

Patient: _____ ☐ New Patient ☐ TO PMD: _____ Date/Time: _____Facility _____ ☐ SNF Rm/Bed: _____ D.O.B: _____ Provider: _____

Comorbidities:

<input type="checkbox"/> Inanition	<input type="checkbox"/> Obesity	<input type="checkbox"/> Hyper mobility	<input type="checkbox"/> Encephalopathy	<input type="checkbox"/> Neuropathy	<input type="checkbox"/> Other
<input type="checkbox"/> Dysphagia	<input type="checkbox"/> CVA	<input type="checkbox"/> Limited mobility	<input type="checkbox"/> Contracture	<input type="checkbox"/> Anemia	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Resp Failure	<input type="checkbox"/> Weakness	<input type="checkbox"/> Atherosclerosis	<input type="checkbox"/> HTN	_____

Discussion / Relevant Interim History:

Procedure performed:

<input type="checkbox"/> Emergent Replacement of G-tube <u>with</u> injection of contrast	<input type="checkbox"/> Replacement of G-tube <u>with</u> injection of contrast
<input type="checkbox"/> Emergent Replacement of G-tube <u>without</u> injection of contrast	<input type="checkbox"/> Replacement of G-tube <u>without</u> injection of contrast
<input type="checkbox"/> D/C and removal of g-tube	<input type="checkbox"/> other _____

Abdominal Exam: ☐ Soft ☐ Non-distended ☐ Distended [tender/nontender] ☐ other: _____Tube Type: ☐ PEG ☐ Balloon type tube ☐ Other: _____

Peri-tube finding(s): <input type="checkbox"/> Bleeding	<input type="checkbox"/> Ulceration	<input type="checkbox"/> Erythema	<input type="checkbox"/> Tenderness on Manipulation
<input type="checkbox"/> Leakage	<input type="checkbox"/> Purulence	<input type="checkbox"/> Hypergranulation	<input type="checkbox"/> Other: _____

Last G-Tube placed on: _____

Replacement Tube type: Size: _____ Fr ☐ Balloon type (balloon capacity _____ CC) ☐ other: _____

Reason for replacement: <input type="checkbox"/> Dislodgement	<input type="checkbox"/> Damaged/malfunctioning	<input type="checkbox"/> Infection	<input type="checkbox"/> other: _____
<input type="checkbox"/> Leakage	<input type="checkbox"/> Deterioration of age	<input type="checkbox"/> Obstruction	

Verification of Placement:	<input type="checkbox"/> Auscultation with stethoscope for bowel sounds on injection of air through tube
	<input type="checkbox"/> Instillation of dilute Gastrograffin via feeding port followed by abdominal plain film
	<input type="checkbox"/> x-ray reviewed by provider <input type="checkbox"/> other: _____

Procedure Note:

☐ Consent was obtained from primary physician prior to procedure☐ Consent previously obtained from family for urgent catheter replacement secondary to :☐ Displacement ☐ Sever deterioration along the stem ☐ recurrent obstruction ☐ Other: _____

- The patient was placed in supine position with the mid abdominal ostomy clearly visualized.
- The ostomy site was cleansed with NS and betadine. 20% Benzocaine spray was applied to the ostomy and periwound skin.
- The old G-tube was carefully grasped and then removed with: ☐ No discernable resistance ☐ No visible bleeding
- ☐ mild/moderate resistance ☐ bleeding _____ cc ☐ other: _____

A new Silicone _____ Fr g-tube was then carefully placed through the stoma site with no discernable resistance and instilled with _____ CC of sterile saline with no resistance or complications. The placement was verified as described.

☐ No visible bleeding observed during the procedure☐ Bleeding during the procedure was noted and controlled with direct pressure and dry gauze☐ Procedure tolerated well ☐ Procedure was not tolerated well _____☐ Will request for the facility to cover the ostomy site with CaAlginate and a dry dressing for the next _____ days☐ Please wait for the radiology report confirming proper placement in the lumen of the viscus before resuming tube feedings

The patient is cleared to restart feeding as indicated after confirmation of the position of the G-tube by radiology

Comments/ Recs: