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DIGESTIVE HEALTH INSTITUTE

Care of a Gastrostomy Tube

Family handbook

Compiled and approved by
Children's Hospital Colorado Surgery and GI
departments



Children's Hospital Colorado

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Gastrostomy Tube Information Sheet



Gastrostomy Tube Information Sheet

My child's G-tube is a (circle one)

MIC-Key \ BARD \ Mini One \ Nutriport \ MIC \ EG \ Foley \ Pessar \ Malecot \ AMT G-Jet \ MIC-Key GJ tube

Size

French (diameter): _____ Length: _____

Foley or red rubber tube size needed for emergency replacement: _____

My child's G-tube doctor is _____ from Pediatric Surgery / GI (circle one)

Home care agency: _____

Phone Number: _____

Contact Person: _____

Important phone numbers

- Pediatric Surgery: 720-777-6571/ Colorado Springs: 719-305-9035 (schedule an appointment or reach a nurse)
- Gastroenterology (GI): Anschutz Medical Campus 720-777-6669/Colorado Springs 719-305-9030 (schedule an appointment or reach a nurse)
- Nutrition: Anschutz Medical Campus 720-777-2691/Colorado Springs 719-305-9691 (schedule an appointment or reach a Dietitian)
- **Parent Smart Line: 720-777-0123**

Emergency trips to the hospital

If your child needs to go to the hospital or the emergency room, take your feeding adapters and emergency kit and this handbook which describes the type of G-tube placed and contact information of your doctor.

You should always bring your feeding supplies with you so that you don't get charged for extra supplies or size of supplies is not available. If the G-tube or PEG tube has accidentally been pulled out, bring it with you.

Emergency/Travel kit includes:

- Back up balloon G-tube (button), supplied by homecare company
- 2 Silicone Foley catheters or red rubber tubes, (same size as g-tube and one size smaller)
- 5-10 ml slip tip syringe to deflate balloon
- K-Y/water soluble jelly
- Paper towels
- Container for tap water
- Tape measure (only if using Foley or Red Rubber Catheter)
- Tape
- Vertical tube attachment device (only if using Foley)
- Emergency phone numbers

Follow-up instructions**Follow up**

- 2-3 weeks after surgery, with your child's doctor/surgeon (by phone or in-person).
- 8 weeks after surgery for the first G-tube change in the Surgery Clinic.
 - 6-8 weeks after surgery for patients in Colorado Springs.

Nutrition plan

My child's formula is: _____

My child's feeding schedule is:

- Bolus _____ ml every _____ hours over _____ minutes
- Night feeds _____ ml/hr for _____ hours Total amount _____ ml
- Continuous feeds _____ ml/hr for _____ hours
- Date updated _____

Notes**Watch the G-tube videos**

Scan the QR code below to watch the videos on YouTube:



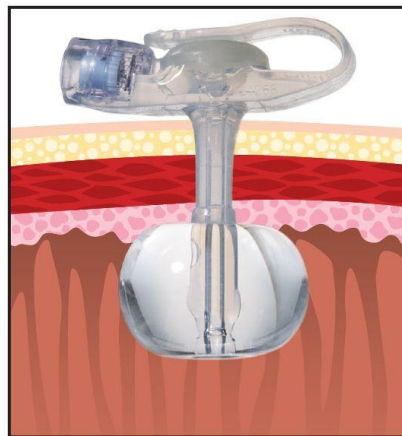
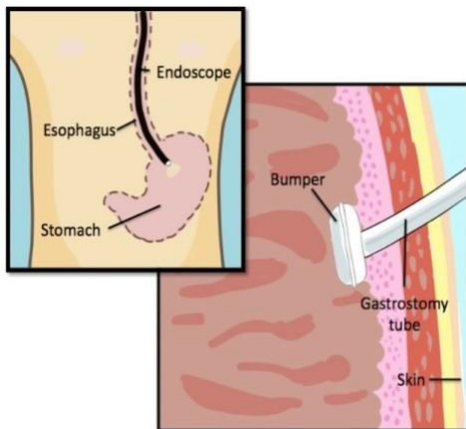
General Information



General Information

A great source of information for parents about gastric tubes and support is found at from the Feeding Tube Awareness Organization at: feedingtubeawareness.org/ParentGuide.pdf

- A gastrostomy is a small opening that is surgically made from the outside of the belly into the stomach. The opening is sometimes called a “stoma.”
 - The gastrostomy is created in the operating room under general anesthesia.
 - A gastrostomy tube (G-tube) is a small tube inserted through this opening and into the stomach.
 - Most G-tubes placed in children are low profile (i.e. skin level)
 - Another option is a long G-tube.
 - A PEG tube (percutaneous endoscopic gastrostomy tube) is a G-tube placed endoscopically with sutures.



Low profile (skin level) device

- Gastrojejunal tubes (G-J Tubes)
 - Provides access to both the stomach and jejunum (first part of the small intestine.)
 - If your child has a G-J Tube, much of the care instructions are the same as a G-tube, but a **G-J tube should never be turned and it can only be replaced in radiology.**
 - **Never give bolus feeds through the J-tube**
- Jejunostomy Tubes (J-tubes):
 - Go into the jejunum only
 - Most J-tubes placed in children are low profile (i.e. skin level) devices
 - Most of the instructions and care are the same as they are for a skin level G-tube
 - **Never give bolus feeds through a J-tube**

Uses of the G-tube

- A G-tube can be used to deliver nutrition and medicine into the stomach.
- Some children require all their food to be given through the G-tube.
- The G-tube can also be used for additional calories/supplements when your child is unable to take enough nutrition through their mouth.
- The G-tube may also be used for getting rid of gas or fluid in the stomach, this is referred to as “venting.” This is often used if a child has had a stomach wrap procedure such as a Nissen fundoplication (a “wrap” procedure that helps keep the food from coming back up) or not tolerating feedings.

Is a feeding tube permanent?

- No, if a feeding tube is no longer needed it can be removed. This can be done in clinic without anesthesia or may require a procedure with sedation or general anesthesia.
- Sometimes surgery is needed to close the opening (stoma). This depends on the length of time the tube has been in place, how old the child was when they got the tube, and the condition of the feeding tube site.

Routine G-tube Change and Accidental Dislodgement



Routine G-tube or J-tube Change and Accidental Dislodgement

You will be taught how to change your child's G-tube or J-tube sometime after the initial placement, usually around 8 weeks after surgical placement; either in clinic or during time when PEG tube is converted to a skin level device. After that, the G-tube will need to be replaced routinely **about every 3-4 months** at home or when the valve or balloon breaks. Use your back up G-tube to do this and call your home care company for an extra right away. **Do not change your child's G-tube until you have been trained how to do so!**

What to do if the G-tube or J-tube falls out

If the G-tube or J-tube is accidentally pulled out or removed, a tube must be put back in the site immediately to keep it open, otherwise it will start to close, and surgery may be necessary.

Equipment needed:

- Correct size G-tube or J-tube
- 5-10 ml slip tip syringe
- Water soluble lubricant
- Foley catheter or red rubber tube, same size as G-tube and one size smaller
- Tape

To keep the tract open for G-tubes or J-tubes in place for LESS THAN 8-12 weeks:

1. Wash your hands with soap and water, rinse.
2. If available apply K-Y jelly or water-soluble lubricant to the G-tube or J-tube balloon device (**balloon deflated**), Foley catheter or red rubber tube
3. Gently insert the G-tube or J-tube, Foley catheter, or red rubber tube into the G-tube site opening – **DO NOT INFLATE THE BALLOON!**
 - a. If using a Foley catheter or red rubber tube, insert about 1 to 2 inches
 - b. Tape the tube to the skin
4. If using a Foley or red rubber tube, clamp or fold the tube over and tape it closed to prevent leakage of stomach contents.
5. **DO NOT USE** the tube until correct placement is verified and use of the tube/catheter is approved by your doctor.
6. Call the clinic or team that manages your child's tube, such as, Surgery or GI. After normal business hours call the Parent Smart Line (720)777-0123.
7. **Go to the Emergency Room for any of the following:**
 - **You cannot get a tube back in the G-tube or J-tube site opening.**
 - **If you are concerned about your child's hydration/nutrition.**
 - **Your child has fluids or medicines that must be given through their tube and on time.**

What to do if the G-J Tube falls out

If the G-J tube is accidentally pulled out or removed, a tube must be put back in the site immediately to keep it open, otherwise it will start to close, and surgery may be necessary.

****Note: Do not attempt to replace the G-J tube and use it at home. You must keep the G-J tube site open by following the instructions below.** The G-J Tube will have to be replaced in Interventional Radiology.

Equipment needed:

- Dislodged G-J tube
- Water soluble lubricant
- Foley catheter or red rubber tube, same size as G-J tube and one size smaller
- Tape

1. Wash your hands with soap and water, rinse.
2. If available apply K-Y jelly or water-soluble lubricant to the tip of the G-J tube, Foley catheter or red rubber tube
3. Gently insert the tip of the G-J tube, Foley catheter, or red rubber tube into the G-tube site opening about 1-2 inches and tape it to the skin.
 - a. If using a Foley or red rubber tube, clamp or fold the tube over and tape it closed to prevent leakage of stomach contents.
4. **DO NOT USE** the tube until correct placement is verified and use of the tube/catheter is approved by your child's doctor.
5. Call the clinic or team that manages your child's tube feeds, such as, Special Care or GI. After normal business hours call the Parent Smart Line (720)777-0123.
6. **Go to the Emergency Room for any of the following:**
 - **You cannot get a tube back in the G-J tube site opening.**
 - **If you are concerned about your child's hydration/nutrition.**
 - **Your child has fluids or medicines that must be given through their tube and on time.**

To replace a G-tube or J-tube that has been in place for 8-12 WEEKS OR MORE: *Only do this once you have been trained by a member of your child's G-tube care team*

If you are a parent of a patient in Colorado Springs: In the event you're unable to place the G-tube at any point in time, please place the red rubber tube using the previous steps and call the Pediatric Surgery office for further instructions. If after hours- please go to Children's Colorado Springs Emergency Room.

1. Wash your hands with soap and water.
2. Check the balloon function by using a syringe to inflate the balloon with the correct amount of water for your specific tube (the amount of water should be listed on the balloon port or in the manual). Check to see if the balloon is leaking. Deflate the balloon before putting it into the G-tube or J-tube site.
3. If available, insert the stylet into the center of the new G-tube or J-tube.
4. If available, apply K-Y jelly or water-soluble lubricant to the G-tube, J-tube, or Foley catheter.
5. Gently insert the tube into the G-tube site opening. If using a Foley catheter insert it into the G-tube site opening 1-2 inches.
 - **A Foley catheter should never be used to give feeds or medicine in a J-tube site!**
6. Fill the syringe with the correct amount of water for you G-tube, J-tube, or Foley catheter.
 - Look at the balloon port on the G-tube or J-tube, or the instructions in the tube kit for the correct amount.
7. Attach syringe to balloon port of G-tube, J-tube or Foley catheter. Slowly instill the water into the balloon.
8. While holding the plunger of the syringe in, twist it and remove it. The balloon will stay inflated.
9. Remove the stylet and close the cap on the tube.
10. If using a Foley catheter:
 - Gently pull back on the tube until you meet resistance. The Foley balloon should now be resting against the inside wall of stomach.
 - Tape the Foley to the skin so that it does not move in or out of the G-tube site opening.
 - Using a permanent marker, mark the Foley where it exits the skin.
 - Measure the length of tube from opening to end of tube and note it on front page of this booklet.
11. You must check placement of the tube before using it:
 - G-tube – attach the extension tube to the G-tube. With a large ENFit syringe pull back. If you pull back stomach contents, the tube is in the right place. Gently flush the G-tube with 5- 10 ml water.
 - J-tube- attach the extension tube to the J-tube. With a large **open** ENFit syringe allow 5- 10mls of water to drain into the J-tube by gravity.
 - Make sure there is no redness, swelling, pain, or leaking from the site while the water is going in.
 - Foley catheter– attach a large syringe to main port and gently pull back. If you pull back stomach contents, the tube is in the right place. Gently flush the Foley with 5- 15 ml water.
 - Clamp or fold over the tubing to prevent leakage of stomach contents.

***Note: If unable to see stomach contents when pulling back on the tube, try again. If you are still unable to see stomach contents, leave the tube in place, but do not use it. Call the clinic or team that manages your child's tube, such as, Surgery or GI. After normal business hours call the Parent Smart Line (720)777-0123.**

Remember:

- **Go to the Emergency Room for any of the following:**
 - **You cannot get a tube back in the G-tube or J-tube site opening.**
 - **If you are concerned about your child's hydration.**
 - **Your child has fluids or medicines that must be given through their tube on time.**
- A small amount of bleeding from the G-tube or J-tube site is normal.
- Always carry the travel kit supplies for emergency reinsertion.

G-tube Site Care and Fit



Types of Tubes and Care of the Site

G-tube or J-tube skin level low profile device (button)

- A skin level device that is inserted into the stomach and held in place by a balloon inflated with water or an internal bolster.
- This type of skin level low profile device lays flat against the skin and allows the child more movement.
- In order to use a G-tube or J-tube an extension tube must be attached.
- The size of the G-tube or J-tube is noted with two measurements (i.e. "14 Fr 1.2 cm")
 - The diameter of the tube is the "French" or "Fr" number. The diameter of the tube is not usually changed.
 - The length of the tube is the "cm" number. This length is individualized to fit your child and will change as your child grows.



Gastrostomy and Jejunostomy tube (G-J tube) skin level low profile device

- A skin level device inserted into the stomach with one port ending in the stomach and the other ending in the jejunum (the part of the intestines just after the stomach).
- This device is used when children can't tolerate feedings in the stomach and require continuous feeds.
- This device lays close against the skin and allows the child more movement.
- G-J tubes are replaced interventional radiology using x-rays to make sure the gastric and jejunal portions of the tube are in the right place.
- G-J tubes should be routinely changed every 3 months. This will have to be done in interventional radiology.
- A G-J tube should **never** be turned or rotated.
- In order to use this device, two extension tubes are required:
 1. Gastric (G) extension tube:
 - used to attach to the gastric port. You can use this for gastric venting (burping), bolus feeds, and/ or giving medicine. The use of this side depends on what your Doctor tells you.
 2. Jejunal (J) extension tube:
 - This is used to attach to the jejunal port. You can use this side for continuous feeds and giving medicine. The use of this side depends on what your Doctor tells you.
 - **Never** give bolus feedings through this port.



Note: If your child has the AMT G-Jet, the extension tubes are different for the G and J ports. Make sure you have the correct extension tube for both sides.

Long G-tube or PEG tube

- A long tube that is inserted into the stomach and held in place by a balloon inflated with water or an internal bolster. A portion of this tube hangs outside the body.



- The feeding bag or syringe is connected directly to the main port of a long G-tube. An extension tube is NOT necessary.
- Secure the tube to the abdomen with tape and gauze or a Vertical Tube Attachment Device to prevent the tube from moving too far into the stomach. PEG tubes have a securing device such a crossbar which is located next to the skin to hold the tube in place and prevent tube from moving into the stomach.
- While holding the external bolster against the skin, gently pull up on the tube to make sure the balloon is snug against the inside of the stomach wall. After doing this, check the marking at the top of the external bolster (see picture below).



- Check that marking every day to make sure the tube has not moved further into the stomach.
- If the tube moves into the stomach, gently pull it up. If unable to move it, do not pull forcefully, secure it with tape and call your doctor.
- Some G-J Tubes are long tubes as well. You can tell the tube is a G-J Tube because the end of the tube has a gastric port, a jejunal port and a balloon port.

Care of the G-tube site

- Wash your hands with soap and water.
- Starting the day after surgery, clean around the site daily or more frequently if it is wet or dirty.
- Clean the site using a cotton swab, warm water, and mild soap.
- Make sure all crusted drainage is removed from the skin around the tube.
- After cleaning, rinse around the area with water and pat dry.
- **Slightly turn the tube once a day to prevent skin irritation.**
- If your child has stay sutures (large stitches near the tube) or T-Fasteners (see picture), **do not rotate the tube until these are removed.**
- The T-fasteners or stay sutures are typically removed a few days after surgery, be sure to ask your child's nurse about this before you go home.



T-Fasteners

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- During the first 8 weeks use one layer of split 2x2 gauze and tape to skin using the tic-tac-toe method (see picture).
 - After the first 8 weeks you can leave the site open to air without a dressing.
 - Your child may take a shower or have a sponge bath starting 24 hours after surgery. Your child may take a regular bath (allowing the belly to soak under water) 1-2 weeks after surgery. Follow your child's Discharge Instructions for when they are allowed to take a regular bath.
 - **When not in use, remove the extension tube and close the G-tube safety cap.**
 - If the skin around the tube is red or irritated, you can apply diaper cream, a mixture of Aquaphor/Maalox, Calmoseptine cream, or other similar skin barrier product with dressing changes.
- *Note: If your child has a separate skin-level balloon J-tube, the site care is the same as listed above.**



Tic-tac-toe dressing

G-tube Fit

Your child's G-tube size (length) will need to be increased from time to time for weight gain. It is important to evaluate the fit of the G-tube each day when you clean around the site to make sure the tube is not getting too tight or too loose. When gently pulling up on the tube, you should be able to fit the width of a quarter between the stomach and the tube.

If the G-tube seems to be fitting too tight (pressing into the skin, no room between the G-tube and the skin, area is sore), your child may need a longer size. Please call the Surgery Clinic for an evaluation.

If the G-tube seems to be fitting too loose (extra room between the G-tube and the skin when gently lifting up, leaking, needing more gauze under the tube than usual), your child may need a shorter size. Please call the Surgery Clinic for an evaluation.

To maintain the correct fit of the G-tube it is important to check the water level in the balloon, since it can decrease over time. *You may only do this once you have been trained by a member of your child's G-tube care team and it has been at least 8 weeks after surgery.*

To do this, follow these steps:

1. Wash your hands with soap and water
2. Attach the slip tip syringe to the balloon port on the side of the tube
3. While holding the tube in place, pullback all the water from the balloon
4. Check that the amount of water matches the recommended amount for the balloon- this should be noted on the balloon port or in the tube manual
5. If necessary, take the syringe off and draw up more water to reach the recommended amount
6. Reinflate the balloon with the correct amount of water
7. While holding the plunger of the syringe in, twist it and remove it. The balloon will stay inflated.

***Note: If your child has a separate skin-level balloon J-tube, please follow these same instructions for assessing and maintaining the fit.**

Feeding, Venting, and Giving Medicines



Feeding, Venting, and Giving Medicines

Feeding through a G-tube can be done in different ways. The method for feeding will be decided by your child's doctor and will depend on how your child tolerates feedings. One method is to give a bolus feeding using a syringe or bag by gravity another is by feeding pump.

Bolus feedings

- Given over a short period of time
- Spread out throughout the day like regular meals or oral feedings
- Given with an ENFit syringe, gravity bag, or using a feeding pump
- **Never give bolus feeds through a J-tube!**

Continuous feedings:

- Given using a feeding pump
- Used when bolus feedings are not well tolerated.
- Used for feedings through a jejunostomy (J-tube) or the J-tube port a G-J Tube.

How to give a bolus feeding by syringe or gravity bag



Equipment needed:

- Formula or breast milk
- Large ENFit syringe, gravity bag, or pump bag
- Extension tube (for skin level/low profile device)
- Water

Feeding using a syringe:

1. Measure amount of formula your child needs for the feeding into a container.
2. For a skin level device open G-tube safety plug and attach the primed extension tube.
3. Remove the plunger on the syringe and attach the open syringe to the clamped extension tube or long tubing connection port.
4. Pour feeding into syringe.
5. Open the clamp on the extension tube and allow the formula to flow in.
6. Add more formula as it empties until the recommended volume is given.
7. The flow of the formula is based on the height of the syringe, the higher the faster. If a slow rate is needed lower the syringe.
8. After the feeding is done flush the tube with enough water to clear it.
9. Remove the extension tube and replace the safety plug.
10. Rinse the extension tube thoroughly and allow to air dry.

Feeding using a gravity bag:

1. Measure amount of formula your child needs for the feeding into a container.
2. For a skin level device open G-tube safety plug and attach the primed extension tube.
3. The bag and tubing should be primed to eliminate air in the tubing prior to connecting to your child's G-tube.
4. Pour desired amount of formula into the bag and allow it to flow through the tubing and then clamp.
5. Attach primed tubing to the extension tube or long tube connection port.
6. Open the clamps on the bag and extension tube and allow the formula to flow in.
7. The flow of the formula is based on the height of the bag – the higher it is hung, the faster it will flow. Also, you can slow the rate using the clamp on the bag tubing.
8. After the feeding is done flush the tube with enough water to clear it.
9. Remove the extension tube and replace the safety plug.
10. Rinse gravity bag well with water.
11. Rinse the extension tube thoroughly and allow to air dry.

How to give a continuous feeding



Equipment needed:

- Feeding Pump
- Feeding Pump bag
- Extension tube for skin level device
- Formula or breast milk
- Water

Feeding using continuous pump

1. Measure amount of formula your child needs for the feeding into a container.
2. For a skin level device open G-tube safety plug and attach the extension tube.
3. Attach tubing to the pump, with appropriate rate, volume and time set as directed by doctor.
4. Pour desired amount of formula into bag.
 - For formula prepared from powder, only add 4 hours of volume at a time.
 - For liquid ready to feed formula or formula prepared from liquid concentrate adding 4 hours of formula to the bag is ideal.
 - For Breast milk, only 4 hours may be added at a time.
5. The bag and tubing should be primed to eliminate air in the tubing prior to connecting to your child's G-tube.
 - This is done through the feeding pump "prime" option before it is connected to your child's G-tube.
6. When the feeding bag is empty, but tubing is not, add 4 more hours of formula as needed. Feeding bag and tubing should be changed every 24 hours unless directed otherwise.
7. The following techniques can help prevent your child from getting tangled up in the tubing during nighttime feeds:
 - a. Place the pump at the foot of the bed
 - b. Secure the tubing through the leg of the sleeper/pajamas

How to vent through a G-tube



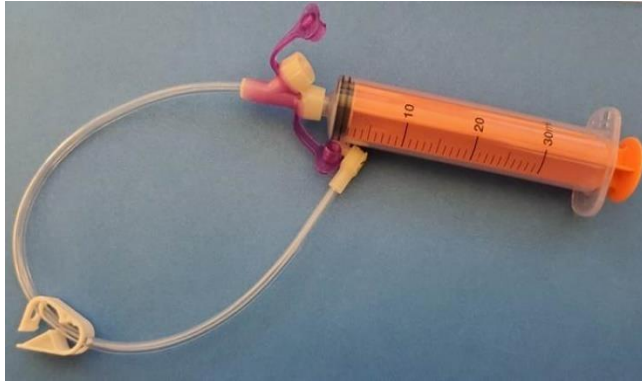
Equipment needed:

Sometimes a child needs to have the G-tube vented either between feedings or during feedings to let gas or secretions out of the stomach. This may have to be done frequently during the day for bloating, discomfort, or gagging/retching.

- Bard G-tubes use the special decompression extension tube for venting
 - Mic-key/Mini One/Nutriport you can use the straight bolus extension tube.
 - Large ENFit syringe
 - Farrell Valve Bag (if not venting well with syringe)
1. Open the safety plug of the G-tube.
 2. Attach the G-tube extension tube or decompression tube
 3. Attach the open large syringe to the extension tube or directly to end of a long G-tube.
 4. Open the clamp until gas or stomach bloating is relieved.
 5. Gently press on stomach around the G-tube to help gas to escape from the stomach.
 6. It is ok if you see stomach contents come up into the tube. Allow it to drain back into the stomach unless instructed to do otherwise by your child's doctor.
 7. Disconnect the syringe and flush the tube with enough water to clear it.
 8. Disconnect the extension tube if no longer needed.
 9. Close the gastrostomy safety plug.
 10. Sometimes a special venting bag (Farrell Valve Bag) is required to provide continuous venting with feeding. Your homecare nurse will need to teach you how to use this system.

How to give medicines through the G-tube

Do not mix medicines with formula because it might cause the formula to curdle and lead to blockages in the extension tubing.



Equipment needed:

- Medicine in liquid form
- ENFit compatible syringe
- Extension tube for skin level device
- Water

Giving medicine without feeding

1. Prepare medicine as directed and draw up into a syringe.
2. Prime the extension tube with water and attach it to the G-tube.
3. Make sure the extension tube is clamped and attach medicine syringe to medicine port of extension tube or long G-tube. If needed, use an ENFit adapter to connect a slip tip syringe to an ENFit port.
 - If using an ENFit adapter, first flush with a little water before attaching the medicine to get rid of the air in the adapter.
4. Unclamp the tube and push medicine one at a time through the tubing slowly. Be sure to clamp and unclamp the tube between each medicine.
5. After all medicines have been given flush the tube with enough water to clear the medicine in the extension tube or long G-tube.
6. Remove the extension tube and close the safety plug on the G-tube.
7. Rinse extension tube with warm water and soap (do not use hot or boiling water).
8. Rinse thoroughly and allow to air dry

Giving medicine during continuous feedings:

1. Stop the continuous feeding and clamp the extension tube.
2. Connect the medicine syringe to the medicine port
3. Unclamp the tube and push the medicine through the tubing slowly. Clamp the tube before removing the syringe.
4. After all medicines have been given, flush the tube with enough water to clear the medicine in the extension tube or long G-tube and clamp the tube.
5. Reconnect feeding, unclamp the tube, and restart pump.

Care of the extension tubes

1. Extension tubes should be washed after use with warm water (do not use hot or boiling water) and soap if necessary.
2. Rinse thoroughly and allow to air dry.
3. Once clean and dry, store the extension tube in a dry place until the next use.
4. If used for a continuous feeding, flush the extension at least once throughout the day with enough water to clear the tube.
5. The extension tube should be changed every 2 weeks or more often if unable to be cleaned.

How to clean an ENFit tube port

This should be done every day and as needed when the port is dirty.

To clean the tube port, you will need the following:

- ENFit Cleaning Brush
- ENFit syringe
- Water
- Gauze

1. Wash your hands with soap and water for 15 seconds
2. Rinse the ENFit cleaning brush with water



3. Using the ENFit cleaning brush, scrub around the tube port to remove fluid.



Repeat for both tube ports. If unable to get clean, soak in water for one minute.

4. Rinse the tube ports with water.



5. Dry the tube ports and cap using gauze.



Common Problems



Common Problems

Drainage around the G-tube

Some drainage (may be yellow, green, or brown) around the G-tube site opening is normal especially soon after the G-tube is placed. Clean the skin around it frequently; being sure to remove all crusted drainage from the tube itself. This should help prevent excessive build-up and skin irritation. It is common to have more drainage with colds, constipation, and teething.

Leaking around the G-tube site

A small amount of leakage around the G-tube is normal and is sometimes unavoidable. To reduce leakage of stomach contents, assure that the tube is secured properly. Use 2x2 gauze between the G-tube and the skin to ensure a snug fit. Tape the device/gauze to your child's abdomen as in the previous photo (see pg. 12) to minimize movement. Call your child's doctor if the leakage does not improve.

Leaking from the center or internal portion of the G-tube

Persistent leakage from the center of the device indicates a faulty valve and requires G-tube replacement (not urgent). You may change the tube at home if you have been trained how to do so. In the meantime, keep the safety plug closed between uses or you may attach the feeding extension tube to the G-tube and clamp it shut until the tube can be replaced.

Skin redness/irritation – skin looks red, raw, and is sore

- Often caused by leakage around the G-tube and burning of the skin from stomach acid.
- Prevent leakage as described above.
- Apply crushed Maalox/Mylanta tablets (use as a paste), Maalox/Aquaphor mixture, Calmoseptine, or other skin barrier product to the skin around the G-tube site, and cover area with gauze. This will help protect the skin from stomach acid that may leak out around the G-tube.

Infection

Redness that is spreading, painful, hard, warm to the touch, and appears swollen (may or may not have drainage/pus and/or fever) – call your doctor or seek medical care.

Granulation tissue around the gastrostomy

A small amount of red, shiny, moist tissue may develop around the G-tube site. This is called a granuloma and it may bleed easily or ooze. Do not be alarmed. If the tissue is excessive, painful, or interferes with care, call your doctor's office. Medicine may be needed to treat the granuloma. Call your doctor for guidance.



Troubleshooting



Troubleshooting

Clogged G-tube

Blockage can be caused by a build-up of food or medicine in the tube. Prime the extension tube with warm water and attach it to the G-tube. Using a large syringe, flush the tube with 5-10 mL of warm water to clear the tube of any blockage. **Do not use significant force** to flush the tube. If the tube still seems blocked, you may change the tube at home **if you have been trained how to do so**. If not, please call your child's doctor.

Vomiting

If your child has a PEG or a Foley catheter and your child is vomiting, call your child's doctor. The tube may have moved too far into the stomach and may be blocking the stomach outlet. Otherwise, treat vomiting as you usually would and/or seek medical attention from your child's doctor.

Venting

A lot of gas and overfeeding can cause stomach bloating, gagging, and retching. Attach a large open syringe to a feeding extension tube to allow excess air to escape from the stomach. For persistent problems with gagging and retching, consider using a venting bag or call your child's doctor for additional recommendations.

Flushing

Flush the G-tube with 3-5 ml water after each feeding or medicine to prevent clogging of the G-tube, unless instructed otherwise by your child's doctor.

Living with a G-tube



Living with the G-tube

Bathing/showering

Your child may take a shower or have a sponge bath starting 24 hours after surgery. Your child may take a regular bath (allowing the belly to soak under water) 1-2 weeks after surgery. Follow your child's Discharge Instructions for when they are allowed to take a regular bath.

Activity/positioning

Infants and children with G-tubes can participate in all normal activities such as crawling, walking, jumping, and swimming. Make sure the G-tube is carefully secured under clothing. A cloth or bandnet (a net-like material), cummerbund (or girdle,) or bandnet vest can help to secure the G-tube. A Tummy Tunnel, or similar product, can be used to secure the tubing.

A G-tube should not limit your child's ability to be on his/her stomach. If your child complains of it hurting, you can use a foam donut around the G-tube to keep pressure off the site.

Clothing

Your child can wear most anything, for young children one-piece outfits are recommended. Overalls, "onesies", or sleepers are ideal for active children and help protect the G-tube site.

Specialized clothing for children with G-tube can be found from internet sources.

School

Your child may return to school after surgery as soon as they feel able and are no longer taking narcotic pain medicine. Tell your child's teacher and school nurse about your child's G-tube and feeding needs. You will want to tell them what to do and who to call in an emergency. It may be helpful to request a 504 plan to address their medical and feeding needs at school.

Swimming

Your child may swim in a pool, lake, river or ocean with a G-tube in place 1-2 weeks after surgery. Follow your child's Discharge Instructions for when they are allowed to swim. Scuba diving is not allowed with a G-tube.

Travel

A G-tube should not limit your child's opportunity to travel. A travel kit of emergency supplies should always be carried with your child.

Travel kit includes:

- Back up balloon G-tube (button), supplied by homecare company
- 2 Silicone Foley catheters or red rubber tubes, (same size as g-tube and one size smaller)
- 5-10 ml slip tip syringe to deflate balloon
- K-Y/water soluble jelly
- Paper towels
- Container for tap water
- Tape measure (only if using Foley or Red Rubber Catheter)
- Tape
- Vertical tube attachment device (only if using Foley)
- Emergency phone numbers