concerns					
018	Commence feed introduction following flowchart on page 4					
019	Record strict fluid input/output on fluid balance chart					
INTERVENTIONAL RADIOLOGY PATIENTS ONLY						
020	Monitor blood glucose levels every hour for 4 hours if glucagon given during procedure. Temporary rise in BM expected. Notify ward team if post op BM falls below normal limits for age.					
PATIENTS NOT USING GASTROSTOMY IMMEDIATELY FOR FEEDS						
021	Write in medical notes that patient has left the pathway and record reasons for variance on back page.					

Day of admission – post-procedural care – night shift

ID	Activity	N/A	Met	Not met	Date	Time
		Initials				
ALL PATIENTS						
022	Record regular observations of T, P, R, BP and SpO_2 4 hourly for remainder of stay as per Trust policy.					
023	Administer regular medications and analgesics using gastrostomy as required					
024	Monitor and record pain scores at least hourly					
025	Give regular pain relief for first 24 hours					
026	Check operation site hourly for 4 hours then 4 hourly for remainder of stay – contact Consultant with any concerns					
027	Continue feed introduction following flowchart on page 4					
028	Record strict fluid input/output on fluid balance chart					

NOTE:

- **It is important not to open or loosen the triangle for the first 10 days to allow time for the tract to heal. If the triangle position does not appear to be correct, please contact the gastrostomy CNS via switchboard or the speciality who inserted the PEG**

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Post-procedural care – day 1 – day shift

ID	Activity	N/A	Met	Not met	Date	Time
		Initials				
ALL PATIENTS						
029	Record regular observations of T, P and R (BP if required) 4 hourly for remainder of stay as per Trust policy.					
030	Give regular pain relief for first 24 hours					
031	Monitor and record pain scores at least hourly					
032	Check operation site 4 hourly for remainder of stay – contact Consultant with any concerns					
033	Continue feed as per flowchart on page 4					
034	Record strict fluid input/output on fluid balance chart					
035	Gastrostomy clinical nurse specialist to review child before discharge					
036	Give family discharge instructions and explain potential problems and actions to take					
037	Explain plan for change of device					
038	Senior clinician to complete and sign discharge notification when child meets discharge criteria					
039	Give copy of discharge summary to family to take home					
040	Telephone community team to confirm procedure completed and child discharged					

NOTE:

- **It is important not to open or loosen the triangle for the first 10 days to allow time for the tract to heal. If the triangle position does not appear to be correct, please contact the gastrostomy CNS via switchboard or the speciality who inserted the PEG.**

Notes

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Discharge training

Teaching	Discussion or demonstration by nursing staff	Parents/Carers confident in delivering care
Hand hygiene		
Care of site		
Flushing tube		
Advancing and rotating tube		
Giving medication		
Winding/venting tube		
Bolus feeding		
Priming giving set		
Setting up pump		
Pump feeding		
Preparation, storage and handing time of feed		
Use of emergency device		
Contact details		

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Variance tracking record

Instructions for use

- Each time a task is not met, the variance should be recorded in the table below
- This page should be photocopied and used for variance analysis

Date	Time	ID	What occurred?	Why?	What did you do?	Outcome	Initials

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