Abstract Title

Percutaneous Endoscopic Gastrostomy Placement for Patients with Traumatic Brain Injuries and Tracheostomies: A Retrospective Chart Review at Vancouver General Hospital

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Abstract

Introduction: Traumatic Brain Injury (TBI) patients often require long-term nutrition support. Patients who receive a tracheostomy need a nasogastric (NG) or orogastric (OG) tube for feeding until a percutaneous endoscopic gastrostomy (PEG) is placed. This may affect patient care and there is a gap in the literature regarding the impact of early versus delayed PEG placements.

Objectives: (1) Describe TBI patients requiring tracheostomy and PEG at Vancouver General Hospital (VGH) and (2) describe differences in caloric deficits between patients receiving an early versus delayed PEG placement.

Methods: A retrospective chart review was conducted on TBI patients admitted to and discharged from VGH Trauma Services between January 1st, 2016 and November 30th, 2018. Data collected included demographics, enteral prescription details, and complications with NG/OG or PEG tubes resulting in disrupted feeds. Data was analyzed using descriptive statistics.

Results: Of the 24 patients included, 23/24 (96%) had delayed PEG placements, between 2-98 days post-tracheostomy. The mean length of stay was 80 days. Patients spent an average of 54% of their stay with a tracheostomy, and 91% receiving tube feeds. Overall, 22/24 (92%) of patients spent over 4 weeks receiving tube feeds and 16/24 (67%) were discharged on feeds. Patients with delayed PEG placements experienced an average caloric deficit of 2590 calories due to NG/OG tube dislodgement.

Conclusions: Our findings suggest a need for long term nutrition support in this population and that having an NG/OG rather than a PEG contributes to the patient's accumulated caloric deficit. At present there appears to be a high prevalence of delayed PEG placements in this population and these results suggest same-day tracheostomy and PEG placements should be considered.

Significance to Practice: Practices regarding PEG placement in this population are not standardized at VGH. This study may inform changes in current practice.