

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):**  Bleeding  Ulceration  Erythema  Tenderness on Manipulation  
 Leakage  Purulence  Hypergranulation  Other: \_\_\_\_\_**Last G-Tube placed on:** \_\_\_\_\_**Replacement Tube type:** Size: \_\_\_\_\_ Fr  Balloon type (balloon capacity \_\_\_\_\_ cc)  other: \_\_\_\_\_**Reason for replacement:**  Dislodgement  Damaged/malfunctioning  Infection  other: \_\_\_\_\_  
 Leakage  Deterioration of age  Obstruction**Verification of Placement:**  Auscultation with stethoscope for bowel sounds on injection of air through tube  
 Instillation of dilute Gastrograffin via feeding port followed by abdominal plain film  
 x-ray reviewed by provider  other: \_\_\_\_\_**Procedure Note:** Consent was obtained from primary physician prior to procedure Consent previously obtained from family for urgent catheter replacement secondary to :

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Displacement   | <input type="checkbox"/> Sever deterioration along the stem | <input type="checkbox"/> recurrent obstruction     | <input type="checkbox"/> 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:   |   | <input type="checkbox"/> No discernable resistance | <input type="checkbox"/> No visible bleeding |
| <input type="checkbox"/> mild/moderate resistance   |   | <input type="checkbox"/> bleeding _____ cc         | <input type="checkbox"/> 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:

May, MD

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