



PEG/J TUBE GUIDELINES FOR PATIENTS WITH PANCREATITIS (INPATIENT)

A **PEG/J** tube (percutaneous endoscopic gastrojejunostomy) is a tube that is placed through the skin of the belly into the stomach. A smaller tube is then placed through the stomach tube down into the small intestine (jejunum). As a result, the PEG/J tube contains two tubes in one. The **red gastric port leads to the stomach** and is only used if the stomach needs to be emptied. The **yellow jejunal port leads to the small intestine** (jejunum) and is used to provide nutrition, fluid, and medications.

BATHING

1. You may shower 24-48 hours after tube placement.
2. You may bathe after your PEG/J appointment, typically 7-10 days after tube placement, if the health care provider gives the OK.

CARE OF THE PEG/J TUBE

1. Always wash hands before handling your PEG/J tube.
2. Cleanse the site with soap and water daily. **DO NOT** use hydrogen peroxide or any special cleansers. You may use a q-tip or gauze to swab gently around the site. Rinse well and pat dry. This may be done in the shower.
3. If there is drainage around the tube, you may apply a clean dressing to the site. This should be changed once a day or more often if soiled. If drainage is excessive, contact your health care provider.
4. When cleansing the site or changing the dressing, look for redness of the skin around the site, drainage on the old dressing, or leakage at the site of insertion. If you note any changes, call your care provider.
5. Keep the tube secured to the skin surface with the tube attachment device. If it comes off, apply a new one. This will help to prevent tugging on the skin and skin breakdown.
6. To prevent skin breakdown, rotate the bolster once **daily**. The bolster is the piece of soft plastic that sits on the skin to prevent the tube from slipping back into the stomach).
7. Flush the yellow **jejunal port** with 30 ml (1 ounce) of water at least once a day in addition to any medications given (see section below).

MEDICATIONS

1. Flush the yellow jejunal port with 60 ml (1/4 cup or 2 ounces) of water before any medication is put down the tube.
2. Meds should be given one at a time via the yellow jejunal tube. Every medication must be in liquid form or crushed finely and mixed with water. Draw up medication in syringe and push into tube.
3. Flush the yellow jejunal tube with 60 ml of warm water after each medication also.

TUBE PLACEMENT YOUR CURRENT TUBE MARKING NUMBER IS _____

1. Check the markings at the base of the tube before feeding or medication delivery.
2. If the number at the base of the tube changes by 2 or more, call your health care provider.
3. Slight in-and-out movement (about 1/4 inch or so) of the tube is normal and can help prevent complications resulting from the bolster being too tight against your skin.

CLOGGED TUBE

1. Try to irrigate the tube with 30 ml of warm water.
2. Try to draw back with a 30 ml syringe.
3. **Gently** rocking the syringe back and forth may help to dislodge to blockage.

VENTING & REINFUSING

1. If you have feelings of nausea, vomiting, bloating or gas you may “vent” the **Red gastric (stomach) port** by attaching the drainage bag with the plastic adapter.
2. You may want to try to vent (drain stomach juices out) your tube for 1-2 hours at a time to help alleviate symptoms.
3. When you vent your red gastric port, you will need to keep a record of the output.
4. If you drain **more than 500ml** (2- eight ounce cups) of secretions from your red gastric port **within 24 hours**, you need to empty the drainage into a clean cup or a tube feed bag and replace the drainage into the **yellow jejunal port**. This will help you to stay hydrated and keep your electrolytes in balance.
5. If your output remains **under 500mls for 24 hours** you may empty the drainage into the toilet and flush the contents.
6. Please be sure to flush your yellow jejunal port well with 30ml (1 ounce) warm water before and after each red gastric port drainage replacement.

CALL YOUR HEALTH CARE PROVIDER IF YOU DEVELOP THE FOLLOWING PROBLEMS:

1. Redness, swelling, leakage, sores, or pus around the tube
2. Blood around the tube, or in the stool.
3. A change of more than two numbers at the bolster near the base of the tube
4. A clogged tube that you cannot clear
5. The tube falls out. **Call Immediately.**
6. Nausea that lasts more than 24 hours
7. Recurrent vomiting of more than 8 hours, despite opening the red gastric port
8. Diarrhea that continues for more than 24 hours
9. Gas or bloating that lasts for more than 24 hours or prevents you from giving the next tube feeding
10. Constipation that lasts for more than 3 days, depending on your normal frequency of bowel movements, or hard stool for more than 5 days
11. Weight loss of more than 2 pounds in one week
12. Any unusual weakness or fever

YOUR HEALTH CARE PROVIDER:

Name: _____ Phone: _____