



# GASTROSTOMY SITE TROUBLESHOOTING CHECKLIST

This checklist was developed in collaboration with **Cynthia Reddick, RD, CNSC**

For additional guidance,  
view the short video



**i** This checklist serves as a resource for healthcare professionals seeking guidance to help identify the root cause of common non-urgent gastrostomy site complications and includes home care friendly strategies for addressing these issues.

It is important to walk through each step of the checklist in order to determine the best plan of care for your patient.

FLUID LEAKING FROM THE GASTROSTOMY STOMA SITE		NOTES
<b>Best practice: Protect skin from excessive moisture with the use of a barrier cream and change moist dressing or gauze to keep as dry as possible.</b>		
<input type="checkbox"/>	<b>Is the tube a standard profile gastrostomy?</b>	
<input type="checkbox"/>	If a balloon style gastrostomy, check that balloon fill volume is within recommended range by using a 10 ml slip tip syringe to access the balloon port and measure balloon volume.	
<input type="checkbox"/>	Is the internal balloon or bolster placed properly against the inside of the stomach?	
<input type="checkbox"/>	With the internal balloon or bolster placed properly internally, is the external bolster properly placed against the skin?	
<input type="checkbox"/>	<b>Is the tube a low profile balloon style gastrostomy?</b>	
<input type="checkbox"/>	Is the balloon fill volume within the recommended range?	
<input type="checkbox"/>	Is the low profile tube properly sized for the patient's stoma?	
<input type="checkbox"/>	<b>Is the patient feeding too much volume over too short of time?</b>	
<input type="checkbox"/>	Verify speed of feeds are appropriate.	
<input type="checkbox"/>	Verify volume of feeds and concurrent water flushes are appropriate.	
<input type="checkbox"/>	<b>Confirm leaking is not occurring from feeding port (standard profile) or valve (low profile).</b>	
<input type="checkbox"/>	If standard profile port is popping open or leaking, consider placement of port adapter or replacing port or tube.	
<input type="checkbox"/>	If low profile tube valve is leaking, the valve has likely failed and the low profile tube should be replaced.	
IRRITATED SKIN AROUND STOMA SITE		NOTES
<b>Best practice: Protect skin from excessive moisture with the use of a barrier cream.</b>		
<input type="checkbox"/>	<b>Is the stoma site leaking formula and/or gastric contents?</b>	
<input type="checkbox"/>	Resolve or minimize leak at stoma site.	
<input type="checkbox"/>	Protect skin with barrier cream 2 x day until leaky stoma is resolved.	
<input type="checkbox"/>	Consult prescriber about applying hydrocortisone cream 2 x day to red irritated skin x 2 weeks, then reassess. Discontinue hydrocortisone cream application as soon as redness is resolved.	
<input type="checkbox"/>	Verify stoma site cleaning protocol includes only mild soap and water and the patient is not using harsh cleanser, rubbing/isopropyl alcohol, or hydrogen peroxide.	
<input type="checkbox"/>	Avoid leaving moist dressing on stoma site.	



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## HYPERGRANULATION

Does the patient's stoma site present with "proud flesh" or hypergranulation tissue which is characterized by the appearance of pink or red tissue that appears smooth, bumpy or granular and forms beyond the surface of the stoma opening?

NOTES

**Best practice: Address root cause of hypergranulation to help prevent it from returning.**

- Low profile device:** Verify tube is sized properly to minimize movement in and out of the stoma.
- Standard profile device:** Verify internal and external bolster is set properly to minimize movement in and out of the stoma.
- Verify stoma site cleaning protocol includes only mild soap and water.**
- Confirm the patient is not using harsh cleanser, rubbing/isopropyl alcohol, or hydrogen peroxide to clean stoma site.**
- Avoid leaving moist dressing on stoma site.**
- If hypergranulation is producing mucous-like drainage, protect skin around stoma with barrier cream.**
- Consult prescriber about a conservative approach to treatment which includes applying hydrocortisone cream 2 x day to hypergranulation x 2 weeks, then reassess.**
- Discontinue hydrocortisone cream application as soon as hypergranulation is resolved. Do not apply hydrocortisone cream to healthy skin.**
- Resistant hypergranulation can be treated with silver nitrate application by a trained clinician.**

## YEAST INFECTION

Does the skin around the patient's stoma site present with symptoms of a yeast infection, characterized by the appearance of erythema, satellite lesions, pustules, scaly skin and/or complaints of burning or itching around the affected skin?

NOTES

**Best practice: Address root cause of yeast infection by resolving moist environment at stoma site and protect skin in the meantime.**

- Address yeast infection with topical antifungal 2 x day x 2 weeks then reassess.**
- Is the stoma site leaking formula and/or gastric contents, exposed chronically to a moist environment, and/or complicated by hypergranulation that generates a mucous-like drainage?**
  - Resolve or minimize leaky stoma.
  - Concurrently address hypergranulation.
  - Protect skin with barrier cream 2 x day while moisture is present.
  - Consult prescriber about applying hydrocortisone cream 2 x day to red irritated skin x 2 weeks, then reassess. Discontinue hydrocortisone cream application as soon as redness is resolved.
- Verify stoma site cleaning protocol includes only mild soap and water and the patient is not using harsh cleanser, rubbing/isopropyl alcohol, or hydrogen peroxide.**
- Avoid leaving moist dressing on stoma site.**

Borkowski S. Nursing. 2005;35(8):24. | DeLegge MH. Gastroenterol Clin North Am. 2018;47(1):23-37. | Lord LM. Nutr Clin Pract. 2018;33(1):16-38. | Pars H and Çavuşoğlu H. Gastroenterol Nurs. 2019;42(4):351-9.

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