For Outpatient Placement of NEW Enteric Catheters:

1. Please monitor MHMH IR/CT Procedures protocol list for requests for new G-tube placements.

2. Prioritize evaluation of the procedure for appropriateness and technical feasibility.

3. When approved, complete workup H&P as normal. Protocol the procedure as normal. The IR Workflow Coordinator then coordinates the procedure with referring service’s embedded dietary staff to facilitate pre-procedure teaching and followup. Appropriate recipient outlined below:

   - Medical oncology:
     o DHMC Hem Onc Dietitian pool
   - Neurology / ALS clinic team:
     o Alex George RD – Dietitian
     o Anna Anderson RN – Patient navigator
     o Leslie Porter RN – Case manager
   - Gastroenterology:
     o Cat Giguere-Rich RD, adult GI
     o Filomena Kersey RD, pediatric GI/Onc, inpatient and outpatient

Other patients / New England Life Care:

4. A select few patients may not be established with any of the above services. IR can connect these patients and referring providers directly with New England Life Care, non-profit collaborative founded by DHH that manages home infusion/enteral feeding. NELC has a direct relationship with DHMC teams as well as their own dietician team.

   a. Early Enteral Referral Program – designed specifically for outpatients with new G-tubes to allow assessment and initiation of tube feedings in the home environment

   b. Attached NELC documents can be forwarded to referring providers

For Conversions to Low-profile G-tubes:

1. When IR converts a G-tube to a low profile catheter, patients should be referred to the wound/ostomy nurse clinic afterward to continue routine exchanges and ostomy care.

   a. Route procedure reports to MHMH Ostomy Nurse Pool Wound Healing Ctr pool. No other referrals or orders required.
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