



Royal Berkshire
NHS Foundation Trust

Pilot Version 2 (Nov 2017)

Learning to care for your Radiologically Inserted Gastrostomy (RIG) tube (Balloon tube)

Name: _____

Ward: _____

Dietitian: _____

You will have been given leaflets about your RIG tube. This booklet records what you or your carer need to know and do in order to care for your stoma, feeding tube and to administer your feed. Teaching will be provided by a range of staff including, ward nurses, dietitian, nutrition nurse and Abbott Nurse Advisor (ANA) who will help fill this in.

Opportunities for you to learn the procedures will be planned but please take every opportunity to observe how things are done. You will be supervised doing the procedure until you are confident to do them without supervision. When this happens it will be recorded in this leaflet.

You may not need to learn all aspects of care prior to going home. Some patients may not need to use their tube for feeding and therefore aspects of care may be taught when they are at home. If you are solely responsible for administering your feed you should have your training complete before you go home so that you are confident to carry on. If you are discharged within seven days of the tube being placed you may need a district nurse to visit daily to clean and dress your gastrostomy site.

Tube details

Manufacturer: _____ Size: _____

RIG procedure (date): _____

Abdominal measurement: _____

(This measurement will change with weight gain)

Planned date of first balloon check: _____

Goal: When discharged from hospital you or your carer will know:	Professional responsible	Discussed Date and signature
How to obtain supplies of feed.	Dietitian /ANA	
How to store feed and equipment.	Dietitian / ANA	
How equipment / feed will be delivered.	Dietitian /ANA	
What is the role of the Homecare Nurse – and how they can be contacted.	Dietitian /Abbot leaflet No 13	
What are arrangements for on-going monitoring by the dietetic team in the community.	Dietitian	
What water can be used at home. _____	Dietitian	
What are the restrictions to taking diet / fluid by mouth (see feeding plan).	Dietitian /Speech and language therapist	
The recommendations for feed timing and method of feed administration?	Dietitian	
How much fluid is needed and how this will be provided with additional water required for drug administration.	Dietitian	
What are the arrangements for checking the balloon (weekly).	Nutrition Nurse	
What are the arrangements for replacing the feeding tube in the future.	Nutrition Nurse	
What to do if the tube falls out.	Nutrition Nurse	
When and who to ask for advice (eg episodes of diarrhoea & vomiting, site problems, tube blockage).	Dietitian – trouble shooting leaflet	
7 days feed & equipment provided on discharge.	Ward Nurse / Dietitian	
Referral made to District Nurse	Ward Nurse	

Goal: When discharged from hospital you or your carer will know:	Professional responsible	Discussed Date and signature	
*When and how hands should be washed – patient and carer.	Ward Nurse/ANA		
How to check feed and equipment and administer the feed.	Ward Nurse / ANA		
How to prepare and administer drugs.	Ward Nurse		
How to operate the feeding pump.	ANA		
*How to flush the feeding tube.	Ward Nurse / ANA		
How to disconnect and flush the feeding tube.	Ward Nurse / ANA		
How to dispose of used feed and equipment.	Dietitian/ ANA		
*How to clean and store the enteral syringes.	Dietitian/ANA		
How to clean the stoma site, and care for the tube.	Ward Nurse /DN		
How to care for the 'button' sutures.	Nutrition / Ward or District Nurse		
How to check the balloon (day 14).	District Nurse / ANA		
How to secure the tube.	Ward Nurse /ANA		
*What are the signs of infection and what to do you are concerned.	Ward Nurse / ANA		
What precautions are needed for bathing / swimming.	PEG leaflet /ANA		
How to report a broken pump to the feed company.	ANA		

** Minimal preparation for patients discharged early who are not using their tube for feeding.*

Supervised Practice Provided (signature of healthcare professional)			Achieved (only one signature required at time of discharge)		
Date signature	Date signature	Date signature	Date Signature	Date signature	Date Signature
*					
*					
*					

Statement of training

_____ has undergone training to
*self-care / provide care to _____

This training has *been completed / to be continued in the community.

Signature: _____ (*patient / carer)

Date: _____

**delete as appropriate*

Discharging nurse: _____

Signature: _____

Date: _____

Please keep this as a record of the training you have received. A copy will be made for the hospital record.

Follow up and support contact numbers

Health professional	Name	Contact number	Available
Community Dietitian			
East Berkshire		01753 636724	
West Berkshire		01635 273710	
Abbott Nurse advisor	Joice Kapesa	07825 297327	Monday – Friday 9am – 5pm
Abbott Hospital to Home	-	0800 0183799	
Nutrition Nurse	Sarah Lupai	0118 322 8342 07826 921372	Monday – Friday 8am – 6pm
Endoscopy Unit Royal Berkshire Hospital	-	0118 322 7458	Monday – Friday 8am – 5pm
GP			
District Nurse			

Royal Berkshire NHS Foundation Trust
London Road, Reading RG1 5AN
0118 322 5111 (Switchboard)
www.royalberkshire.nhs.uk

This document can be made available in other languages
and formats upon request.

Nutrition Nurse, Endoscopy Unit, December 2017
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