This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: Provide guidelines for CIP paramedics to maintain a percutaneous tract into the stomach or a nasogastric tube through evaluation of efficacy and either rectifying or making a referral for ineffective tracts.

Aliases: Feeding Tubes, NG tubs, PEG tubes

1. Indications
   1. Complaints including blockage, damage or need for replacement
2. Contraindication
   1. Signs of infection or active bleeding
3. Equipment
   1. 10 ml syringe
   2. Warm water or carbonated beverage such as diet cola
   3. Approved de-clogging device designed for the tube.
4. Procedure
   1. Identify the type of feeding tube.
   2. Examine for patency, functionality, and placement.
   3. If there is evidence of blockage, using sterile technique flush the tube using a 10 ml syringe and water or carbonated beverage.
      1. If unable to flush use carbonated beverage and let it sit for 5-10 minutes and reattempt flushing.
   4. If unable to establish good flow and the tube is in place, consider making arrangement for replacement.
   5. Nasogastric tube removal (optional)
      1. Obtain medical direction prior to procedure
      2. Position patient a minimal of a 30-degree incline from supine to prevent aspiration
      3. Discontinue gastric suction
      4. Flush the tube with a small bolus of air to clear any remaining gastric contents
      5. Remove securement device
      6. Fold over or clamp the proximal end of the tube to prevent backflow of gastric contents
      7. Direct patient to hold the breath to close the epiglottic and withdraw the tube gently and steadily.
      8. When the distal end of the tube reaches the nasopharynx, it can be pulled quickly
      9. Inspect the tube to ensure it is intact
   6. Replacement of damaged percutaneous tube in a well-established tract (optional)
      1. Indications
         * 1. Inadvertent removal of a tube
      2. Contraindications
         1. Initial gastrostomy placed less than 2 months ago
         2. Tube has been out of place for more than 24 hours
      3. Procedure
         1. Consider analgesics
         2. Utilize sterile technique
         3. Insert largest appropriate replacement tube (urinary catheter)
   7. Concerns that present threats to the patient’s immediate health and well-being must be reported to the referring physician prior to the conclusion of the visit.
5. Documentation see CIP Documentation protocol
   1. Additionally (if applicable)
      1. Results of attempts to flush tubes
      2. Removal of NG tubes, tube intact and patient reaction
      3. Replacement of percutaneous tract tube, confirmation of placement and measurements