Learning Objectives

• Describe common tubes and indications for use at LHSC
• Review indications and contraindications, where necessary
• Nursing responsibilities associated with each tube.
• Provide hands on opportunity for each tube presented.
• Location of online LHSC resources (SONC)
Contents

• Indications
• Nasogastric Tubes
• Gastric Tubes
• Urinary Tubes
  • Foley catheter, Suprapubic catheter, Nephrostomy tubes
  • Wound/Incision Drains
    • Blake to Hemovac, Penrose, Abscess / Percutaneous drain, T-tubes
• Nursing Responsibilities
• Documentation
• Resources
Rationale for Use
Tubes and Drains

• Feeding
• Prevention of accumulation of fluids
• Removal of fluid
• Decompression of a hollow viscus
• Irrigation
• Function as a stent
• Injection of contrast media
• Removal of contents for analysis
Various Feedings Tubes Used at LHSC

- Nasogastric feeding tubes (Oral Gastric)
- Gastric feeding tubes

* An order is required for the insertion and use of all feeding tubes
Nasogastric Feeding Tubes

- Also known as Nasoenteric
- Large Bore (16–20 french, Levine tube)
- Small Bore (8–10 french, weighted tube)
- Short term nutritional support

For LHSC standards, See Nursing Practice Manual: Nasogastric Tube Procedure
Gastric Feeding Tubes

- Gastrostomy tube
  - G-tube or PEG tube
- Gastrojejunostomy tube
  - GJ-Tube
- J-Tube
- Silastic Tube
- Red Rubber Catheter
Gastrostomy Tube
(G−Tube or PEG)

• A gastrostomy tube (G−tube) is a 18 French catheter inserted through the abdomen wall into the stomach and exits in the upper left quadrant where it is sutured in place

• A percutaneous endoscopic gastrostomy (PEG) tube, inserted with endoscopic visualization of the stomach
G–J or J Tube

• A jejunostomy tube passes via the PEG and is advanced into the jejunum. A Y-connector attached to the jejunostomy tube caps the PEG tube and closes the system. This labels the gastrostomy tube and designates the jejunostomy tube for feeding.

• The nurse must know which tube is gastric and which tube is jejunal

• A red rubber catheter may also be used and will be sutured to the skin – not used for long term feeding
Indications for Gastric Drainage Tubes

- Decompression
- Containment
- Comfort
Nasogastric

• Large Bore (16–20 french, Levine tube)
• To drain stomach contents, decompress stomach (typically post-operative intervention)
• Can be to straight drainage, wall suction, or portable suction

• For LHSC standards, See Nursing Practice Manual: Nasogastric Tube Procedure
Rectal Drain

• Rectal Tube
  • Silicone drain inserted through the rectum for drainage
  • Connected to a straight drainage bag

• Flexi seal Incontinent System
  • Used due to ineffective fecal containment that may lead to complications such as skin breakdown or Infection
Urinary Tubes

• To drain urine from bladder
• Monitor accurate output

Resource: LHSC Nursing Practice Manual:
• URINARY URETHRAL CATHETERS, SELECTION, PLACEMENT, MANAGEMENT AND REMOVAL OF – ADULT
Urethral Catheter

- To drain urine from bladder via urethra
- Various types of intermittent catheters:
  - Rusch/MMD all-in-1 system or red rubber
  - Indwelling catheters (i.e. straight foley hematuria, 3-way foley, Coude tip)
• Inserted surgically or under local anesthetic into the bladder above the suprapubic bone through the lower abdomen

• It’s function is to drain urine from the bladder either partially or entirely bypassing the urethra

• Dry gauze dressing over insertion site changed OD
Nephrostomy Tube

- Drains the kidney directly, bypasses the ureter and bladder
- Percutaneous tube inserted into the Kidney in the OR or in Radiology
Wound / Incision Tubes

Uses:
• Drainage of affected area
• Irrigation of site
• Threat of peritonitis
• Traumatic Injury
• Radical Surgery
Blake Drains

- May be connected to Jackson Pratt (JP), or Hemovac (HMV)
- Closed drainage system located near surgical site to drain fluid, secured with suture
- Works on suction principles
Penrose Drain

- Surgical tubing coming up through a puncture site beside the wound or coming out of the wound itself
- Drains passively into dressing or wound pouch
- May be secured with a sterile safety pin to prevent the drain from slipping back into the body
Abscess / Percutaneous Drain

- Inserted in radiology or intra-operatively
- Drains fluids by gravity into a drainage bag
- May be secured with suture
- Irrigated as per Physician orders
T-tube

- Can be inserted into different anatomical locations
- Used to stent open structures
  - Trachea
  - Biliary drainage
Complications

• Minor Complications:
  • Local infection
  • Tube migration or movement
  • Irritation

• Major/Severe Complications:
  • Inflammation
  • Bleeding
  • Severe infection
Nursing Responsibilities

Each Nurse is responsible to have the knowledge, skill, and judgment to maintain each tube or drain.

• Assess
• Provide care and maintenance as per orders
• Observe for tube-specific complications
• Document
• Report concerns
• Allay patient’s fears
Removal of Tubes

• As per specific unit policy, Nurses are able to discontinue some tubes/drains with a physician order

• The nurse must maintain the knowledge, skill, and judgment for the procedure
  • consider pre-medications, document procedure, note site, drainage, dressing if applicable, assess tip of tube and length of tubing to ensure complete removal, assess patient anxiety
Documentation

• Charting of assessment to include:
  • Type of tube
  • Location of tube on patient
  • Drainage (amount / type / colour)
  • Dressing

• Fluid balance sheet
  • Continuous treatments should be documented hourly (i.e. feeding, CBI)
  • Irrigating for patency
Hospital Resources – LHSC Hospital Intranet Home Page

• Nursing Practice Manual Index
  [ Search the Practice Manual ]
  Jump to:
  A B C D E F G H I K L M N O P R S T U V W

• NASOGASTRIC TUBE PROCEDURE
• NASOGASTRIC TUBE PROCEDURE – PAEDIATRIC
References

• Adapted from Neurology & Medicine powerpoint
• American Society for Parenteral and Enteral Nutrition (ASPEN)
• LHSC Standards of Nursing Care for adult and paediatric
• Clinical Nursing Skills & Techniques. Perry and Potter 6th ed