PROCEDURE

Gastro-jejunostomy Device Management

Scope (Staff):	Community health
Scope (Area):	CACH – Education Support Schools

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Read the full statement here:
CAHS Child Safe Organisation Commitment Statement

This document should be read in conjunction with this disclaimer

Contents

Aim

To provide guidance to nurses working in schools on the safe management of **gastrojejunal devices** to support effective enteral care, to maintain device patency and skin integrity, and to support client safety.

Risk

Client safety may be compromised if the type of gastrojejunal device is not correctly identified and appropriate management is not followed. Non-compliance with this procedure may result in infection, aspiration, incorrect medication and feed delivery, or device-related complications.

Background

Gastro-jejunostomy devices (PEG-J) are inserted into the stomach via an abdominal stoma to enable long-term nutritional support and delivery of medications[1]. They provide enteral feeding for children who have a functioning gastrointestinal tract but cannot tolerate gastric feeds due to conditions such as poor gastric emptying, frequent vomiting, severe reflux, or aspiration risk. PEG-J devices bypass the stomach for feeding, delivering the feed directly into the small intestine (most commonly the jejunum)[1].

Primary gastro-jejunal tubes (Freka®) are inserted under radiological guidance in theatre. Gastro-jejunal (PEG-J) and Freka® tubes are replaced in radiology without a general anaesthetic.

Many management points are the same for all types of PEG and PEG-J devices, but some significant differences exist. It is essential to identify the type of device in use and follow the device-specific management protocols[1] noted in this procedure.

Note: This procedure primarily covers the care of PEG-J devices. The management of jejunostomy (PEJ) single lumen devices is briefly covered.

Note: For all information relating to **gastrostomy (PEG) care and feeding**, refer to the CACH Gastrostomy device management procedure.

Definitions[1, 2,3]

Enteral device feeding: Nutritional support delivered directly into the gastrointestinal tract via a medical device. Devices may also be referred to as tubes.

Extension tube: An attachment used with low-profile devices to administer feeds, medications and flushes, and for venting.

Gastrostomy: Establishment of a new opening into the stomach.

Gastro-jejunostomy: also known as a transgastric jejunostomy. The establishment of a new opening directly into the stomach for the purpose of bypassing the stomach and accessing the small intestine (more commonly the jejunum).

Gastro-jejunostomy tube (also known as Percutaneous endoscopic gastro-jejunostomy tube, PEG-J): A soft, narrow tube that enters the stomach via a stoma in the upper part of the abdomen and is then threaded into the small intestine. It contains separate openings into both the stomach and the jejunum.

Jejunostomy device (also known as Percutaneous endoscopic jejunostomy tube, PEJ): A soft, narrow tube placed via a stoma in the abdominal wall into the jejunum (part of the small intestine).

Low profile device - A feeding device that sits flush against the skin and is held in place by an internal balloon or bumper. These are often used for long-term enteral feeding.

Venting: The manual release of excess air from the stomach via the gastric port of a PEG-J to relieve discomfort, bloating, or feed intolerance.

Key points

- Each client must have an individualised care plan that outlines feeding, flushing, venting, medication administration, and troubleshooting requirements. This may be a Department of Education student health care plan or a hospital care plan. Refer to Student health care plans policy.
    - The dietitian or parent/caregiver will provide details for the student health care plan about the client's feeding regime, including the enteral formula (type and volume), mode, rate, and frequency of nutrition delivery.
    - Families should be supported to document their child's care requirements in a care plan. Where additional assistance is needed, nurse should use clinical judgment and collaborate with the PCH Clinical Nurse and/or CACH Clinical Nurse Manager to ensure safe and appropriate care planning.
    - **Note:** The nurse **must** follow each client's individual student health care plan for **all** aspects of PEG-J device management.

- Nurses performing enteral device care and management must have completed appropriate CACH training and been deemed competent, or be directly supervised by a nurse who has been deemed competent.
    - CACH Clinical Education Team (CET) will observe and deem CACH staff competent on a manikin prior to being allowed to perform the task on a client.
    - CACH nurses must successfully complete the medication competency eLearning packages prior to administering medications. (See Practice Framework for Community health Nurses)
- All nurses will refer to the Nursing and Midwifery Board Australian Health Practitioner Regulation Agency Decision-making framework in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses must provide culturally safe service delivery that recognises and respects the cultural beliefs and practices of all clients.
- Nurses must follow the organisation's overarching Infection Prevention and Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.
- Nurses can contact the Gastroenterology Liaison Nurse at Perth Children's Hospital (PCH.GastroenterologySpecialistNurses@health.wa.gov.au) for advice and clarification of a client's gastro-jejunostomy care plan or stoma care.

Overview of PEG-J devices

A PEG-J is a combined device with separate ports for jejunal feeding and gastric access. The access ports are labelled as shown in Figure 1.

A PEG-J device can be either an initial device whose tubing is both internal and external length to the client's abdomen, or a low-profile device that is secured in place by a balloon or an internal capsule/bumper[3]. Balloon-type devices have an extra lumen for balloon inflation.

PEG-J devices are much longer and thinner than PEG devices and so are more easily obstructed by kinking and blocking.

Important Considerations:

- The device type **must** be identified before care is provided.
- Regular flushing (as per student health care plan) is required to maintain patency.
- **Replacement of ALL types of PEG-J devices must occur in a hospital setting.**
- **DO NOT rotate an initial PEG-J** device or a **low-profile PEG-J** device, as this could move its position in the jejunum and cause kinks in the tubing.
    - The device does move by itself due to movements of the client and their bowel.

- If you believe the device has been manually rotated, do not use the device and contact parent/caregiver and advise them to follow up with the PCH Gastroenterology nursing team.

- The jejunal port is used for feeding while the gastric port is used decompression or medications (or as per student health care plan). (See Figure. 1)

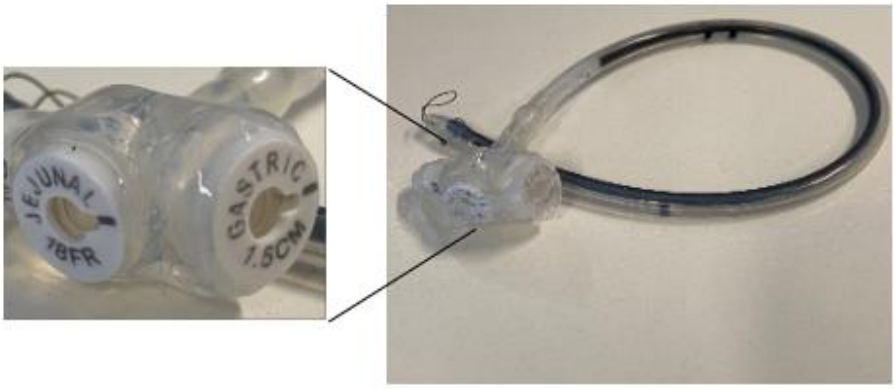


Figure 1. Labelled Jejunal and Gastric ports on a PEG-J.

Initial PEG-J devices

- An initial PEG-J device is inserted and left in-situ until a stoma has formed. This usually takes three months.
- Initial devices **do not** require an extension set for feeds, medications or flushes, as the external part of the tubing allows for direct syringe connection of the syringe to the correct tubing port[1].
- An external disc and an internal flange or balloon prevent the tubing from migrating back into the stomach.
- Some clients may continue to use the initial PEG-J device as a long-term device.

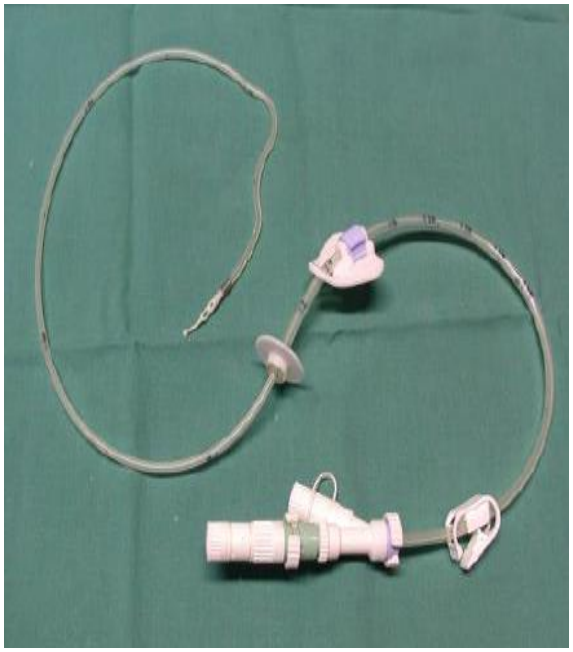


Figure 2: An Intial PEG-J device (Initial Freka® PEG-J device – non balloon)

Low profile PEG-J devices

Low profile devices are usually fitted once a stable stoma has formed, about 12 weeks after the initial PEG-J was inserted. They are held in place by a water-filled balloon, or by a rigid or collapsible internal capsule/bumper.

Example of Low profile PEG device

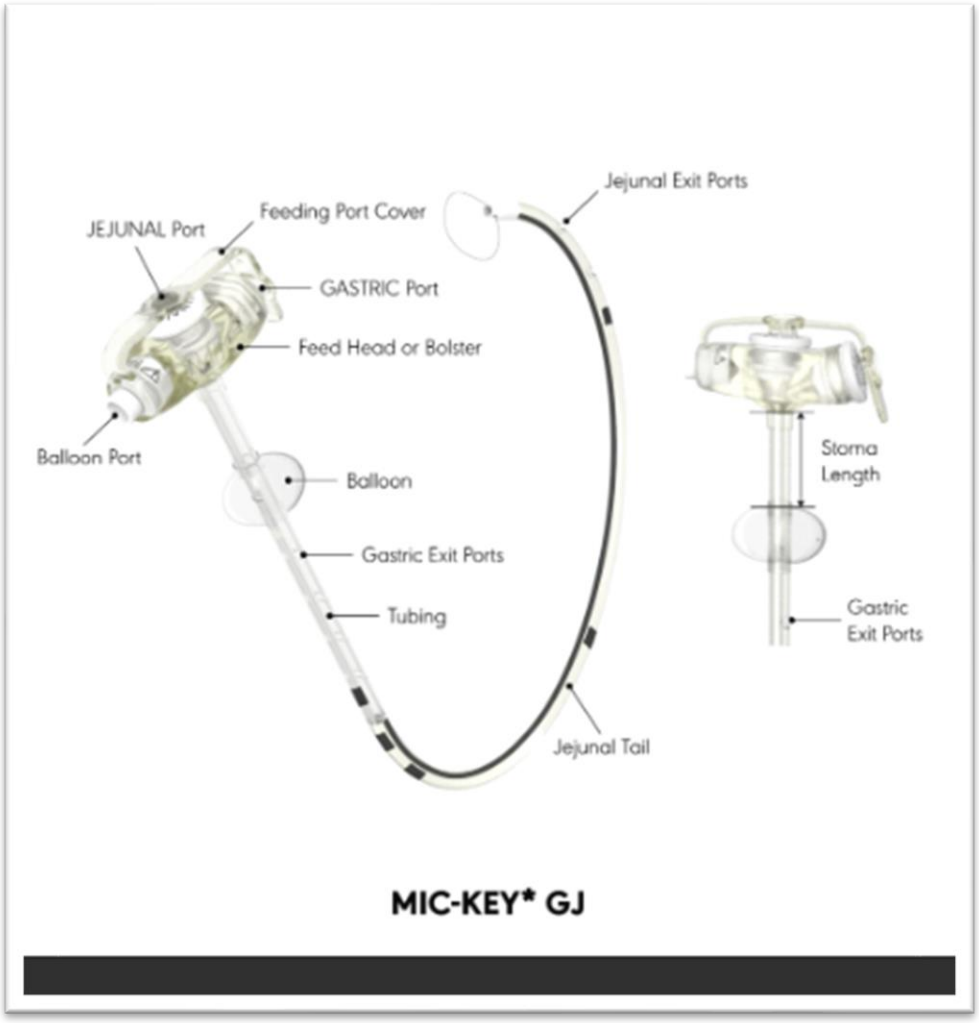
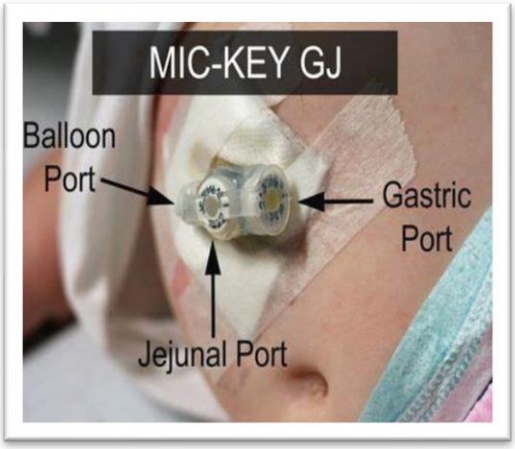


Figure 3 and 4: MIC-KEY PEG-J low profile - balloon device



Note: An **extension tube must** be used for all feeds, medication administration, venting, and flushing of **low profile devices**.

Figure 5: Extension tube for use with low profile device

Jejunostomy single lumen devices

There are various jejunostomy (PEJ) devices in the community and all are slightly different. Most are a straight button low-profile device into the jejunum, and their care is similar to a low-profile PEG balloon device. There are also jejunostomy tubes, which are similar to a Mickey PEG-J tube placed in the jejunum[4].

All PEJ feeds must be given as a continuous feed over 12 or more hours, regardless of jejunostomy type. Intermittent bolus feeds must **not** be given into the jejunum. The jejunostomy device must be flushed at least 4-6 hourly during a feed. Normally the flush volume is decided by the dietitian, and recognises that the small bowel cannot handle large volumes of fluid. Medications can be given into the jejunostomy if the PCH pharmacist agrees and documents that this is suitable[4].

ENFit® Connection System

ENFit® is a patented safety-standard connector system for enteral feeding devices[5, 6]. The design is not compatible with any other type of medical device. This prevents misconnection with other types of medical tubing, such as intravenous lines[1, 7].

Figure 6: ENFit® Connection System

All enteral feeding equipment, including gastrostomy devices, nasogastric tubes, feeding sets and syringes, have transitioned to the ENFit® system.

Equipment

The following equipment may be required for PEG-J management, feeding, flushing, and medication administration:

- Client's enteral syringe* (20 mL or as per student health care plan)
- Cooled boiled water for flushing (or as supplied by parent/caregiver)
  - See Appendix 1: Preparing and storing freshly boiled water.
- Prepared feed*
- Prescribed medications* for administration, as required
- Giving set* and feed bag*
- ENFit® feeding extension tube attachment (for Low profile devices)*
- Enteral feeding pump* (as per student health care plan)
- Detergent/disinfectant wipes
- Disposable gloves
- Alcohol-based hand rub (ABHR)
- Additional personal protective equipment (PPE) as required
- Rubbish bag

  * Items supplied by parent as needed

Actions prior to ALL PEG-J care

The following steps **must** be performed prior to ALL PEG-J feeding, medication administration, venting, stoma care, and management of blocked, leaking, or dislodged devices.

Steps	Additional Information
1. Review student health care plan.	• Check the client's individualised health care plan for device-specific instructions, including feeding regime, flushing volumes, medication orders, and troubleshooting guidance. • Check client's notes for additional history.
2. Check client identity and gain consent.	• It is the responsibility of the clinician to ensure informed consent has been obtained.

Steps	Additional Information
• Identify the child as per Patient/Client Identification policy (CAHS). • Explain the procedure to the child. Allow sufficient time for discussion of concerns if needed.	• Consent should always be informed, current and relevant to the procedure in accordance with Consent for Services Policy. • A current and signed student health care plan complies with consent requirements.
3. Prepare environment and gather equipment.	• The student health care plan should detail all individual equipment requirements for feeding, flushing, venting, medication delivery, stoma care, and troubleshooting. • Clean the preparation area with detergent/disinfectant wipe and allow to dry. • Gather all required equipment as per student health care plan.
4. Prepare client for comfort and safety.	• Position the client upright (minimum 30°) unless otherwise specified in the student health care plan. • Assess stoma for pressure areas, leakage or skin breakdown if applicable.
5. Perform hand hygiene and don gloves.	• Disposable gloves are required for all PEG-J feeding and management. • See Standard and Transmission Based Precautions policy, specifically Appendix 5 - Community Nurse in Education Support Schools PPE Guide. • Assess risk of exposure to body fluids, and use appropriate additional PPE as per Exposures to Blood or Body Fluids policy.

PEG-J device feeding

General considerations for all PEG-J feeding

- Administer the correct type and volume of enteral feed using the correct feeding port, mode, frequency and delivery rate. **Always** refer to each individual student health care plan.

- PEG-J feeds must be delivered continuously with a **feeding pump** via the jejunal port.
    - Intermittent bolus feeds must **not** be given via a PEG-J device[1].
- Blended tube feeds are not recommended for PEG-J tubes due to the increased risk of tube blockage in smaller tubes and contraindication of continuous feeding for blended tube feeds.
- Flush the jejunal port before and after feeds using cooled boiled water to maintain patency (as per student health care plan)[3].
- Ensure the client is positioned upright (minimum 30°–45°) during feeding (or as per student health care plan).
- Monitor for signs of intolerance or device displacement. Stop the feed immediately if the client shows signs of distress, and follow the care plan for escalation (See PEG-J Pump feeding - Signs of feed intolerance).
- There is no set timeframe for positioning a client supine or allowing swimming after a feed to reduce aspiration risk. Nurse should use clinical judgment and follow parent/caregiver guidance, particularly for clients prone to vomiting or reflux[1].

Additional considerations regarding use of Extension tubes

- An extension tube is **not** required for any type of **Initial** PEG device.
- **Always** use the extension tube provided by the manufacturer with **low-profile devices,** for administration of feeds, medications and flushes, and for venting.
- **Never** insert a syringe directly into the administration port of a low profile device as this can rupture the valve.
    - Attach the extension tube to the appropriate port, aligning the black marks. Rotate clockwise until it ‘clicks’ into place. Do not over-rotate[1]. (See Figure 7.)
    - Pull back very gently on the extension tube to check it has been effectively locked in place.

Figure 7: Attaching the ENFit extension set

PEG-J Pump feeding

This advice is for **continuous pump feeds** via **both initial and low profile PEG-J devices**.

Pump feeding allows for the controlled delivery of formula at an even rate[7]. This improves feeding tolerance and reduces the risk of complications such as dumping syndrome or device blockage, especially when using high-fibre or energy-dense feeds[7]. Many different types of pumps are available.

Steps	Additional Information
Follow Actions prior to ALL PEG care - **Steps 1-5.**	
Prepare feed. • Refer to client's individualised nutrition care plan. • Open new bottles of feed immediately prior to use.	• Dietitian or parent/caregiver will provide details on the care plan, regarding client's feeding regime, including enteral formula type, volume, and frequency of nutrition delivery.
Add the supplied feed into feed bag. • Hang feed bag from hook. • Prime the giving set with water or milk as per the student health care plan and then clamp. • Insert giving set into the pump.	• Volume and type of feed and delivery rate as per student health care plan. **NB.** No more than 4 hours of feed volume should be placed into the feeding set. • See Appendix 2 for tips to keep ENFit feeding tube ports clean[8].
The following additional steps are for Pump feeds via a Low profile device.	
Attach enteral syringe to the supplied extension tube and prime with water. • Clamp the extension tube.	• Prime the extension tube to avoid excess air entering the stomach. • Reclamp to keep the extension tube primed.
Attach primed extension tube to the jejunal feeding port: • For MIC-KEY™: ○ Lift up the safety cap from feeding port. ○ Line up the black line on the extension set with the black line on top of device. ○ Gently push the extension tube into the feeding port.	• **Always** use the extension tube provided by the manufacturer to administer feeds, medications and flushes via a low-profile device. • Follow manufacturer's instructions to connect tubing. • Where available, grip the external stabiliser of the device to prevent putting undue pressure on client's abdomen (see Figure 8).

Steps	Additional Information
○ Turn the extension set clockwise until resistance is felt (usually ¾ turn). Do not turn past this point. ○ Ensure locking mechanism is secure.	 *Figure 8*: *Attaching extension tubing to **MIC-KEY™** device.*
Flush feeding port. • Flush jejunal port with 10-30ml of water (or as per care plan). ○ **For Low profile PEG devices**: Flush via the primed extension set attached to the feeding port. • Reclamp.	• See Flushing section. • **NB.** Use the jejunal port to flush PEG-J before and after feeds. • Some pumps deliver both the feed and a water flush via a split-system giving set. • **NB.** PEG-J tubes should also be flushed regularly with cooled boiled water during the feed and also after completing and disconnecting the feed (as per care plan).
Attach primed giving set to the jejunal feeding port. • **For Low profile PEG device**: Attach to the extension tube connected to the feeding port.	• **NB.** Use jejunostomy port for PEG-J feeds (as per student health care plan).
Deliver feed. • Set volume and rate and start pump.	• Set volume of feed and delivery rate as per student health care plan. • Flush regularly during pump feed as per student health care plan. • Follow the manufacturer's instructions for use of client's pump.

Steps	Additional Information

Observe for signs of feed intolerance or tube migration.
• Monitor client's comfort and feed tolerance throughout the PEG-J feed.
  ○ Ensure child is supervised.
• Any change in a client's ability to tolerate the feed requires immediate cessation of the feed until review and confirmation of correct position of the PEG-J.
  ○ Contact parent/caregiver and discuss need for review by healthcare team.
• Stop the feed if client experiences coughing, choking, vomiting or breathing difficulties.
  ○ Contact parent/caregiver to seek advice, and/or
  ○ Call an ambulance if required.
	• Responsibility for client supervision throughout an PEG-J feed can be handed over to appropriate Department of Education staff.
	• Jejunal feed-related complications include[8, 9]:
	  ○ Diarrhoea
	  ○ Abdominal cramping or discomfort
	  ○ Vomiting
	  ○ Dumping syndrome
	• Signs such as retching, vomiting, or excessive coughing may indicate possible migration of the PEG-J to the stomach[8, 9].
	• Refer to CAHS Recognising and Responding to Acute Deterioration for further information on clinical communication in emergency situations.

When feed is complete, stop pump. • Clamp the giving set and disconnect.	
Flush feeding port as per care plan. • Clamp and remove extension tubing if used. • Replace cap on feeding port.	• See Step above: Flush feeding port above and Flushing section for more information. • Regular flushing lowers the risk of blockage from a build-up of formula on the inner lumen.
Follow Actions following ALL PEG care - **Steps 1-3.**	

Actions following ALL PEG-J care

The following steps **must** be performed after **ALL** PEG-J feeding, medication administration, venting, stoma care, and management of blocked, leaking, or dislodged devices.

Steps	Additional Information
1. Doff and dispose of PPE. • Perform hand hygiene.	
2. Store feeds and clean and store equipment.	• See Cleaning and Storage of equipment. • See Storage of feeds.
3. Documentation. • Record care given.	• Record 'all care given as per student health care plan' if no change in client's condition or the care given. • Any deviations from the client's normal status or care must be recorded in the client notes.

Flushing

- Flushing is required before and after feeding and medication administration to maintain device patency and reduce the risk of blockage.
- Flushing may also be required as a standalone procedure to maintain hydration or clear residual formula or medication.
- Regular flushing lowers the risk of blockage from a build-up of feed, medication or stomach content on the inner lumen.
- Regular flushing of PEG-J devices is particularly important due to their greater risk of tube blockage.
    - Flushing may be required 4-6 hourly (or as per student health care plan) during use[1].
- Always refer to the individual student health care plan for flushing frequency, volume, and type of water.
    - Use cooled boiled water to flush a PEG-J, unless noted otherwise in the student health care plan . (See Appendix 1. Preparing and storing freshly boiled water).
    - For client comfort, draw up water and allow it to come to room temperature before flushing.
- Flush volumes are calculated by a dietitian to support hydration and nutritional needs.
    - Client's flush volumes may require adjustment by a dietitian due to fluid restrictions, increased hydration needs, or frequent device blockage.
    - Flush volumes may vary between clients and may differ from manufacturer recommendations.

- Only enteral syringes are used for flushing. Follow the student health care plan for syringe size and flushing technique.

Steps	Additional Information
Follow Actions prior to ALL PEG care - **Steps 1-5.**	
Prepare flushing equipment. • Draw up the correct volume of water (cooled boiled water, or as per student health care plan).	• Flush volume will be specified in student health care plan (usually 10 - 30mL). ○ See Appendix 1: Preparing and storing freshly boiled water • Use a 20 mL (minimum size) enteral syringe for flushing (or as specified in student health care plan).
For low profile devices, use the supplied extension tube. • Prime extension tube with water and then clamp. • Attach primed tube to correct port.	• Clamping ensures that the tubing remains primed. • **NB.** An extension tube must be used when flushing **low-profile devices**.
Attach enteral syringe with flush to correct feeding port.	• Attach via **extension tube** if flushing a low profile device.
Deliver PEG-J flush as a gentle pulsatile push.	• PEG-J devices always require a gentle pulsatile push tto deliver a flush[7].
If a feed or medication administration is required after flushing, continue as per Feeding or Medications administration procedure steps.	
Remove syringe, and the extension tube if this was required. • Replace safety cap on port.	
Follow Actions following ALL PEG care - **Steps 1-3.**	

Medication Administration

Note: Medications are usually administered via the **gastric port** of a PEG-J device. The jejunal port is **NOT** routinely used for this.

- There is a risk to client safety if medications are delivered by the wrong port.
  - Check student health care plan and medication chart for specific client details.
  - **Note: ALWAYS** check that the correct PEG-J port is used for every medication administered
- Always flush the PEG-J device before and after giving medications, and as per student health care plan to reduce the chance of blockage[3].

Steps	Additional Information
Follow Actions prior to ALL PEG care - **Steps 1-5.**	
Check identification and medications required. • Refer to Medication Administration Chart (CHS 414) and student health care plan for individual requirements for medication administration and flushing. • Adhere to the 'Six Rights' of medication administration in ESS (*right route, right drug, right individual, right dose, right time, right documentation*).	• Check identification as per Patient/Client Identification policy • **Always** confirm whether the gastric or jejunal port of the enteral feeding tube is the correct administration route for each medication[10]. • Refer to Medication management in education support schools for further guidance on preparation, administration and documentation of medications in the Education Support school setting.

Prepare medications.
• Draw up medications into separate labelled syringes[1].
  ○ Each syringe is labelled with student identifiable details (student's name and date of birth or age) and medication identifiable details (medication name and dosage).
• Use a single-use syringe to draw up the medication.
	• Draw up medications immediately prior to administration.
	• When more than one medication is being given at the same time, each medication should be crushed separately (if applicable), drawn up in a separate labelled single-use syringe, and administered separately.
	  ○ An enteral syringe may be used to draw up small volumes of medication for delivery by slow push (as per student health care plan).
	• **NB:** Do not add medications to formula.
	• **NB:** Do not mix medications together prior to administration[1].

Flush feeding port.	• See Flushing section.

Steps	Additional Information
• Attach enteral syringe to the gastric feeding port. ○ If using a **Low profile device**, connect syringe to feed port via a primed extension tube. • Flush the device and clamp.	• Use the gastric port for medication administration and flushing (or as per student health care plan). • **Never** attach a syringe directly into a gastric or jejunal port of low-profile devices, as this risks rupturing the valve.
Adminster medication. • Transfer the medication into the barrel of the enteral syringe. • Release clamp to administer medication, and then reclamp. ○ Some medication doses can be administered directly using an enteral syringe via a slow push (as per student health care plan). • If more than one medication is being administered, flush the port between each medication.	• Use a minimum 20 mL enteral syringe for medication administration. • When more than one medication is required to be given at the same time, each medication should be administered separately[3]. • A water flush **must** be given between each medication[3].
Flush feeding port and reclamp. • Remove extension tubing if required. • Replace safety cap on feeding port**.**	• Flush as per student health care plan after administering medications. • See Flushing section.
Follow Actions following ALL PEG care - **Steps 1-2.**	
Documentation • Record care given.	• Document medication given on CHS414 Medication Administration Chart. • Record in client notes any difficulties with medication administration that were encountered. • When PRN or exceptional dose medications are given, document the reason and outcome in client notes.

Venting

- Venting (also called decompression) is the manual release of excess air from the stomach via the gastric port of a PEG-J device[1, 3].

- Excess air may cause abdominal discomfort, bloating, distension, or intolerance to enteral feeds. [3]
- Some clients may require venting:
  - Before feeds to improve comfort and tolerance.
  - After feeds to relieve residual air.
  - At times not related to feeding, as part of routine care.
- To prevent medication loss, wait at least 30 minutes to 1 hour after medication administration before venting[1].
- Always refer to the student Health Care Plan for individual venting instructions, including timing, technique, and equipment.
- Use appropriate syringe size (and extension tubing if required) as specified in the Student health care plan.

Steps	Additional Information
Follow Actions prior to ALL PEG care - **Steps 1-5.**	
For Low profile devices, prime the supplied extension tube. • Prime with water and then clamp.	• MIC-KEY™ devices have a different extension tube for bolus and continuous feeding. Either can be used for decompression, but a bolus tube with its straight connection may be more effective[1]. • Avoid leaving extra water in the syringe barrel after flushing. Extra water may overflow if large volumes of wind are present. • Clamp to ensure tubing remains primed.
Attach enteral syringe barrel to the gastrostomy port. • If using a **Low profile device**, connect syringe to the gastrostomy port via the primed extension tube.	• Use a 20 mL or larger enteral syringe (as per student health care plan). • **NB:** The gastric port is used for venting. • **Never** attach a syringe directly into an administration port of a **Low-profile device** as this risks rupturing the valve. An extension tube **must** be used for venting as well as for fluid administration.
Release clamp and raise syringe above the level of the stomach[1].	• Use clinical judgement to determine the syringe height required for adequate venting.

Steps	Additional Information
Observe for bubbling in the tubing and syringe. • Once bubbling stops, allow any gastric contents in syringe to flow back into the stomach. • Reclamp, and remove extension tube if used. • Replace safety cap on feeding port**.**	• Air in the stomach will bubble through the water in the tubing or syringe. • A small amount of stomach content may flow out into the syringe. • If not proceeding with a feed or medication, flush as needed after venting with small amount of water to minimise blockage. • See Flushing.
If a feed is required after venting, continue as per Feeding procedures.	
Follow Actions following ALL PEG care - **Steps 1-3.**	

Stoma care

Steps	Additional information
Follow Actions prior to ALL PEG care - **Steps 1-5.**	
Observe stoma. • Check for leakage and abnormalities in skin integrity.	• Observe stoma at **every** occasion of PEG-J service. • **Initial PEG-J device:** Check that position of skin retention disc is 2-3mm above skin. ○ Correct positioning prevents undue tension against the abdomen and allows access for cleaning under the flange.
Ensure the skin around the stoma is kept clean and dry. • Use warm, soapy water if cleaning is required.	• Stoma care is not routinely provided in the school setting, but may be performed as required. • Do not apply padding or dressings to stoma site, unless specified in student health care plan or used to temporarily stabilise the device.

Follow Actions following ALL PEG care - **Steps 1-2.**	
Communication and Documentation • Advise parent about any changes or abnormalities noted, such as skin excoriation or infection. • Record care given.	• If no change in client's condition and care given, record 'all care given as per student health care plan. • Any deviations from the client's normal status or care must be recorded in the client notes. ○ Document changes in stoma appearance, stoma care performed, communications, and any recommended actions.

Managing a Disloged PEG-J device

Note: Gastro-jejunostomy devices cannot be replaced in the community setting.

- Maintain stoma patency by inserting a low profile balloon PEG device (supplied by parent/caregiver), following the client's student health care plan.
  - If no device has been provided by parent, cover the stoma with a dressing.
- Contact parent/caregiver and advise them to follow up with PCH Gastoenterology nurse or Emergency Department. These devices must be replaced within twenty-four hours (and ideally within 2 hours). Urgency depends on the client's other metabolic and endocrine issues.
- Document all actions, communications and outcomes in client record.

Troubleshooting

Note: Always follow any specific directions for troubleshooting that are given in the client's student health care plan.

PEG-J device Blockage[1, 3]

Steps	Additional information
Follow Actions prior to ALL PEG care - **Steps 1-5.**	
Check clamps are released.	
Inspect extension tube for blockage.	• Visually inspect for mechanical occlusions e.g. clamps, ports, connectors.

• Flush and/or replace the extension tube then reassess patency of PEG-J.	**NB: Regular flushing as per student health care plan helps to prevent blockage.**
If an initial device is blocked, gently squeeze the external tubing between your fingers.	• As the majority of the initial PEG-J device is external, massaging this tubing may free obstructions[3].
NB: Do not use force to flush a PEG-J device if resistance felt and blockage suspected. **Attempt to unblock** as follows[1]:	
Attempt to flush the PEG-J device. • Use 10 - 20mL of warm water. • Use a gentle pulsitile motion.	• Use a 20 mL enteral syringe (minimum size)[3]. • See Flushing. • **For Low-profile device: Never** attach a syringe directly into an administration port as this risks rupturing the valve. An extension tube **must** be used for flushing.
If the device remains blocked after two flush attempts, consult with parent/caregiver.	• Use of cola beverages or acidic juices to clear devices is **not recommended**[3]. • Some clients may be ordered **Clog Zapper**. If ordered and provided, follow student health care plan. ○ Liaise as needed with parent/caregiver and PCH Gastroenterology about appropriate use and care planning. See Appendix 3: Using Clog Zapper.
Once patency is regained, flush the device with water as per student health care plan.	• See Flushing.
Follow Actions following ALL PEG care - **Steps 1-2.**	
Communication and documentation • Contact parent/caregiver and advise of device blockage, care provided, outcome and advice. • Record care given.	• Any deviations from the client's normal status or care must be recorded in the client notes. • Document signs of blockage, actions taken, flush volumes, outcomes, and any communication with the family or treating team.

• If Clog Zapper was administered, document on CHS414 Medication Administration Chart as a PRN dose.	• If Clog Zapper was administered, document reason for use and outcome in client notes.

Leakage around PEG-J device

- Balloon volume is routinely monitored by the family to prevent leakage or dislodgement of a balloon-type device. It may also require assessment in the community setting if there is leakage around the stoma.

Steps	Additional information
Follow Actions prior to ALL PEG care - **Steps 1-5.**	
Check balloon patency. • Remove the water from the balloon with a syringe and compare with the volume initially instilled. • Discard the balloon aspirate and reinflate with the recommended volume of water as per student health care plan.	• The balloon volume instilled when PEG was inserted is recorded in student health care plan. • Clean tap water can be used to inflate balloon.
Consider if leakage results from excess intestinal air/gas[1]. • Vent to release excess air from the stomach.	• Follow student health care plan. ○ Gain verbal authorisation from parent if venting not included in student health care plan. • See PEG-J - Venting.
Stabilise the device as required. • Use clean, absorbent dressings and adhesive tape to stabilise the device, as per student health care plan.	• Stabilising prevents migration that can cause device leakage or blockage.
Follow Actions following ALL PEG care - **Steps 1-3.**	

Storage of feeds

- All formula should be stored as per manufacturer's guidelines.
  - Once a formula bottle is opened, it must be:
    - used within 24 hours or discarded.

  - covered and stored in the refrigerator (as appropriate)
  - labelled with client's name, date and time opened, and the nurse's signature

- Feed bottles that are pre-prepared at home should be provided in a cooler lunch box with a cold brick and refrigerated upon arrival at school.
  - Only one day's worth of feed pre-prepared at home should be supplied at a time.
- Any unused feed must be discarded or sent home at the end of the day.

Cleaning and storage of equipment

- Clean feeding pumps daily using a cloth or cleaning wipe moistened with mild detergent and water. Wipe up any spills immediately to prevent damage or contamination.
- Remove external tubing and equipment from the client when no longer in use.
- After disconnecting, wash feeding equipment individually.
- Wash all enteral feeding equipment between each use.

Steps	Additional information
Wash all feeding equipment individually in warm soapy water. • Rinse well with warm water and then air-dry. • An ENclean® brush or similar, (e.g. a small soft toothbrush) can be used to wash the extension set. Clean brush in warm soapy water after use[1].	• See Appendix 2: Cleaning the ENFit® connector • All Enteral equipment is client-specific and can be reused if appropriate infection control standards are followed. • Parents should supply the small brush for cleaning their child's equipment.
Inspect equipment regularly for signs of wear and tear.	• Check equipment regularly (e.g. once a term). • Advise parent/caregiver to replace equipment if signs of wear or tear are observed.
Air dry equipment.	• Air dry to reduce the risk of bacterial growth and contamination of feed.

Store all equipment in client's labelled, clean, dry and sealed container (such as a lunch box), unless otherwise specified in student health care plan[11]. • It is preferrable to store client's equipment in the fridge[11].	• Containers and equipment (where appropriate) to be labelled with client's name to ensure safe, hygienic handling. • During term breaks, cleaned and dried feed boxes and equipment may be stored in a cupboard or fridge to protect from environmental contamination[12]. • Client's own equipment should be taken home at the end of the school year[12].
Doff and dispose of PPE. • Perform hand hygiene.	

Documentation

Nurses must maintain accurate, comprehensive and contemporaneous documentation in electronic and/or written health records of assessments, planning, decision making and evaluations, according to CACH processes.

References

1. Perth Children's Hospital. Gastrostomy and Gastrojejunal tube management. Perth: CAHS; 2023.
2. Great Ormond Street Hospital for Children NHS Foundation Trust - Gastrostomy Service. Gastrostomy care. 2020.
3. Agency for Clinical Innovation. A Clinician's Guide: Caring for people with gastrostomy tubes and devices (Edition 1.2). 2015.
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5. Global Enteral Device Supplier Association. Stay connected 2024 [Available from: https://stayconnected.org/enfit/.
6. Global Enteral Device Supplier Association. User Benefits of the ENFit® Enteral Feeding System [Available from: https://stayconnected.org/user-benefits-of-the-enfit-enteral-feeding-system/.
7. Dietitians Association of Australia: Nutrition Support Interest Group. Enteral nutrition manual for adults in health care facilities. Dietitians Association of Australia,; 2018.
8. Perth Children's Hospital. Nasogastric and Nasojejunal Tube Management. Perth: CAHS; 2023.
9. The Royal Children's Hospital Melbourne. Jejunal Feeding Guideline - Nursing Guideline. Melbourne,2021.
10. The Royal Children's Hospital Melbourne. Enteral feeding and medication administration. Melbourne,2017.
11. The Royal Children's Hospital Melbourne. Gastrostomies - All you need to know. In: Gastroenterology Department, editor. 4th. ed. Melbourne: State Government of Victoria; 2020.

12. Department of Health. Guidelines for the management of infant feeding equipment in Western Australian healthcare facilities. In: Communicable Disease Control Directorate, editor. Perth: Western Australian Department of Health; 2025.

Related internal policies, procedures and guidelines
The following documents can be accessed in the CH Clinical Nursing Manual: HealthPoint link or Internet link or for WACHS staff in the WACHS Policy link
Clinical Handover - Nursing
Gastrostomy device management
Medication management in education support schools
Nasogastric tube management
Nasojejunal tube management
Student Health Care Plans
The following documents can be accessed in the CACH Operational Policy Manual
Patient/Client Identification
The following documents can be accessed in the CAHS Policy Manual
Clinical Documentation
Consent to Treatment
Hand Hygiene
Infection Control Policies
Gastrostomy and Gastrojejunal Tube Management PCH Clinical Practice Manual
Recognising and Responding to Acute Deterioration
Standard and Transmission Based Precautions

Related external legislation, policies, and guidelines
Clinical Handover Policy (MP0095)

Clinical Incident Management Policy (MP 0122/19)
Recognising and Responding to Acute Deterioration Policy (MP 0171/22)

Related external resources (including related forms)
DOE Student Health Care
Gastrostomy – common problems - The Royal Children's Hospital Melbourne

This document can be made available in alternative formats on request.

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Reviewer / Team:	Clinical Nursing Policy Team		
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Standards Applicable:	NSQHS Standards:  NSQPCH Standards:  Child Safe Standards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10		

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Appendix 1: Preparing and storing freshly boiled water

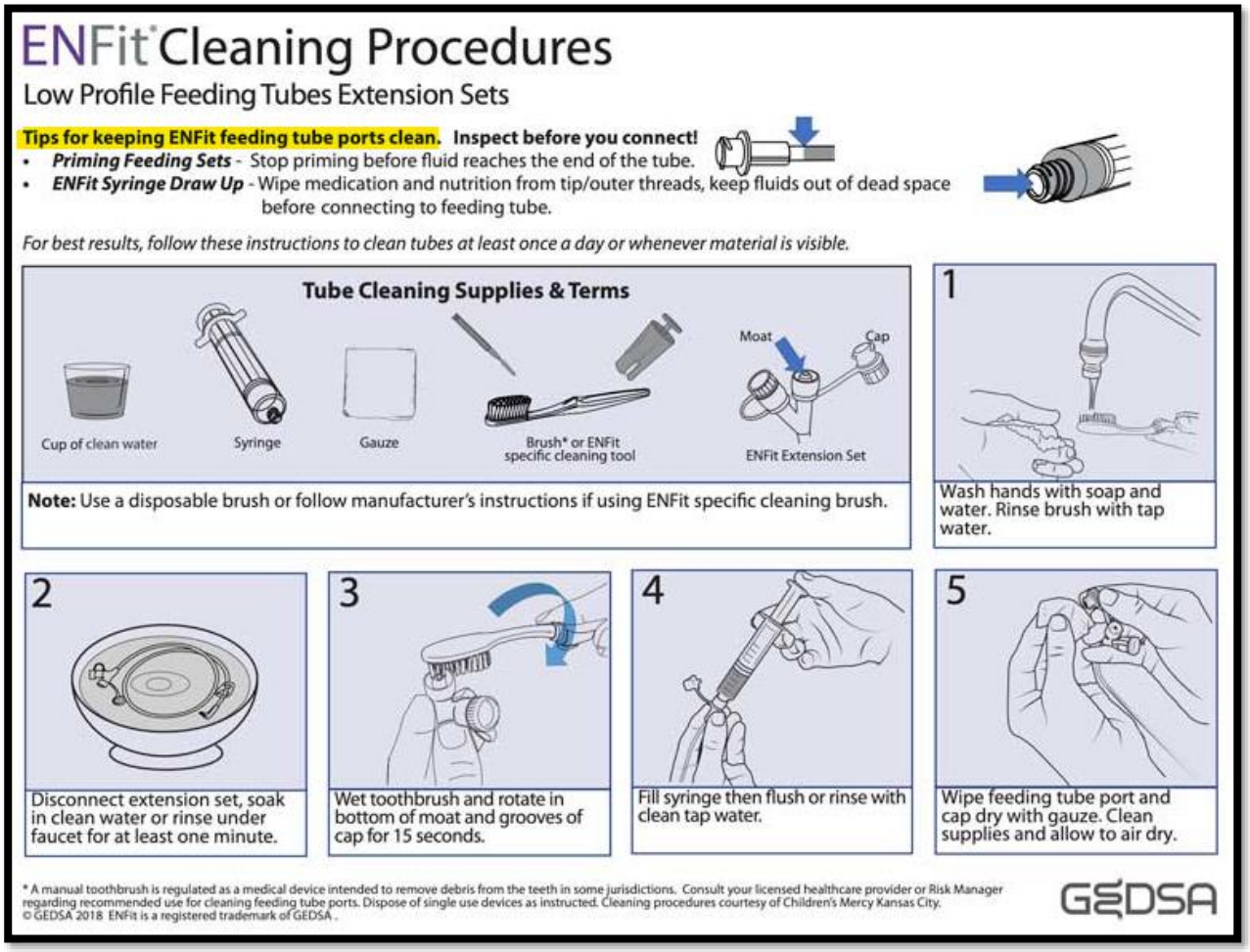
Factors	Requirements
Temperature:	• After boiling, let water cool to room temperature and then refrigerate. ○ Leave at room temperature for a short time only to prevent bacteria growth.
Container:	• A clean, airtight container with a tight seal is required. • Containers should be made of glass, BPA-free plastic or stainless steel.
Fridge:	• Fridge temperature should be at or below 4 degrees centigrade. • Containers must be stored in the main part of the fridge.

Time:	Boiled water has a shelf life.
	• Label containers with date and time of preparation.
	• If stored in an airtight container, boiled water can remain safe:
	  ○ for about 3 days if kept in the fridge
	  ○ for 24 hours if kept at room temperature and out of direct sunlight.

Environmental Factors:	• Perform hand hygiene prior to handling storage containers.

Appendix 2: Cleaning the ENFit® Connector[5]

- Tubes are usually cleaned by parent/caregiver at home.
- Nurses are advised to follow Tips for keeping ENFit feeding tube ports clean.

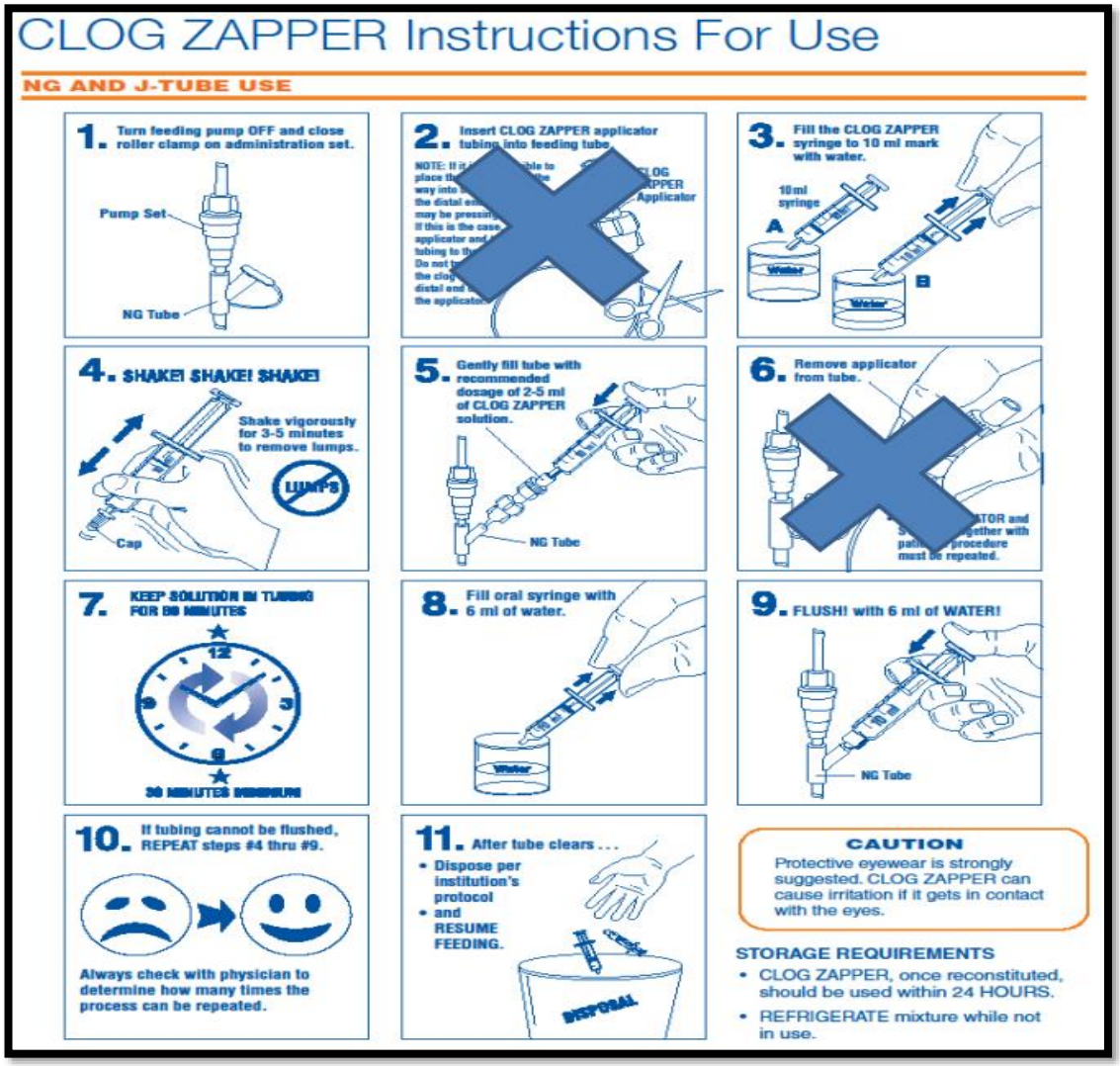


Note: Hand hygiene must be performed and disposable gloves must be worn.
(Use additional personal protective precautions as appropriate to the clinical situation).

- See Standard and Transmission Based Precautions policy; specifically Appendix 5 - Community Nurse in Education Support Schools PPE Guide.
- Assess risk of exposure to body fluids, and use appropriate additional PPE as per Exposures to Blood or Body Fluids policy.

Appendix 3: Using Clog Zapper

- This 'over the counter' medication does not require a prescription. The parent must provide the medication and record consent for its use on the student health care plan and Department of Education Form 9. (See Medication Management in ESS)
- Clog Zapper contains coconut; the first dose is usually given in hospital in case the child requires antihistamines for a coconut allergy.
    - **Note:** Check with parent/caregiver if Clog Zapper has been used before and if any reactions occurred.
- The applicator and syringe connections are not compatible with ENFit®. Once reconstituted, transfer solution to an enteral syringe to attach directly to the PEG-J.
- Instill the solution into PEG-J, leave for 30 minutes, and then attempt to flush the tube. If still blocked, wait another 30 minutes before reattempting. If unsuccessful after two attempts, contact parent to advise about the need for a medical review.



Note: Hand hygiene must be performed and disposable gloves must be worn. Use additional personal protective precautions as appropriate to the **clinical** situation).