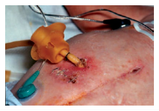
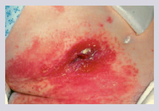
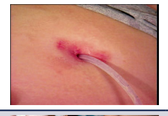
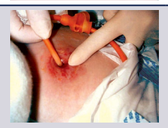
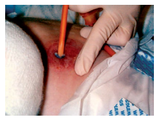
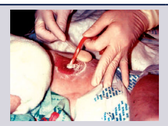
HALYARD* ENTERAL FEEDING

Stoma Site and Enteral Feeding Tube

STOMA SITE COMPLICATIONS

Complication		Possible Cause	Characteristics	Intervention - Stoma Site	Intervention - Feeding Tube
Bacterial Infection		Excessive moisture due to leakage, pressure at the site or lack of prophylactic antibiotics at time of tube insertion	Pain, inflammation, skin redness, warmth or drainage at site.	Clean the site two to three times daily with water alone. Consult the physician or healthcare provider as bacterial infections may be treated with prescribed oral or topical antibiotics.	
Yeast Infection		Warm, dark, moist environments, body perspiration, leakage and denuded skin	Rash with an area of erythema with satellite lesions spreading away from the area of redness. Papules or pustules may also be present.	Correct the excessive leakage, gently cleanse the skin, dry and apply an antifungal powder to the skin surrounding the tube. Change moist dressings on a frequent basis, if present, to prevent the accumulation of moisture. Notify the physician or healthcare provider as systemic treatment may be prescribed.	Contact the physician or healthcare provider as this infection can damage the tube and it will need to be replaced.
Pressure Necrosis		Bolsters held too tightly against the abdominal wall and/or skin	Skin redness, irritation, ulcer and/or tissue necrosis	Gently cleanse and dry the skin; avoid scrubbing and picking residual skin barriers. Apply an alcohol-free skin barrier powder. For ulcerations, consider the use of alginates, hydrofiber or hydrocolloid dressings.	Verify proper placement of the external bolster (2-3mm above the skin) and the proper fill volume of balloon retained devices.
Skin Breakdown		Excessive moisture around the stoma site due to wet or soiled dressings or the leakage of gastric or jejunal contents due to tube displacement, inadequate tube stabilization, improperly sized tube and incorrect feeding practices	Skin redness, irritation, inflammation or bleeding	If a dressing is present, change often to prevent the accumulation of moisture. Gently cleanse and dry the skin and apply a skin barrier powder or hydrocolloid or pectin wafers and seal with alcohol-free skin barrier. If gastric leakage is present and the skin is intact, apply a skin protectant or moisture barrier such as zinc oxide. Notify a physician or healthcare provider if redness extends more than 1 cm from the tube or is accompanied by pain or swelling.	Verify proper tube placement and fill volume of balloon retained devices. Make sure the tube is sized correctly and stabilized properly. Verify tube patency, patient position during feeding, rate and volume.
Hypergranulation		Excessive tube movement, trapped moisture, reaction to the tube material and/or constant exposure to drainage or a reaction to the use of hydrogen peroxide	Wart-like papules or nodules, reddish-brown or white-gray skin discoloration and lesions at the mucocutaneous border. Can lead to bleeding if not treated.	Gently cleanse and dry the skin. Contact the physician or healthcare provider as the area may need to be cauterized with silver nitrate or treated with triamcinolone acetonide cream. Restrict the use of half diluted hydrogen peroxide to apply only when soap and water are ineffective or to periodically remove accumulated crusty drainage. Keep site free of moisture.	Stabilize the tube to restrict movement.
Peritubular Allergic Reaction		Strong soaps, solutions, ointments and other skin care products used around the stoma site, the use of a latex urinary catheter as a gastrostomy tube, or the introduction of new medications, foods or gloves contacting the skin	Irritant dermatitis characteristics range from edema, well-defined erythema or loss of epidermis. Allergic dermatitis characteristics include pruritis, papules, vesicles, crusting or oozing.	Gently cleanse and dry the skin. Limit the use of chemicals and products on the skin and remove all irritants and allergens. If the skin is denuded, dust with a skin barrier powder and contact the physician or healthcare provider as systemic or topical steroids may be prescribed.	If a reaction to the latex urinary catheter is suspected, contact the physician or healthcare provider as the tube may need to be replaced.

FEEDING TUBE COMPLICATIONS

Complication	Possible Cause	Characteristics	Intervention - Feeding Tube
Occlusion	Poor flushing technique, inappropriate administration of medication, thick formulas, formula contamination that leads to coagulation, reflux of gastric or intestinal contents up the tube, failure to flush after measurement of gastric residual, pill fragments, viscous medications	Tube becomes clogged and no longer functions properly.	Make sure that the feeding tube is not kinked or clamped off. If the clog is visible above the skin, gently massage or milk the tube between your fingers. Next place a catheter tip syringe filled with warm water into the appropriate adapter or lumen and gently pull back and then depress the plunger. Repeat if needed. If this fails, consult with the physician and consider trying a solution of pancreatic enzymes and sodium bicarbonate (1 crushed Viokase tablet or 1 teaspoon Viokase powder mixed with 1 nonenteric-coated sodium bicarbonate tablet, or 1/8 teaspoon baking soda dissolved in 5 ml warm water) instilled through a catheter tip syringe. Allow to remain in the tube for 30 minutes. Do not use cranberry juice, cola drinks, meat tenderizer or chymotrypsin, as they can actually cause clogs or create adverse reactions in some patients. Diet sodas (non-cola) and carbonated/seltzer water may prove successful in removing some clogs. If the clog is stubborn and cannot be removed, the tube will have to be replaced.
Pyloric Obstruction/Migration	Improperly sized tubes and slipping of the external bolster	Tube migrates into the pylorus. Signs of obstruction include nausea, aspiration, pain, vomiting and obstruction of flow.	Verify tube placement. Discontinue feeding and contact the physician or healthcare provider immediately.
Accidental Tube Removal	Excessive pulling on the tube or balloon rupture	Tube falls out of the stoma.	Replace the tube as quickly as possible as the stoma may begin to close within 2-4 hours.
Tube Dislodgement/Displacement	Improperly positioned external bolster, improperly secured tube, accidental removal, excessive pulling on tube	Pain, nausea, vomiting and/or unexpected decrease or increase in the tube length as measured by the centimeter markings on the tube.	Ascertain the position of the tube. If the tube is in the stomach, gently pull the tube from the stoma until the balloon feels snug against the stomach wall. Reposition the external bolster until it rests 2-3mm above the skin. Contact the physician or healthcare provider if the gastrostomy tube cannot be repositioned or if the jejunal tube becomes dislodged or if the patient shows symptoms of pain, nausea or vomiting.
Tube Deterioration	Normal wear and tear, formula and medication regimens, infection, tube abuse, patient anatomy, gastric pH, interaction of medication with various therapies (i.e., chemotherapy combined with certain medications)	Abnormalities such as cracking, wall aneurysm areas or deteriorating external bolster.	Contact the physician or healthcare provider or change the tube according to facility protocol.
Balloon Burst or Leak	Gastric pH, inappropriate tube care, interaction of medications, over inflation of the balloon	Tube dislodgement or displacement	Verify balloon fill volume and adjust according to the prescribed fill volume or manufacturer instructions. If the balloon has ruptured, secure the tube into position with tape and contact the physician or healthcare provider or follow facility protocol as the tube should be replaced.

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TROUBLESHOOTING GUIDE