



**NURSING MANAGEMENT OF INVASIVE DEVICES (CATHETER, LINES AND TUBES)**



Approved by the Board 09/25/08

Reviewed 09/29/16

**Gastrointestinal System - Registered Nurse (RN)**

	<i>Initial Insertion</i>	<i>Initiate Infusion</i>	<i>Verify solution</i>	<i>Replace/ Change/ Reposition</i>	<i>Monitor insertion site</i>	<i>Perform Dressing changes</i>	<i>Maintain patency</i>	<i>Regulate flow</i>	<i>Collect specimens &amp; drainage</i>	<i>Maintain infusions</i>	<i>Remove</i>
<b>Upper GI (Above Pylorus)</b>											
Nasogastric Tube with or without Stylet or Weight	yes (1)	yes	yes	yes (1)	yes	yes	yes	yes	yes	yes	yes
Percutaneous Endoscopic Gastrostomy Tube (Replace Only)	no	yes	yes	yes (2)	yes	yes	yes	yes	yes	yes	yes (2)
<b>Lower GI (Below Pylorus)</b>											
Nasointestinal Weighted Tube with or without Stylets/Weights	yes (1)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes (3)
Biliary Drainage Tube	no	N/A	N/A	no	yes	yes	yes	N/A	yes	N/A	no
Jejunostomy	no	yes	yes	no	yes	yes	yes	yes	yes	yes	yes (2)

**Footnotes for Gastrointestinal System - Registered Nurse:**

- 1 Tubes with a stylet may be inserted in a controlled setting where X-Ray verification is readily available. A stylet may not be reinserted once the tube is placed in patient.
- 2 RN's may replace, change, reposition and remove tubes for the purpose of changing tubes through well-established stomas (3-4 weeks old) when ordered by the licensed independent practitioner, UNLESS the tube is sutured in place (see advisory opinion #6). If it is not well established, then tube placement must be confirmed by X-ray. The initial placement of new PEG and surgically placed gastrostomy tubes must be performed by a licensed independent practitioner.
- 3 RN's may remove a weighted tube only when inserted for conditions other than gastrointestinal hemorrhage.

NOTE: For additional information on gastrointestinal tubes refer to advisory opinions #6