

Caring for patients with peg feeding



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According to Boud et al. (1985), "Reflection is a form of response of the learner to experience". Reflection helps to recall about an experience, makes us think about it and finally helps us to evaluate it. I feel reflecting back on our experience can broaden our knowledge and skills by making us conscious of our strengths and shortcomings and thus in the long run help us to excel in that particular task. Since nursing concepts and practices are changing day by day, reflection is of much importance to provide effective and competent care in nursing.

Among the various models of reflection I have chosen Gibbs model of reflection (1988) to reflect my experience in achieving the learning outcome, care of patients with PEG feeding. This model of reflection consists of six stages as seen in diagram.

http://www.qmu.ac.uk/futurefocus/images/writing_clip.gif

PEG feeding is the most common form of enteral feeding in people requiring artificial nutritional support for longer than 4-6 weeks. According to a study among stroke patients conducted by Cummins C, Marshall T, Burls A (2002) to ascertain whether endoscopic feeding is more effective than nasogastric tube feeding (NGT), concluded that PEG feeding was more efficient than NGT feeding, and also when compared with NGT feeding, PEG feeding of dysphagic stroke patients was associated with small increases in patient well-being'.

Since I am working in an acute stroke ward, we get many clients with enteral feeding. Dysphagia secondary to acute stroke is an appropriate referral for PEG-feeding rather than nasogastric feeding (Norton et al, 1996 as cited by

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Chapman, W. and Ditchburn, L., 2005). Even though I have cared for patients with nasogastric tube during my previous working experiences, I have never got a chance to care for a patient with PEG feeding. So I selected this learning objective to get acquainted with it to provide effective care for those clients. I read books and journals to acquire knowledge and also browsed the internet to gather related information. I also observed meticulously senior colleagues caring for patients with PEG feeding and administering the feed. I also read the active hospital policy to comply with it. Then, I undertook care of patients under supervision, my mentor and other colleagues gave me feedback on my performance and I was able to make corrections based on it.

Initially I was anxious and tense in undertaking care of a client with PEG feeding. Undertaking care under supervision helped me to clarify doubts regarding the procedure and build my confidence. As the patients are nil by mouth, oral care was provided which is an inevitable component while caring for a client with PEG as well as cleaning the site of tube insertion after healing with mild soap and water daily and drying thoroughly (Arrowsmith, 1996 as cited by Chapman, W. and Ditchburn, L., 2005). Also, I made a point to flush the tube with sterile water before and after feeds or administering medications (NICE, 2003) and to rotate gastrostomy tube to prevent blockage (Stroud, H., Duncan, H., and Nightingale, J., 2003)

Refreshing my knowledge and working under supervision enabled me to build my confidence. Guidance and feedback given to me by my mentor and colleagues helped me to perform better each time. My mentor has assessed me competent in caring for a client with PEG.

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I feel by selecting this learning outcome I was able to achieve an important skill essential for my placement area. By reading journals and active hospital policy I was able to understand the rationale behind each of my action. This has helped me build my confidence immensely as well as to expand my knowledge on the same. I also ensured documentation in enteral checklist was completed regarding the time the feed started, volume, rate per hour recorded in a consistent, concise manner, which fulfils the principles of record-keeping as laid down by the NMC, 2008.

I believe that by taking this learning objective I was able to gain knowledge and skills for safe and effective practice when working without direct supervision (NMC, 2008). Working along with my mentor and colleagues gave me opportunity to clarify doubts and achieve this skill which expanded my skills and knowledge and made me familiar with another method of maintaining nutritional status. Learning new skills and keeping knowledge up to date helps one to develop professionally. By accomplishing the learning objective I am able to care for patients with PEG feeding and this will benefit me to provide efficient care.

In order to provide proficient care in forthcoming days, I should keep myself aware of the policies and procedures followed in the trust and must keep my knowledge and skills up to date (NMC, 2008) to function better. Also, I must consult and take advice from colleagues when appropriate (NMC, 2008).