POSITION STATEMENT

The Role of the Nurse/Nursing Assistive Personnel in Percutaneous Endoscopic Gastrostomy/Jejunostomy (PEG/PEJ) Tube Placement

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Definitions
For the purpose of this document, SGNA has adopted the following definitions:

Gastroenterology (GI) Registered Nurse refers to Advanced Practice Registered Nurse (APRN) and Registered Nurse (RN).

Licensed Practical/Vocational nurse refers to Licensed Practical Nurse (LPN) and Licensed Vocational nurse (LVN).

Nursing Assistive Personnel (NAP) refers to individuals who are trained to function in an assistive role in the gastroenterology setting.

Percutaneous endoscopic gastrostomy (PEG) tube placement refers to an endoscopic technique for placing a gastrostomy tube for enteral feeding.

Percutaneous endoscopic jejunostomy (PEJ) tube placement refers to an endoscopic technique for placing a jejunostomy tube for enteral feeding.

Background
Percutaneous endoscopic gastrostomy (PEG) was first introduced in 1980 (Slater, 2009; Gauderer, Ponsky & Izant, 1980) as an alternative to laparotomy for surgical placement of feeding tubes (American Society for Gastrointestinal Endoscopy [ASGE], 2003). PEG tube placement has profoundly impacted nutritional management, particularly in patients unable to maintain sufficient oral intake, and has become worldwide standard for direct gastric access (Dumortier et al., 2004; Society of American Gastrointestinal Endoscopic Surgeons [SAGES], 2003). Historically, two physicians have performed the
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procedure. Studies have shown the efficacy of training an experienced gastroenterology nurse to assist with PEG tube placement (Slater, 2009; Verschuur, Kuipers, and Siersema, 2007; Patrick, Kirby, McMillion, DeLegge, & Boyle, 1996; Wilson, 2000). Some patients cannot tolerate gastric feedings: therefore, PEJ tubes may be placed. The role of the GI RN is the same for PEG and PEJ tube placement.

Position
SGNA supports the position that the GI Registered Nurse educated and experienced in gastroenterology nursing and endoscopy can be given the responsibility for performing an expanded role if it falls within the scope of their state nurse practice act and institutional policy. This role would be performed in the presence of and under the direct supervision of a physician endoscopist. The GI RN is required to maintain current knowledge, competency and experience in PEG/PEJ tube placement to fill this role. This competency should include, but is not limited to:

1. Indications and contraindications,
2. Potential complications,
3. Anatomy of stomach and abdomen,
4. Sterile technique,
5. Preparation of a patient's abdomen,
6. Manipulation of endoscope,
7. Digital indentation of the stomach,
8. Injection of local anesthetic into the patient’s abdomen,
9. Incision technique(s),
10. Trocar insertion,
11. Gastrostomy tube insertion,
12. Gastrostomy tube traction for proper positioning,
13. Jejunostomy tube insertion

SGNA also supports the position that there are three distinct and separate procedure roles (excluding the endoscopist) that occur during the placement of a PEG/PEJ tube.

1. Direct patient care role
   This role may be performed by a GI RN or physician.
   This includes but is not limited to:
   a. administering medication as ordered,
   b. continually assessing and intervening as necessary,
   c. maintaining a patent airway,
   d. monitoring tolerance of the procedure,
   e. documenting care.

2. RN expanded role
   This role may be performed by a GI RN in the expanded role or a second physician.
   This includes but is not limited to providing assistance to the
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physician/endoscopist by either:

a. Maintaining position of the endoscope; manipulating controls as directed; insufflating of viscera; and snaring the wire/thread

b. Preparing the abdomen; injecting local anesthetic; making the incision; placing the trocar; threading the wire/thread; and positioning gastrostomy/jejunostomy tube.

3. **Technical support role**

This role may be performed by a GI RN, LPN/LVN or NAP.
This includes but is not limited to providing technical support to the physician endoscopist and RNs.

Healthcare workers must be familiar with the manufacturer’s recommendations for using these devices safely and effectively.

**References**


**Recommended Reading**


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**SGNA Practice Committee 2011 – 12**
Michelle E. Day MSN BSN RN CGRN Chair
Michelle Juan MSN ACNS-BC RN CGRN Co Chair
Kathy Buffington BSN RN CGRN
Rhonda L. Casey RN BS MHA CGRN
Cynthia M. Friis MEd BSN RN-BC
Ann Herrin, BSN RN CGRN
Colleen Kelley Keith MSN RN CGRN
Judy Lindsay MA BSN RN CGRN
Marilee Schmelzer PhD RN
Barbara Zuccala MSN RN CGRN