NURSING CARE \ THE CLIENT WITH A GASTROSTOMY OR JEJUNOSTOMY TUBE

Clients who have had extensive gastric surgery or who require long-term enteral feedings to maintain nutrition may have a gastrostomy or jejunostomy tube inserted.

PROCEDURE
Gastrostomy tubes are surgically placed in the stomach, with the stoma in the epigastric region of the abdomen (see figure 21–15). Jejunostomy tubes are placed in the proximal jejunum. Immediately following the procedure, the tube may be connected to low suction or plugged. If the client has been receiving tube feedings, these may be reinitiated shortly after tube placement.

NURSING CARE
- Assess tube placement by aspirating stomach contents and checking the pH of aspirate to determine gastric or intestinal placement. A pH of 5 or less indicates gastric placement; the pH is generally 7 or higher with intestinal placement. Recent studies show auscultation to be ineffective in determining feeding tube placement. Measuring the pH of aspirate from the tube is more reliable as a means of determining tube placement.
- Inspect the skin surrounding the insertion site for healing, redness, swelling, and the presence of any drainage. If drainage is present, note the color, amount, consistency, and odor. Changes in the insertion site, drainage, or lack of healing may indicate an infection.
- Assess the abdomen for distention, bowel sounds, and tenderness to evaluate functioning of the gastrointestinal tract.
- Until the stoma is well healed, use sterile technique for dressing changes and site care. Clean technique is appropriate for use once healing is complete. Sterile technique reduces the risk of wound contamination by pathogens that can lead to infection. Once healing has occurred, clean technique is acceptable because the gastrointestinal tract is not a sterile body cavity.
- Wearing clean gloves, remove old dressing. Cleanse the site with saline or soap and water, and rinse as appropriate. A well-healed stoma may be cleaned in the shower with the tube clamped or plugged. Pat dry with 4X4 gauze pads, and allow to air dry. Apply Stomadhesive, karaya, or other protective agents around tube as needed to protect the skin. Gastric acid and other wound drainage is irritating to the skin. Meticulous care is important to maintain the integrity of the skin surrounding the stoma.
- Redress the wound using a stoma dressing or folded 4X4 gauze pads. Do not cut gauze pads, because threads may enter the wound, causing irritation and increasing the risk of inflammation.
- Irrigate the tube with 30 to 50 mL of water, and clean the tube inside and out as indicated or ordered. Soft gastric tubes may require cleaning of the inner lumen with a special brush to maintain patency. Tube feeding formulas may coat the inside of the gastrostomy tube and eventually cause it to become occluded. Regular irrigation with water and brushing as indicated maintain tube patency.
- Provide mouth care or remind the client to do so. When feedings are not being taken orally, the usual stimulus to do mouth care is lost. In addition, salivary fluids may not be as abundant, and oral mucous membranes may become dry and cracked.
- If indicated, teach the client and family how to care for the tube and feedings. Refer to a home health agency or visiting nurse for support and reinforcement of learning. Gastrostomy tubes are often in place long term. When the client and family are able to assume care, independence and self-image are enhanced.

Figure 21–15 ■ Gastronomy. A, Gastronomy tube placement. B, The tube is fixed against both the abdomen and stomach walls by cross bars.