

LRI Children's Hospital

Nursing care of a child with a change to a balloon gastrostomy

Staff relevant to:	Nursing staff caring for Children with a change to a balloon gastrostomy within UHL Children's Hospital
Team approval date:	January 2025
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Written by:	Rachel Wade
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1. Introduction and who this guideline applies to

To provide guidelines for nurses on how to care for a child who has had a change of percutaneous endoscopic gastrostomy (PEG) to a balloon gastrostomy.

This guideline is for the use of nursing staff providing care to children/babies who have had a change of PEG to a balloon gastrostomy. It also applies to student nurses and student nursing associates under supervision.

1.1 Related documents:

[Bolus Feeds and Medicines to a Child with a Gastrostomy Tube UHL Childrens Hospital Guideline C9/2010](#)

[Assessment of Administration of Medicines by Nurses and Midwives UHL Policy B13/2009](#)

[Enteral Feeding Post Gastrostomy Insertion UHL Childrens Hospital Guideline B24/2018](#)

[Leicestershire Medicines Code UHL Policy B60/2011](#)


[Percutaneous Endoscopic Gastrostomy \(PEG\) UHL Childrens Hospital Guideline C23/2017](#)

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2. Procedure for Care of Insertion Site

No.	Action
1	Regular post-operative observations as per hospital policy
2	Observe gastrostomy site for displacement, pain on feeding, pain whilst giving fluids/feeds or medicines via PEG, bleeding, leakage of gastric contents and vomiting.
3	Daily cleaning using saline/cooled boiled water and gauze - edge of wound to edge of wound cleaning technique - drying with gauze - no dressing
4	Observe for signs of infection – redness and/or swelling around entry site
5	Ensure that parents are sent home with an initial supply of equipment on discharge and that they know how to obtain further equipment. Provide a copy of the parental information leaflet to be found on YourHealth website www.yourhealth.leicestershospitals.nhs.uk and teaching package (located on the wards) for reference.
6	<div style="text-align: center;">  </div> <p>Ensure parents are made aware that if a child shows signs of tube displacement at any time</p> <ul style="list-style-type: none"> • dislodgement • bleeding • leakage of gastric contents • signs of tube movement • pain • tenderness • redness • swelling at entry site • pain during or immediately following feed • vomiting • unable to test the pH level <p>STOP USING THE TUBE IMMEDIATELY AND CONTACT THE SURGEONS ON CALL OR CHILDRENS COLORECTAL SPECIALIST NURSES</p>

2.1 Procedure for commencing feeding post change to a balloon gastrostomy

No.	Action
1	Commence feeding plan as it was prior to admission once awake from anaesthesia. Aspirate tube before its first use and test pH level
2	Continue to feed baby/child as per home plan, demonstrating to parents/carers the correct procedure for bolus feeding, giving a continuous feed and giving medicines in preparation for discharge home.
3	Ensure that parents have equipment for home use and are given a spare balloon gastrostomy of equal size (width and length) and that they know how to obtain further equipment.
4	Ensure baby/child is tolerating full feeds prior to discharge.
5	Teach parents how to change the water in the balloon using 3mL water for 12fr and 4mL water for 14fr as per manufacturer's instructions. Advise parents to tape down mickey button to avoid accidentally dislodging, prior to change of water in balloon.

2.2 Discharge home

Equipment required for discharge home – 10 days supply

- Spare button of equal size
- Extension sets – vygon or halyard
- Luer slip syringes

Complete referral to Diana Nurses to enable routine button change (appendix 1)

Leicester patients only- HENS to be informed of size of button and length to enable these patients to be set up for home delivery by Homewood (appendix 2)

3. Education and Training

Ward Staff 'In House Training'

Children's Colorectal Specialist Nurses

Teaching packs available to teach staff and families – available on the wards

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Patients have the appropriate gastrostomy care plan documented in notes.	Retrospective review of notes	Children's Colorectal Specialist Nurse	3 yearly	Senior Children's Nursing Board
Appropriate actions followed if displacement is suspected	Incident review if reportable	Clinical risk team	As occurs	Quality & Safety Board

5. Supporting Documents and Key References

Anderton A (1995) Reducing bacterial contamination in enteral tube feeding *British Journal of Nursing* 4 (7) 369-376

Brook G (2000) Children's competency to consent *Paediatric Nursing* 12:5 31-35

Glasper E A and Richardson J eds (2007) *Children and young People's Nursing* Elsevier, London

Dougherty L and Lister S eds (2004) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures* Royal Marsden NHS Trust 6th edition Blackwell Science Oxford <http://www.rmmonline.co.uk/manual> (accessed 11/07/2017)

National Health Service (2003) Nasogastric and Gastrostomy Tube Feeding: for children being cared for in the community Best Practice Statement.

National Patient Safety Agency (2010) Rapid Response Report: Early detection of complications after gastrostomy. NPSA/2010/RRR010

Nursing & Midwifery Council (2015) Code of Professional Conduct NMC, London

Trigg E and Mohammed TA eds (2006) *Practices in Children's Nursing. Guidelines for Hospital and Community* 2nd edition Churchill Livingstone Edinburgh

6. Key Words

Percutaneous Endoscopic Gastrostomy, PEG, Gastrostomy

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

Contact and review details	
Guideline Lead (Name and Title) Rachel Wade - Children's Colorectal Specialist Nurse	Executive Lead Chief Nurse
Details of Changes made during review: <ul style="list-style-type: none">- Clarified that it applies to Student Nurses and Student Nursing Associates under supervision- Clarified equipment required for discharge home and it is to be 10 days supply	

DIANA CHILDREN'S COMMUNITY NURSING SERVICE REFERRAL FORM

Referrer Information

Referrer Name	Hospital/Ward
Consultant	GP Surgery
Telephone Number	Fax Number
Signed	Date

Patient Information

Title	Forename(s)	Surname	NHS Number
Date Of Birth	Gender	Ethnicity	Religion
Address (including postcode)			
Home Telephone Number	Mobile Telephone Number	Preferred Contact Number	
Parent Names	GP	Consultant	
Languages Spoken	Languages Read	Is interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please record if the patient has given consent to access information recorded via the SystemOne Electronic Record System. (please note referrals cannot be processed without consent obtained)			
Consent given <input type="checkbox"/> Dissent given <input type="checkbox"/> Consent obtained on patient's behalf <input type="checkbox"/>			

Referral Information

Reason for admission\diagnosis	Planned date of discharge
Date first visit required	Allergies
Reason for referral/frequency of interventions required (please note 10 day supply of all equipment/medication/dressings required to be sent home with family for visit to take place)	
Additional information of relevance (special instructions for medication/interventions/diagrams of wound stomas etc)	
Any Safeguarding concerns? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not known <input type="checkbox"/> (If yes please specify with details of Social Worker if Known)	

Once completed please return form to us by:

Email: fypc.referrals@nhs.net

Fax: 0116 295 5081

Leicestershire Nutrition and Dietetic Service
Leicestershire Home Enteral Nutrition Service (HENS)
HENS REFERRAL FORM

Please complete the details below and return this referral form to the Home Enteral Nutrition Team (HENS)

PLEASE NOTE: Incomplete forms may be returned

Hospital:	Ward:	Ward Ext No:	Ward Dietitian:	Ward Dietitian Tel No:
Patient Sticker: <input type="checkbox"/> Female <input type="checkbox"/> Male NHS Number: Surname: Forename: Address: Postcode: Lives alone: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth: Landline Telephone Number: <input type="checkbox"/> Preferred Number? Mobile Telephone Number: <input type="checkbox"/> Preferred Number?			Hospital Consultant (Include initials & speciality): GP Details (Include initials, address, post code & telephone number):	
Discharge Destination: Name of Carer/Care Agency/Care Home: Telephone Number: Confirm patient has agreed to be contacted about enteral feeding at home: Yes / No Any safety concerns with a lone home visit? Yes / No (list below):			Communication Difficulties: Preferred language: Interpreter needed: Yes / No	
Any safeguarding concerns: Yes / No (please state):				
Name/s & relationship/s of person/s that need training by HENS (include telephone number/s): Have they agreed to be trained: Yes / No			Date Tube Sited: Enteral Feeding Route (please tick): <input type="checkbox"/> PEG <input type="checkbox"/> RIG <input type="checkbox"/> NG <input type="checkbox"/> NJ <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other (list below) Manufacturer/Size:	

Weight History (include dates): Height: Current BMI:	Allergies:
Diagnosis/Treatment:	
Past medical history:	
Infection Prevention Alert (e.g. CRO, C-DIF, MRSA):	
Aim of Dietetic Treatment (e.g. Pre Operation Build Up):	
Current Feeding Regimen/Method of feeding:	<input type="checkbox"/> Bolus <input type="checkbox"/> Pump <input type="checkbox"/> Both
Bowel habits:	Feed tolerance issues:
Swallowing ability, oral intake, SALT involvement:	NBM <input type="checkbox"/> YES <input type="checkbox"/> NO
Relevant Medications:	
Other relevant information:	
Proposed date of discharge:	Date of referral:
Print name:	
PLEASE update the HENS team regarding any significant changes to the information on this form by email (NOT by sending a second referral form).	

By post: Leicestershire Nutrition and Dietetic Service, Home Enteral Nutrition Service (HENS), OSL House, East Link, Meridian Business Park, Leicester LE19 1XU Tel: (0116) 2227161

By email from UHL/LPT: Hens@Inds.nhs.uk
Hens.Team@nhs.net

By email from external Trusts:

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