

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

PEG/PEJ-Postprocedure

Version 1 2/18/16

Nursing Orders

- PEG tube maintenance
- PEG/J Tube Maintenance
- PEJ Tube Maintenance
- Elevate head of bed 30-45 degrees during enteral feedings and for 45 minutes after feeding
- PEG/PEJ Care and Management Guideline
- May shower post procedure starting first day post placement, cover site for 72 hours
- May use PEG/PEJ for oral meds (flush with tap water)
- May resume tube feeding via PEG/PEJ TUBE at _____
- May use PEG/PEJ 24 hours after placement
- Diet to be managed by consulting provider

Notify provider

- IF temperature > 100.4 F (38 C)
- IF leakage of stomach contents or bleeding at PEG site
- IF excessive pain at PEG site
- IF erythema > 1/4 inch around tube
- Glove Care and Maintenance
 - Drainage into glove (first 12-24 hours):
 - Contents should not fill more than one gloveful
 - OK to "burp" glove and retape
 - DO NOT cut port stopper(s) from port(s)

Medications

phytonadione (VITAMIN K)

- 10 milligram in 50 mL NS intravenously once infuse over 15 minute

Radiology

Radiograph, kidney-ureter-bladder (KUB) , portable,

- routine Reason for exam: _____

Consults

- Consult Care Coordination/Transitional Planning Reason for consult: _____
- Consult to dietitian, adult for enteral feeding assessment and recommendations

Provider Signature: _____ Date: _____ Time: _____