

TITLE: THE USE OF PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) IN A PATIENT FOLLOWING A CEREBRAL VASCULAR ACCIDENT.

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LEARNING OBJECTIVE: The participant will be able to describe the rationale for use and implications for early initiation of tube feedings via a Percutaneous Endoscopic Gastrostomy.

ABSTRACT TEXT: A 35 year old male was admitted to a community hospital with an admitting diagnosis of cerebral vascular accident (CVA) or “stroke”. Past medical history included a seizure disorder, diagnosed at age nineteen that was well controlled. Social history was notable for occupation as a police officer with no history of drug or tobacco use with limited social alcohol use. He presented with ataxia, difficulty swallowing, and sensory loss on the right side and was admitted. A Magnetic Resonance Angiography (MRA) demonstrated a non-hemorrhagic cerebral vascular accident. The patient failed a Barium Swallow, being unable to tolerate any texture or consistency. His diet order remained “nothing by mouth” (NPO) for five days before a Percutaneous Endoscopic Gastrostomy (PEG) tube could be placed for nutrition support. His estimated calorie needs were 2200 calories (25-30 kcals/kg for maintenance needs) and 70 g protein (.8-1 g/kg for adults). He was started on Jevity 1.2 at a rate of 10 ml/hr with a goal rate of 75 ml/hr (2160 kcals with 100 g protein) and was discharged the same day to a rehabilitation center. This presentation will discuss the use of PEG tubes in stroke patients as it relates to determining need, swallowing recovery, acceptability, long term maintenance, and implications of new research for early initiation of PEG feedings.

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