



Acacium Group

Administration of Medication via Gastrostomy and Jejunostomy (PEG, PEJ and JEJ)

Procedure Reference | SOP MEDS 05

Version | V4.1

Procedure Name	Administration of Medication via Gastrostomy and Jejunostomy (PEG, PEJ and JEJ)
Purpose of Document	To ensure that the correct preparation, procedures & outcomes are achieved by implementing a consistent and systematic approach to administration of medication via a PEG, PEJ and JEJ
Target Audience	All Healthcare Professionals
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Author	Karen Matthews-Shard
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Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History			
Version	Date	Changes made/comments	By whom
V1	Dec 2016	Implementation of document history page	KNF/VM
V1	Apr 2018	Updated front sheet to include new review frequency date	KMS/VM
V2	Sep 2019	3 Yearly review and implementation of template	Clinical Advisory Group
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V4.1	Apr 2024	Reviewed and updated	Clinical Advisory Group

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1. Introduction

When a client has a jejunostomy or gastrostomy and is not able to take medicines via the oral route they will be administered via the gastrostomy or jejunostomy tube that is in situ.

As with the administration of all medicines, safety and the correct procedure are paramount.

This SOP clarifies the process for the administration of medicines via these tubes.

2. Aim

To administer medicines safely and effectively via gastrostomy and jejunostomy.

The six rights: Prior to administering any medications it is important to consider the six rights:

- Right drug
- Right time
- Right dose
- Right route
- Right client
- Right to refuse

As well as the six rights it is also important to consider the right position and the right documentation.

3. Who needs to be aware of this procedure

All Acacium Group Healthcare professionals may administer medicines via Gastrostomy and jejunostomy as long as they have received appropriate training and have been assessed as competent to deliver the required standards of care.

4. Hazards / complications

The following hazards relate to complications that Acacium Group staff need to be aware of, in relation to the administration of medicines.

Complication	Cause	Solution
Aspiration	Regurgitation of feed/medications due to poor gastric emptying. Incorrect tube placement.	Medication to improve gastric emptying. Check tube placement –by using litmus paper testing provided by the ICB , community nurses or community pharmacy. Ensure the client has their head at 45 degrees during feeding, if able – refer to the service users care plan for more guidance.
Nausea and vomiting	Related to disease / treatment. Medication, such as antibiotics, chemotherapy, or laxatives.	Antiemetics if prescribed. Space out medications and

	Poor gastric emptying. Rapid infusion of feed.	flushes so not being given together to reduce volumes administered. Follow escalation plan as per clients care plan and seek clarification and advice from GP or specialist if not tolerating medications
Diarrhoea	Medication, such as antibiotics, chemotherapy, or laxatives. Radiotherapy to pelvis. Disease related. Gut infection.	Anti diarrhoeal agent if prescribed. If possible, GP may discontinue antibiotics, avoid microbiological contamination of feed or equipment. Treat disease or manage symptoms. Send stool sample to check for gut infection. Consult doctor and / or dietician as per clients escalation and care plan.
Constipation	Inadequate fluid intake. Immobility. Use of opiates or other medication causing gut stasis. Bowel obstruction.	Check fluid balance and correct if necessary. Administer laxatives / bulking agents if prescribed. If possible, encourage mobility. If in bowel obstruction, discontinue feed and medications but will need to be done under guidance of specialists/GP.
Abdominal distension	Poor gastric emptying. Rapid infusion of feed. Constipation or diarrhoea	Gastric motility agents. Reduce rate of administration. If possible, encourage mobility. Treat constipation or diarrhoea following instruction from the doctor.
Blocked tube	Inadequate flushing or failure to	Reduced risk of blockages by

	<p>flush feeding tube.</p> <p>Administration of medication via tube.</p>	<p>flushing with an adequate amount of water before, in between and after medication as detailed within the client specific care plan.</p> <p>Use liquid or finely crushed medications.</p> <p>If blocked, try warm water, soda water or prescribed enzyme preparations. If tubing remains blocked, follow escalation plan/care plan to report or replace as required.</p>
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5. Equipment

- Medication
- Syringes
- Mar chart
- Water for flushing
- PPE as per current guidelines

6. Procedure for administering medications via enteral feeding tubes

	Action	Rationale
1.	<p>Prescriptions should state the route of administration and specify the port to be used if applicable.</p> <p>Ensure the tube has not been dislodged or is not patent. If the tube is blocked please refer to SOP NUT 01 Jejunostomy and Gastrostomy Care.</p>	For client safety.
2.	Syringes labelled 'Enteral' (i.e. a syringe to which a needle cannot be attached) should be used to prevent accidental parenteral/IV. Administration.	To prevent the medication being given via the incorrect route.
3.	Check whether a break period is required before and after administering the medicines.	Some medicines react with feeds and need to be given when the client is fasting.
4.	Check the type of water required for flushing. Sterile water is required for immune-compromised service users, children and often for service users with jejunostomy tubes.	For flushing the tube pre and post medication administration to prevent blockage.
5.	Ensure the position of client prior to commencing administration of medications.	For client safety and reduce the risk of Aspiration.

6.	<p>When administering medicines: if the client is on a feed; stop the administration of feed, disconnect giving set and flush slowly but directly into the feeding tube with cooled, boiled water/sterile water, as per individual client's feeding and fluid regime, using a 60ml oral/enteral syringe to ensure the feeding tube is clear of any feed/sediment.</p> <p>If there are multiple ports, please refer to the care plan to identify the medication port</p>	<p>To check patency of tube.</p> <p>May cause blockage if administered into the incorrect port.</p>
7.	Administer each drug separately as a sediment-free liquid; using the most appropriately sized oral/enteral syringe that the dose can be accurately measured -1ml, 5ml or 10ml.	To assist in administration and prevent blocking of the tube.
8.	Flush in between medicines as per client's fluid regime, with a adequate amount of cooled boiled/sterile water, then flush following administration of the last drug as per client's feeding regime. The flush amounts will be stated in their individual care plans NB the volumes may be smaller for paediatric service users or for clients with restricted fluid intake.	To prevent blocking of the tube and to ensure the medication is completely administered and not left sitting in the tube.
9.	Any preparation that is altered i.e. crushed/dispersed, ensure that prescriber and/or pharmacist have confirmed off licence and usage.	To prevent blocking of the tube and to ensure the medication is completely administered and not left sitting in the tube.
10.	Do not administer crushed tablets or capsule contents which have not completely dispersed in water; sediment increases the risk of blocking the tube.	To prevent blocking of the tube.
11.	Do not crush: Enteric coated [E/C] preparations; Modified Release [M/R] preparations; cytotoxic medications, prostaglandin analogues, hormone antagonists or antibiotics (risk to staff); buccal or sublingual preparations. See administration sheet/patient information leaflet and/or summary of product characteristic sheet for further advice.	To prevent destabilisation of the medication and blocking of the tube.
12.	<p>Document the total volume of fluid given (including flushes) on a fluid balance chart.</p> <p>The administration of medication as described above should only be undertaken following a risk</p>	To record the administration.

	assessment and in consultation with the prescriber and/or pharmacist. Any changes or adverse reactions to medication, should be reported as per escalation process and client specific care plan.	
13.	Do not administer bulk-forming laxatives, e.g. Fybogel, because they may block the tubes (unless prescribed).	To prevent blocking of the tube, the risk of incompatibility, microbial contamination, tube blockage and under dosing/overdosing if the feed rate is altered.
	Additional information may be found in guidance from the British Association for Parenteral & Enteral Nutrition (BAPEN): Drug Administration via Enteral Feeding Tubes. Copies are available from the website www.bapen.org.uk .	

7. Mic-Key/Mini Buttons

Adults and children can have Mic-Key or Mini buttons, these are a different type of gastrostomy. They are a low-profile gastrostomy that is kept insitu with a balloon filled with water.

For all medication administration given through a Mic-Key or Mini button an extension set is required, which locks into the Mic-Key or Mini button. DO NOT attempt to administer any form of liquid directly into the Mic-Key or Mini button.

Mic-Key/Button Flush requirements prior, after and between each medication should be detailed within the client specific care plan and recorded on fluid charts as required.

8. Associated Policies / SOPs

Policies

CLIN 03 Medicines Management Policy
CLIN 06 Consent Policy
CLIN 14 Record Keeping

SOP's

SOP Meds 01 Controlled Drugs
SOP Meds 02 Oral Administration
SOP Meds 03 Rectal Administration
SOP Meds 04 Subcutaneous Administration of Medicines
SOP Meds 06 Intramuscular Injection Administration
SOP Meds 07 Peripheral Intravenous Administration
SOP Meds 08 Administration via Central Line (Hickman, PIC and Porta Cath)
SOP Meds 09 Removal of medicines from Client's Home
SOP Meds 10 Vaginal Administration
SOP Meds 11 Topical & Transdermal Application of Medicines
SOP Meds 12 Administering Ear Drops
SOP Meds 13 Administration of Eye Drops or Ointments
SOP Meds 16 Buccal or Sublingual Administration of Medicines
SOP Meds 17 Administration of Medication via a Metered Dose Inhalers

SOP Meds 18 Administration of Epi-Pen, Anapen and Emerade
SOP Meds 19 Self Administration of Medicines
SOP Meds 20 Oxygen Therapy: Adult and Child

9. References

- NMC 2018 Guidelines for records and record keeping (this is updated version) Procedure no 4
- The Royal Marsden 2015 Manual of Clinical Nursing procedures 9th Edition (this is updated version)
- CQC Medicines training and competency in adult social care settings – this relates to appropriate training, support and competencies making care safe, high quality and consistent (Training is referred to in all SOP's)
- NICE Guidance NG67 Managing medicines for adults receiving social care in the community March 2017 – this relates to general medicines management and details all processes
- <https://www.bapen.org.uk/nutrition-support/enteral-nutrition/medications>
- Medication management of patients with nasogastric (NG), percutaneous endoscopic gastrostomy (PEG), or other enteral feeding tubes - Working party—Wright, Griffith, Merriman, Smithard, Smyth, Welsh2 April 2019
- <https://www.evelinalondon.nhs.uk/resources/patient-information/gastrostomy-at-home-button.pdf>

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below: add in PNAH Scotland and Ellea to this?

 Part of Acacium Group	 Part of Acacium Group
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