Table 6: Possible symptoms and potential complications [52-56]

Symptom	Assessment and Monitoring	Potential complication
Fever	Assess for high grade temperatures with or without rigors or altered temperatures, swaying from the baseline. Assess white cell count and other potential markers of infection. Assess abdomen for purulent wound discharge or signs of abscess/collection.	• Sepsis/Peritonitis • Wound infection
Deranged vital signs, haemodynamics and other possible signs of septic shock	Minimum monitoring of vital signs hourly for 4 hours and then should continue post procedure at least 4 hourly for the next 24 hours (unless day only). Additional monitoring and medical review as indicated by local patient deterioration protocol.	• Peritonism • Bleeding • Perforation • Aspiration
Nausea and/or vomiting	In the event of intractable nausea or vomiting, aspirate the gastrostomy tube or device to assess residual gastric volumes and decrease the risk of aspiration pneumonitis. Gastrostomy tube or device can remain on free drainage as required.	Large residual volumes might be suggestive of: • Gastric stasis • Outlet obstruction • Impaired gastric motility • Ileus • Peritonism
Abdominal pain	Adequate routine post procedure pain relief is necessary. Patients may experience some localised pain from the new incision for up to 7-10 days. Some patients experience shoulder tip pain from insufflation and retention of air during endoscopic or radiological insertion procedures. Gentle mobilisation may assist in the dispersion and emission of this air. Any pain beyond the expected, local insertion site or beyond the acute phase needs medical review.	Potential signs of peritonism include: • Diffuse, rebound tenderness • Guarding • Distension, bloating, rigidity
Low urine output	Ensure an accurate and complete fluid balance chart is maintained and recorded. This includes water flushes, feeds, medication volumes, and any input/output.	• Dehydration • Sepsis • Bleeding
Absence of bowel sounds, flatus or inability to open bowels	Auscultate abdomen to monitor bowel sounds. Monitor type and frequency of bowel function and consider the patients baseline norm. Exclude bowel obstruction with abdominal x-ray	• Ileus • Peritonitis • Obstruction
Diarrhoea	In the event of the onset of diarrhoea consider potential procedure complications. Perform abdominal assessment and consider referral for surgical review.	• Gastro colic fistula • Bowel perforation • Contamination

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