

Rapid Response Report

NPSA/2010/RRR010

From reporting to learning

31 March 2010

Early detection of complications after gastrostomy

Issue

Gastrostomies are small stomas created between the stomach and the skin of the abdomen to insert a feeding tube in adults and children. Like any interventional procedure, there is potential for complications (including chemical peritonitis, infection, bowel perforation, haemorrhage, and aspiration pneumonia) but prompt recognition of these complications with early action reduces the risk of serious harm or death.

Patient safety incidents

From October 2003 to January 2010, the National Patient Safety Agency (NPSA) has received 11 reports of deaths and 11 reports of severe harm describing delay in recognising and acting on signs of complications in the first 72 hours after gastrostomy insertion. The NHS Litigation Authority has also received 23 claims related to gastrostomies, including seven deaths. Reports suggest that pain on feeding or external leakage of gastric contents were not always recognised as a 'red flag' symptom of peritoneal leakage of feed. Additionally, patients discharged shortly after gastrostomies are usually given the contact details of nutrition departments for long-term support with feeding. In some cases the patients' carers used these numbers for urgent concerns, but these services are not intended for emergencies or available outside office hours.

For IMMEDIATE ACTION by all acute and primary care NHS organisations. Deadline for ACTION COMPLETE is 30 September 2010. Actions should be led by the medical director and appropriate clinical directors.

All NHS organisations providing care in the period up to 72 hours (three days) post-gastrostomy should:

1. Distribute this RRR to relevant clinical staff, including nursing and medical staff in acute hospitals and GPs, community nurses and out-of-hours services in primary care.

All NHS organisations with departments inserting gastrostomies should ensure that:

2. Local protocols specify the observations to be taken in the immediate recovery period (*for example, the frequency and duration of observations of blood pressure, pulse, respiration and pain score, alongside checks of the stoma site for bleeding, leakage of gastric contents or tube displacement*).
3. They mark the patient's medical and nursing notes with a high-visibility warning that **if there is pain on feeding, prolonged or severe pain post-procedure, or fresh bleeding, or external leakage of gastric contents, stop feed/medication delivery immediately, obtain senior advice urgently and consider CT scan, contrast study or surgical review***.
4. They add the equivalent warning to the preliminary discharge information that is communicated to the patient's GP and community nurses or care home nurses on discharge.
5. Where patients are discharged within 72 hours (three days) of gastrostomy insertion:
 - a) systems are in place to ensure senior review before discharge (see supporting information);
 - b) patients and their carers are warned that the signs listed above are danger signs that need urgent attention (verbally and through using the labels provided with this RRR, or an equivalent high visibility warning on local patient information) and are given an appropriate local contact number for urgent aftercare advice that is available overnight and at weekends;
 - c) the staff answering this contact number understand that the signs listed above are symptoms that need an urgent response, and have local protocols to guide them on what actions to take.

* These action points may need to be amended in light of local service provision and for children (e.g. for paediatric cases a surgical opinion may be obtained first followed by the locally available radiological investigation of choice, and some gastrostomy types in children may result in chronic external leakage of gastric contents).

Warning labels, to highlight the 'red flag' symptoms specific to gastrostomy, are provided in the supporting resources for current local documentation, GP letters, and patient information. However, we would encourage organisations to review their aftercare advice to ensure it covers all potentially life-threatening complications in addition to long-term care of the gastrostomy.

Further information

Supporting information and warning labels are available at www.nrls.npsa.nhs.uk/alerts. Further queries should be directed to rrr@npsa.nhs.uk; telephone 020 7927 9890.

The NPSA has informed NHS organisations, independent sector, commissioners, regulators and relevant professional bodies in England and Wales.

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