Tube Feeding/PEG Placement for Adults

Resources for Physicians

American Geriatrics Society
- Position Statement - Feeding Tubes in Advanced Dementia (2014)

Choosing Wisely
Choosing Wisely® is an initiative of the American Board of Internal Medicine Foundation to help clinicians and patients engage in conversations to reduce overuse of tests and procedures, and support patients in their efforts to make smart and effective care choices. More than 70 specialty society partners have released recommendations with the intention of facilitating wise decisions about the most appropriate care based on a patients’ individual situation.
- The American Academy of Hospice and Palliative Medicine and the American Geriatric Society listed this recommendation as #1 of their top 5 in 2013, the first year of the Choose Wisely Campaign:
  
  Don’t RECOMMEND percutaneous feeding tubes in individuals with advanced dementia. Instead, offer oral assisted feedings.

- The American Medical Directors Association – The Society for Post-Acute and Long-Term Care Medicine (AMDA) listed this recommendation as #1 of their top 5 in 2013, the first year of the Choose Wisely Campaign:
  
  Don’t INSERT percutaneous feeding tubes in individuals with advanced dementia. Instead, offer oral assisted feedings.

CompassionAndSupport.org
Educates and empowers patients, families and professionals on issues related to advance care planning, health care proxies, MOLST (Medical Orders for Life Sustaining Treatment), palliative care, and pain management.
- Feeding Tubes & Artificial Nutrition & Hydration - addresses the benefits, burdens and challenges of artificial hydration/ nutrition and feeding tubes.
- MOLST for Professionals
- MOLST Chart Documentation Forms (CDFs align with NYSDOH Checklists)
- Documentation of the clinical process and legal requirements must be included in the medical record. Completion of the appropriate MOLST Chart Documentation Form serves as documentation of both the conversation and the legal requirements and should remain in the medical record.
  - MOLST CDF aligns with DOH Checklist #1: http://goo.gl/fO9m4
  - MOLST CDF aligns with DOH Checklist #2: http://goo.gl/oyxsR
  - MOLST CDF aligns with DOH Checklist #3: http://goo.gl/jUkOd
  - MOLST CDF aligns with DOH Checklist #4: http://goo.gl/XdKEK
  - MOLST CDF aligns with DOH Checklist #5: http://goo.gl/eOaVc
- OPWDD MOLST Legal Requirements Checklist for Individuals with Developmental Disabilities; http://goo.gl/RP6eO
- MOLST Training Center
- MOLST and eMOLST videos hosted on the CompassionAndSupport Channel on YourTube – educational videos covering changes in New York State Public Health Law, including the 2010 Family Health Care Decisions Act; using the 8-step MOLST protocol; eMOLST; five easy steps and short stories about advance care planning and created playlists.
- eMOLST website - eMOLST allows for electronic completion of the current New York State Department of Health-5003 MOLST form. By moving the MOLST form to a readily accessible electronic format and creating the New York eMOLST Registry, health care providers, including EMS, can have access to MOLST forms at all sites of care including hospitals, nursing homes and in the community. The New York eMOLST Registry is an electronic database centrally housing MOLST forms and Chart Documentation Forms (CDFs) to allow 24/7 access in an emergency.
- Patient and Family Stories - describes decision regarding a feeding tube initially inconsistent with the patient's values.
Patient/Family/Clinician Information
To Help You Make a Decision About Tube Feeding/PEG Placement

Problems Swallowing/Eating
People who have a serious illness or are weak may sometimes have problems getting the nourishment we think they need for their body to function properly. Eating and/or swallowing become difficult. When this occurs, the doctor will try to find out what is causing the problem. If treatment or changes in the environment can be made to address this problem, the doctor will see that these changes are made. If the problem cannot be addressed through these changes, the doctor will likely talk to the person and his or her family about tube feeding. One tube feed procedure involves placement of a PEG tube, a feeding tube placed through the skin into the stomach through a small hole in the abdomen.

Discussions with the Doctor about Tube Feeding
Before discussing tube feeding fully, the doctor will ask the person who is sick (or their loved ones if that person cannot make a decision for themselves) about whether or not tube feeding is a procedure that they might be interested in. Some people have very strong feelings about tube feeding and often they have discussed their feelings with loved ones. The doctor will ask about whether the sick person has done any advance care planning whether they have completed a health care proxy or living will. The doctor will ask if the person has had any prior discussions with loved ones about health care preferences in situations like these. Making a decision about tube feeding is often a difficult decision.

If you are making this decision for your loved one, it is important to distinguish what it is they would want for themselves if they could decide for themselves, and to separate that wish from what you would wish for them. It is their wish that should form the basis of the decision.

The Tube Feeding Decision
There are many aspects that need to be considered when making a decision about tube feeding. It is important to consider the advantages, disadvantages and other considerations of feeding tube placement. It is also important to look at the advantages, disadvantages and other considerations to continuation of hand feeding.

The questions you might ask in regards to this decision are:
Will my loved one live longer, or possibly die sooner, as a result of having a PEG tube placed?
Will the quality of their life improve and will that quality of life be something they would value?
Will placing a PEG allow for treatment that is likely to cure their underlying illness?

For example, using tube feeding for a person who had a stroke but was in good health prior to having it will lead to different results than using a tube feeding for a person who has Alzheimer’s disease.

Emotions often play a large role in the decision to tube feed. Feelings of guilt about “not doing everything in your power” to help the person and pressure from others may affect the decision making process. Finally, personal beliefs regarding tube feeding influence the decision as well. Health care spokespersons and family members have many questions to consider in making a decision about tube feeding. People who choose not to have tube feedings can be kept comfortable with small sips of liquid and lubrication of their mouths and lips. Most patients will not experience greater comfort because of tube feedings being started. Exceptions to this include some patients with acute injuries that impair their ability to swallow and some people with early cancers of the head and neck and esophagus.

If you and your family members have conflicting views about whether or not the person should have a tube feed placed, it is important to ask for help in making the decision. The doctor is available to meet with all family members together if this might be helpful. Perhaps a discussion with the chaplain or faith leader may help as well.

Tube Feeding Procedure
Placing a PEG tube usually takes about 15 minutes. It involves a number of steps. Liquid food is put into a bag that is delivering into the stomach through this tube.

Tube feeding can be done for a limited amount of time. When the decision is made to place the feeding tube, a decision can also be made that the use of the tube will be reviewed in 1 month or 2 or 3 to see if it is still the right thing to do. If it is felt that the original goals of tube feeding are not met, then a new decision can be made to discontinue the tube feeding.

Alternatives to Tube Feeding
Continuing to feed by mouth (feeding orally) is an option to inserting a PEG. Feeding by mouth also has its advantages and disadvantages. Eating allows a person the ability to enjoy the taste of food and have increased social interaction with others. However, is usually requires a longer period of time to feed someone who has problems eating or swallowing.
### GOALS FOR CARE

<table>
<thead>
<tr>
<th>DISEASES</th>
<th>Prolongs Life</th>
<th>Improves Quality of Life or Functional Ability</th>
<th>Enables a Cure or Reverses the Disease Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke (good health in general before this)</td>
<td>Likely</td>
<td>Up to 25% regain ability to swallow</td>
<td>Not Likely</td>
</tr>
<tr>
<td>Stroke (in poor health before this)</td>
<td>Likely in the short term</td>
<td>Not Likely</td>
<td>Not Likely</td>
</tr>
<tr>
<td></td>
<td>Not likely in the long term</td>
<td>Not Likely</td>
<td>Not Likely</td>
</tr>
<tr>
<td>Neurodegenerative Disease [for example, Amyotrophic Lateral Sclerosis (ALS)]</td>
<td>Likely</td>
<td>Uncertain</td>
<td>Not Likely</td>
</tr>
<tr>
<td>Persistent Vegetative State (PVS)</td>
<td>Likely</td>
<td>Not Likely</td>
<td>Not Likely</td>
</tr>
<tr>
<td>Advanced Organ Failure</td>
<td>Not Likely</td>
<td>Not Likely</td>
<td>Not Likely</td>
</tr>
<tr>
<td>Frailty</td>
<td>Not Likely</td>
<td>Not Likely</td>
<td>Not Likely</td>
</tr>
<tr>
<td>Advanced Dementia</td>
<td>Not Likely</td>
<td>Not Likely</td>
<td>Not Likely</td>
</tr>
<tr>
<td>Advanced Cancer</td>
<td>Not Likely</td>
<td>Not Likely</td>
<td>Not Likely</td>
</tr>
</tbody>
</table>

This information is based predominately on a consensus of current expert opinion. It is not exhaustive. There are always patients who provide exceptions to the rule.

1. A severe disease affecting the brain and spinal cord.
2. Person with severe brain damage with no awareness.
3. Ability to do things like eating, dressing, going to the bathroom without assistance.
4. There is a small group of patients who fall into this category whose life could be extended.

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.

Esta información se basa principalmente en un consenso de la opinión actual de expertos. De ninguna manera es exhaustiva. Siempre hay pacientes cuya experiencia provee excepciones a la regla.

1. Una enfermedad grave que afecta el cerebro o la médula espinal
2. Persona con daño cerebral grave sin conciencia
3. Habilidad de hacer cosas tales como comer, vestirse, ir al baño sin asistencia
4. Hay un pequeño grupo de pacientes que cae en esta categoría cuya vida puede ser extendida

<table>
<thead>
<tr>
<th>ENFERMEDADES</th>
<th>Prolonga la vida</th>
<th>Mejora la calidad de vida o habilidad funcional</th>
<th>Permite la cura o revierte el proceso de la enfermedad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derrame cerebral (buena salud en general antes de esto)</td>
<td>Probable</td>
<td>Posibilidad de recuperar la habilidad de tragar de hasta 25%</td>
<td>Poco probable</td>
</tr>
<tr>
<td>Derrame cerebral (salud pobre antes de esto)</td>
<td>Probable a corto plazo</td>
<td>Poco probable</td>
<td>Poco probable</td>
</tr>
<tr>
<td></td>
<td>Poco probable a largo plazo</td>
<td></td>
<td>Poco probable</td>
</tr>
</tbody>
</table>
| Neurodegenerativas  
Esclerosis Lateral  
[por ejemplo, esclerosis lateral amiotrófica (EAL-ALS en inglés)] | Probable | Incierto | Poco probable |
| Estado vegetativo persistente (EVP) | Probable | Poco probable | Poco probable |
| Fallo avanzado de los órganos | Poco probable | Poco probable | Poco probable |
| Debilidad | Poco probable | Poco probable | Poco probable |
| Demencia avanzada | Poco probable | Poco probable | Poco probable |
| Cáncer avanzado | Poco probable | Poco probable | Poco probable |

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