VANDERBILT UNIVERSITY MEDICAL CENTER
DIVISION OF TRAUMA AND SURGICAL CRITICAL CARE

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Percutaneous endoscopic gastrostomy or Percutaneous endoscopic transgastric jejunostomy placement - Revised 2011

NOTE: PEG / PEG/J insertion is usually performed after an airway has been secured (endotracheal tube or a percutaneous tracheostomy).

PREPARATION:

1. ****Refer to Bedside Surgery Protocol for Pre-Procedure Check List!!!**

2. Tube feedings should be held for approximately 1 hour prior to the procedure.

3. Medication pack: (may have already been administered for the perc. trach)

Procedure Medications

Fentanyl 500 mcg

Vercuronium 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 FiO_2 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,

Scope/ Water bottle /, Chloroprep skin prep, PEG or PEGJ kit

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 until following morning (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 MD approval.

5. General PEG or PEG/J care includes cleaning with soap and water, keep dry, avoid H2O2 or antiobiotic ointments, and allow ~1 cm slack between external fixation and skin.