

**PERCUTANEOUS ENDOSCOPIC GASTROSTOMY /
PERCUTANEOUS ENDOSCOPIC TRANSGASTRIC JEJUNAL
FEEDING TUBE PLACEMENT**

PRACTICE GUIDELINES

Division of Trauma and Surgical Critical Care

Vanderbilt University Medical Center

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NOTE: PEG / PEG/J insertion is usually performed after an airway has been secured via a percutaneous tracheostomy or as a separate procedure for enteral access for nutrition support.

PREPARATION:

1. ****Refer to Bedside Surgery Protocol for Pre-Procedure Check List!!!**
2. Tube feedings are recommended to be held four hours prior to the procedure.
3. Medication pack: (may have already been administered for the perc. trach)
 - A. Pre-procedure Abx.
 1. Ancef 1 gm IV 30 mins. prior to procedure (Levaquin 500 IV if PCN Allergy).
 2. If on Antibiotics – no further treatment necessary.
 - B. Procedure Medications
 - Fentanyl 500 mcg
 - Vecuronium 20 mg
 - Versed 10 mg
 - Diprivan 50 cc vial

NOTE: The ventilator must be adjusted appropriately when paralytics are administered, usually a **rate of 12 and an FiO₂ of 100%**.

The patient should be sedated with Versed / Diprivan and Fentanyl, followed by Vecuronium inducing a general anesthesia.

4. Equipment:

Trauma cart, obtained from the OR/CORE, to include:

Sterile towels, snare wire, syringes, mouth piece, suture, gowns, gloves
endoscope, betadine solution, PEG kit, water bottle.

If Planning PEG/J T-fasteners are required.

PROCEDURE:

1. PEG or PEG/J is placed endoscopically.
2. The tube is placed to **straight drain for 24 hours (per VUMC Protocol)**
3. After MD clearance of patient, feedings may be instituted.
4. J-tube feeds via a PEG/J tube maybe started after 4 hours post procedure with physician approval.