

Percutaneous Endoscopic Gastroscopy (PEG) Pre-Procedure Checklist	Addressograph, or Name DOB Unit No./CHI
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'Lothian Enteral Tube Feeding- Best Practice Statement' provides information regarding the procedure and types of tubes used, these guidelines can be found on the intranet

For many patients, PEG insertion can be quite traumatic and it is therefore important that the patient and their carers/relatives are adequately prepared.

Has the patient/carers been given the leaflet **'Tube feeding making the decision' - a leaflet for patients, relatives and carers about gastrostomy tube placement' (October 2017)** YES NO

This is available for patients/carers and can be obtained from the Complex Nutrition Team/Ward Dietician.

The Complex Nutrition Team are available for advice regarding stoma care, tube care and general information – please telephone 0131 537 3695
or email ComplexNutritionReferrals@nhslothian.scot.nhs.uk

Physical Assessment /Preparation	Date	Comments	HealthCare Professional's Signature
<input type="checkbox"/> U+Es' 24-48hrs before the procedure in stable patients, to allow for correction	_/_/_		
<input type="checkbox"/> FBC 24-48hrs before the procedure in stable patients, to allow for correction	_/_/_		
<input type="checkbox"/> Coagulation screen 24-48hrs before the procedure in stable patients, to allow for correction	_/_/_		
Consider consent/capacity Is an Adults with Incapacity Form required? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes this must be completed at ward level.	_/_/_		

<input type="checkbox"/> Corsodyl Mouth wash 10mls, 22.00hrs night before insertion <input type="checkbox"/> Corsodyl Mouth wash 10mls, 08.00hrs on the morning of the procedure	_/ _/ _		
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Physical Assessment /Preparation	Date	Comments	HealthCare Professional's Signature
<input type="checkbox"/> No food or enteral feed for 6hrs and no fluids for 2hrs before the procedure	_/ _/ _		
<input type="checkbox"/> IV access obtained	_/ _/ _		
<input type="checkbox"/> Co-amoxiclav 1.2g 1hr pre-procedure (If allergic to penicillin 400mg IV Teicoplanin)	_/ _/ _		
<input type="checkbox"/> NEWS 2 Chart <input type="checkbox"/> Drug Kardex <input type="checkbox"/> PreProcedure checklist <input type="checkbox"/> AWI form (if required)	_/ _/ _		
<input type="checkbox"/> Theatre Gown	_/ _/ _		
Describe any known infection risk e.g. Viral hepatitis , HIV, MRSA, VRE	_/ _/ _		

Please note that INR must be <1.5, Platelets>50 x10⁹/L
Patients on anticoagulants/antiplatelet agents should have been managed as per table below.

<input type="checkbox"/> Clopidogrel	withhold 7 days prior to procedure
<input type="checkbox"/> Warfarin	withhold 5 days prior to procedure re-check if INR remains high at 48hours
<input type="checkbox"/> Apixaban/Direct Oral Anticoagulants	withhold 72 hours prior to procedure
<input type="checkbox"/> Heparin/Low Molecular Weight Heparin	withhold 24 hours prior to procedure

Signature: Print name and designation: Contact telephone number/bleep:	Date: _/ _/ _
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