

G-tube replacement

Date:

Patient: _____ **Age:** _____ **(M/F)** **Room:** _____

Comorbidities:

Physician order for the G-tube replacement:

Consent: patient / facility /

Removal:

- Last medication administration time:
- Patient body position (supine):
- Tube size:
- Balloon size:
- Tube is freely movable:
- Fluid aspiration, pH level (1 - 5.5):
- Sign of infection:
- Time of Removal:

Equipment:

- Tube size:
- Tube expiration date:
- Balloon size:
- External retention ring (disk stopper) is freely movable:

Insertion:

- Time of Insertion:
- Anesthesia:
- Resistance:
- Pain:
- Tube is freely movable:
- Placement: gastric fluid pH level (1 - 5.5)
- Position change backed to 30 degree angle or up-right
- Flush water:
- Skin condition:
- Dressing coverage:
- Did the patient tolerate the procedure?
- X-ray:

S/p G-tube replacement monitoring in 72 hours:

- Pain or distress after the replacement
- Pain or distress with feeding
- Fluid leaking
- Bleeding

Clinician name: