IPQ Nurse Training

# Gastrostomy and Jejunostomy Tube Management

Competency record: everyday care, balloon gastrostomy tube change and emergency management

Version 1.0, September 2026. Review due September 2027.

Complete this record alongside the e-learning and the classroom session. It covers everyday care, routine change of balloon gastrostomy tubes through established tracts, and emergency management of blocked and displaced tubes. Insertion of tubes, removal of PEGs with internal bumpers and replacement of jejunal tubes are not covered.

| Step 1 | Step 2 | Step 3 | Step 4 | Then |
|---|---|---|---|---|
| E-learning passed | Classroom or virtual classroom | Supervised practice and assessment | Independent practice | Reassessment at your employer's interval |

## Practitioner and session details

| | | | |
|---|---|---|---|
| **Name** | | **Job title and band** | |
| **NMC PIN** | | **Setting (community or hospital)** | |
| **Organisation** | | **Facilitator** | |
| **Date of classroom session** | | **Local policy references** | |

## Before the practical assessment

| Requirement | Date | Confirmed by |
|---|---|---|
| E-learning completed and final assessment passed at 80% or above (certificate seen) | | |
| Attended the classroom session | | |
| Read local enteral feeding, tube change, medicines and escalation policies | | |
| Knows own organisation's definition of an established tract and policy on tract keepers | | |
| Knows the escalation routes, day and night, in own setting | | |
| Understands that step 2 does not authorise any practice on patients | | |

# How to use this record

The practitioner demonstrates each skill while the facilitator observes against the criteria. Where a training model is available this is done on the model; where it is not, the practitioner talks through each step in order and is questioned on it. Practice on a model is useful preparation but is not required in its own right: competence is evidenced on patients in steps 3 and 4. Up to three observed attempts are recorded in columns 1, 2 and 3 using the scale below. Every criterion must reach level I before step 2 is signed off.

| Level | Descriptor | What this looks like |
|---|---|---|
| N | **Not yet demonstrated** | The step was omitted, performed unsafely, or the practitioner could not explain it. |
| P | **Demonstrated with prompting** | The step was performed correctly, but only after a cue, correction or question from the assessor. |
| I | **Demonstrated independently** | The step was performed correctly, safely and unprompted, and the practitioner explained why. |

**Safety criteria are absolute.** Changing a device outside scope, forcing against resistance, using a tube before position is confirmed, re-inserting into an immature tract or jejunal stoma, or using an unsafe unblocking method stops the attempt. It is recorded as N and repeated.

**Emergency management.** Displaced and blocked tubes are unpredictable events. Emergency management is signed off on scenarios, on a training model where one is available, and supplemented by any real events managed under supervision, as organisational policy allows.

## Section 1A. Everyday care

Demonstrated on a training model where one is available, or talked through. The assessor initials and dates each completed group.

| Performance criteria | 1 | 2 | 3 | Assessor initials and date |
|---|---|---|---|---|
| **A. Knowing the patient and device** | | | | |
| 1. Locates and reads the patient's tube plan and identifies what is missing | | | | |
| 2. Identifies the device type, how it is retained, and whether it is gastric or jejunal | | | | |
| 3. States whether the tract is established and how this has been determined | | | | |
| 4. Gains consent and explains care in plain language, or describes the best-interests approach | | | | |
| **B. Stoma care and routine checks** | | | | |
| 5. Performs hand hygiene, uses appropriate PPE and a clean technique | | | | |
| 6. Assesses the stoma for redness, swelling, heat, pain, discharge, leakage, overgranulation and pressure | | | | |
| 7. Cleans and dries a healed stoma correctly, including under the fixation plate | | | | |
| 8. Advances and rotates a PEG correctly, checking the external marking before and after | | | | |
| 9. States when not to advance or rotate, including jejunal tubes, and stops if the tube will not move | | | | |
| 10. Rotates a balloon tube and checks the balloon water, measuring and replacing the specified volume and type | | | | |
| 11. Positions the fixation disc correctly and documents findings | | | | |
| **C. Feeding, flushing and medicines** | | | | |
| 12. Positions the patient at least 30–45 degrees for feeding and afterwards | | | | |
| 13. Uses enteral-only (ENFit) equipment and states why | | | | |
| 14. Flushes before and after feeds with the correct syringe, volume and water type for the device | | | | |
| 15. Describes safe medicine administration: pharmacist advice, forms that must not be crushed, separate doses and flushes | | | | |
| 16. States how to escalate time-critical medicines if the tube cannot be used | | | | |

## Section 1B. Balloon gastrostomy tube change

Demonstrated on a gastrostomy training model where one is available, or talked through step by step. The assessor initials and dates each completed group.

| Performance criteria | 1 | 2 | 3 | Assessor initials and date |
|---|---|---|---|---|
| **A. Scope and safety checks** | | | | |
| 1. Confirms the device is a balloon gastrostomy (tube or low-profile), not a bumper PEG or jejunal tube | | | | |
| 2. Confirms the tract is established per policy and the patient's plan | | | | |
| 3. Confirms own competence and authorisation for this device | | | | |
| 4. Checks the stoma is suitable, with no infection, bleeding or significant overgranulation | | | | |
| 5. Gains consent and confirms the replacement is prescribed or covered by policy | | | | |
| **B. Preparation** | | | | |
| 6. Selects a replacement of the same type, French size and length, in date, and a spare | | | | |
| 7. Gathers all equipment, including the specified balloon water, enteral syringe, pH strips and water-soluble lubricant | | | | |
| 8. Positions the patient and performs hand hygiene, apron and gloves | | | | |
| 9. Tests the new balloon with the specified water volume and deflates it fully | | | | |
| **C. Procedure** | | | | |
| 10. Notes the external marking or length of the existing tube | | | | |
| 11. Deflates the existing balloon completely and records the volume withdrawn | | | | |
| 12. Removes the tube gently, stopping if resistance is felt | | | | |
| 13. Cleans, dries and inspects the stoma | | | | |
| 14. Lubricates and inserts the new tube gently along the tract to the correct depth, without force | | | | |
| 15. Inflates the balloon with the specified volume and type of water | | | | |
| 16. Withdraws gently to resistance and positions the disc correctly | | | | |
| **D. Confirmation and documentation** | | | | |
| 17. Confirms position by aspirate pH of 5.5 or below using CE-marked strips before any use | | | | |
| 18. States the effect of acid-suppressing medicines on pH and what to do if position cannot be confirmed | | | | |
| 19. States that the whoosh test must not be used | | | | |
| 20. Flushes and observes for pain, leakage or swelling | | | | |

| Performance criteria | 1 | 2 | 3 | Assessor initials and date |
|---|---|---|---|---|
| 21. Documents device, size, batch and expiry, balloon volumes, marking, pH, stoma condition and next change date, and updates the tube plan | | | | |

## Section 1C. Emergency management

Demonstrated in scenarios, and on a training model where one is available. The assessor initials and dates each completed group.

| Performance criteria | 1 | 2 | 3 | Assessor initials and date |
|---|---|---|---|---|
| **A. Displaced tube** | | | | |
| 1. Stops feeds and medicines via the tube | | | | |
| 2. Determines device type and tract maturity before any action | | | | |
| 3. Immature tract, jejunal tube or bumper PEG: inserts nothing, covers the stoma, keeps the tube and refers urgently | | | | |
| 4. Established tract, balloon device, trained with spare: replaces promptly with the same size without force and confirms position before use | | | | |
| 5. States what to do if the tube will not pass, including local policy on smaller sizes and tract keepers | | | | |
| 6. States that a tract keeper is never used for feeds, fluids or medicines | | | | |
| 7. States why prompt action matters for an established tract | | | | |
| **B. Blocked tube** | | | | |
| 8. Checks clamps, kinks, extension set and tube position | | | | |
| 9. Flushes with warm water using a 50 or 60 mL enteral syringe and gentle push-pull, then waits and retries | | | | |
| 10. States when declogging products may be used under local policy | | | | |
| 11. States unsafe methods and why: acidic drinks, wires or stylets, small syringes with force, cutting the tube | | | | |
| 12. Escalates appropriately for unresolved blockage, including jejunal tubes and time-critical medicines | | | | |
| **C. Complications and escalation** | | | | |
| 13. Recognises the early post-insertion red flags and states the immediate action | | | | |
| 14. Recognises signs of aspiration, obstruction or balloon migration, bleeding and sepsis | | | | |
| 15. Describes management of leakage, overgranulation, infection and suspected buried bumper | | | | |
| 16. States the escalation routes in own setting, day and night | | | | |

| Performance criteria | 1 | 2 | 3 | Assessor initials and date |
|---|---|---|---|---|
| 17. Delivers a structured SBAR escalation | | | | |

## Section 2. Underpinning knowledge

Asked verbally during or straight after the practical session. Record the answer given, not just a tick.

| Question | Assessor notes | Answered |
|---|---|---|
| 1. Which procedures are within, and outside, your scope after this training? | | |
| 2. How is a PEG retained, and how does this differ from a balloon gastrostomy? | | |
| 3. Why are gastric and jejunal tubes managed differently? Give three differences. | | |
| 4. What are the four early warning signs after gastrostomy insertion, and what do you do? | | |
| 5. What is tract maturation, and why does it decide your action if a tube falls out? | | |
| 6. Why and how is a PEG advanced and rotated, and when must you not do this? | | |
| 7. How do you check and replace balloon water, and with what? | | |
| 8. How do you give medicines safely via a feeding tube? | | |
| 9. How do you confirm position after a tube change, and what do you do if you cannot? | | |
| 10. A balloon tube falls out of an established tract and you have a spare. Talk through your actions. | | |
| 11. How do you unblock a tube safely, and which methods must never be used? | | |
| 12. Who would you escalate to, day and night, in your setting, for a displaced jejunal tube? | | |

## Section 3. Simulated scenarios

Run at least four scenarios, including one displaced tube and one blocked tube.

| Scenario | Assessor record of the practitioner's response |
|---|---|
| **Out at 3 months**<br>*A balloon gastrostomy fell out 40 minutes ago at home. You have a spare. Demonstrate your actions.* | |
| **Out at 10 days**<br>*A balloon RIG inserted 10 days ago has fallen out in a care home. Respond and escalate.* | |

| Scenario | Assessor record of the practitioner's response |
|---|---|
| **PEG-J at night**<br>*Independent hospital, 22:00, no radiology. The PEG-J is out. Escalate using SBAR.* | |
| **Blocked after medicines**<br>*The tube blocked after crushed tablets; a carer suggests cola. Manage the blockage and advise.* | |
| **Pain on feeding**<br>*Day 2 after PEG, discharged to a care home, abdominal pain with feeds. Respond.* | |
| **Vomiting and a longer tube**<br>*The balloon tube marking is 3 cm longer than usual and the patient is vomiting. Assess and act.* | |

# Section 4. Reflection and action plan

**What went well, and what felt most difficult?**

**What will you do differently the next time a tube falls out or blocks in your setting?**

| Area identified | Action agreed | Review by |
|---|---|---|
| | | |
| | | |
| | | |

# Section 5. Sign-off: step 2 complete, ready for supervised practice

## Everyday care and balloon gastrostomy tube change

I confirm that the practitioner named in this record has demonstrated every criterion in sections 1A and 1B at level I at the practical session, has answered the underpinning knowledge questions satisfactorily, and is ready to begin supervised balloon gastrostomy tube changes on patients. This confirms step 2 only.

| | |
|---|---|
| **Assessor name and role** | |
| **Assessor signature and PIN** | |
| **Date** | |
| **Practitioner signature** | |

## Emergency management of displaced and blocked tubes

I confirm that the practitioner named in this record has demonstrated every criterion in section 1C at level I at the practical session, and understands the limits of their scope and the escalation routes in their setting.

| | |
|---|---|
| **Assessor name and role** | |
| **Assessor signature and PIN** | |
| **Date** | |
| **Practitioner signature** | |

# Section 6. Supervised clinical practice

Record each supervised procedure or event, including unsuccessful attempts.

## Balloon gastrostomy tube change log

| Date | Clinical area | Device, size | Attempts | Outcome | Supervisor name, signature, PIN |
|---|---|---|---|---|---|
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**Supervised tube changes required by my organisation: _____**

## Emergency events or additional scenarios log

| Date | Clinical area | Event (displaced or blocked) | Attempts | Outcome | Supervisor name, signature, PIN |
|---|---|---|---|---|---|
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*Record real events managed under supervision, or additional scenarios completed with an assessor, as your organisation requires.*

# Section 7. Final assessment of competence

By an assessor who is competent in the skill and authorised to assess it.

## Balloon gastrostomy tube change

I confirm that the practitioner named in this record has completed the required supervised practice, has been directly observed changing a balloon gastrostomy tube safely and independently on a patient, including scope checks, position confirmation and documentation, and is assessed as competent to perform it without direct supervision in line with organisational policy.

| | |
|---|---|
| **Assessor name and role** | |
| **Assessor signature and PIN** | |
| **Date of assessment** | |
| **Practitioner signature** | |
| **Date for review or reassessment** | |

## Emergency management of displaced and blocked tubes

I confirm that the practitioner named in this record has demonstrated safe emergency management of displaced and blocked tubes, through observed practice, scenarios and discussion as organisational policy allows, including decisions by device type and tract maturity and escalation in their setting, and is assessed as competent in line with organisational policy.

| | |
|---|---|
| **Assessor name and role** | |
| **Assessor signature and PIN** | |
| **Date of assessment** | |
| **Practitioner signature** | |
| **Date for review or reassessment** | |

# Appendix. Quick reference

## Devices

| Device | Held inside by | Changed by | Advance or rotate |
|---|---|---|---|
| **PEG** | Internal bumper | Specialist only | Advance and rotate weekly once healed, if instructed |
| **Balloon tube or button** | Water balloon | Trained nurse, established tract | Rotate; balloon check weekly |
| **RIG** | Balloon or pigtail; gastropexy early | Per plan | Per plan |
| **PEG-J, PEJ, surgical jejunostomy** | Varies | Specialist only | Never |

## First 72 hours after insertion: stop feeds and escalate urgently if

Pain on feeding; prolonged or severe pain after the procedure; fresh bleeding; external leakage of gastric contents.

## Displaced tube

| | |
|---|---|
| **Jejunal tube, bumper PEG, or tract not established** | Insert nothing. Cover, keep the tube, stop feeds, urgent same-day referral |
| **Balloon device, established tract, trained, spare** | Replace promptly with the same size, never force, confirm position before use |
| **Balloon device, established tract, cannot replace** | Tract keeper only if trained and in policy, never used for feeding. Cover and refer urgently |
| **Always** | Escalate time-critical medicines, plan hydration, document |

## Blocked tube

Check clamps and kinks. Warm water, 50 or 60 mL enteral syringe, gentle push-pull. Wait 15–30 minutes and retry. Declogging products only per policy. Never use acidic drinks, wires, small syringes with force, or cut the tube. Escalate unresolved blockages the same day.

## Flushing and medicines

Flush before and after feeds and before, between and after medicines, with the volume in the plan (commonly 30 mL for adults). Tap water for most gastric tubes in the community; sterile water for jejunal tubes and where policy requires. Pharmacist advice before medicines via a tube; never crush modified-release or enteric-coated products; never add medicines to feeds.

## Standards this record is based on

NMC (2018) The Code. NPSA (2010) Early detection of complications after gastrostomy, RRR010. NICE CG32 Nutrition support for adults. NICE CG139 Healthcare-associated infections. National Nurses Nutrition Group good practice guidelines. BAPEN drug administration via enteral feeding tubes. ESPEN (2022) home enteral nutrition guideline. Mental Capacity Act 2005. Where local policy or manufacturer instructions differ, follow them.