

## Gastrostomy Placement Risk Assessment for patients with potential respiratory muscle weakness - Summary Clinical Guideline - DERBY

Reference no.:CG-GASTRO/2018/021

### Low risk – Must be no to all If yes to any refer for respiratory function testing

|   |        |
|---|--------|
| Respiratory symptoms<br>(breathlessness particularly on lying flat, poor swallow, cough, recurrent chest infections, morning headaches, excessive daytime sleepiness) | Yes/No |
| Fatigue   | Yes/No |
| Poor appetite   | Yes/No |
| More than 5% weight loss  | Yes/No |
| Poor speech volume  | Yes/No |

PEG may be able to go ahead on a routine list, with sedation and booked into EPU. Re-evaluate if delay between referral and procedure >1 month

### Moderate risk – if one or more apply

|   |        |
|---|--------|
| Sitting/standing vital capacity < 50% predicted   | Yes/No |
| Vital capacity falls by greater than 15% on lying flat                                    | Yes/No |
| More than 5% weight loss  | Yes/No |
| Oxygen saturations on air <94% without known lung disease or <92% with known lung disease | Yes/No |

PEG without sedation or RIG. This must be discussed with the gastroenterologist performing the PEG and with the respiratory team. May need to be admitted for their procedure to a respiratory ward. This will depend on results of lung function and discussion with Respiratory Consultant

### High risk – if one or more apply

|  |        |
|--|--------|
| On a blood gas PaCO <sub>2</sub> >6kPa and bicarbonate >27mM/L | Yes/No |
| Already on NIV   | Yes/No |
| Unable to lie flat for 20 mins                                 | Yes/No |
| >10% weight loss and respiratory symptoms                      | Yes/No |

NIV must be available for use peri-or during the procedure via a nasal mask. PEG without sedation or RIG

This must be discussed with the gastroenterologist inserting the PEG and respiratory. To be admitted for their procedure to a respiratory ward