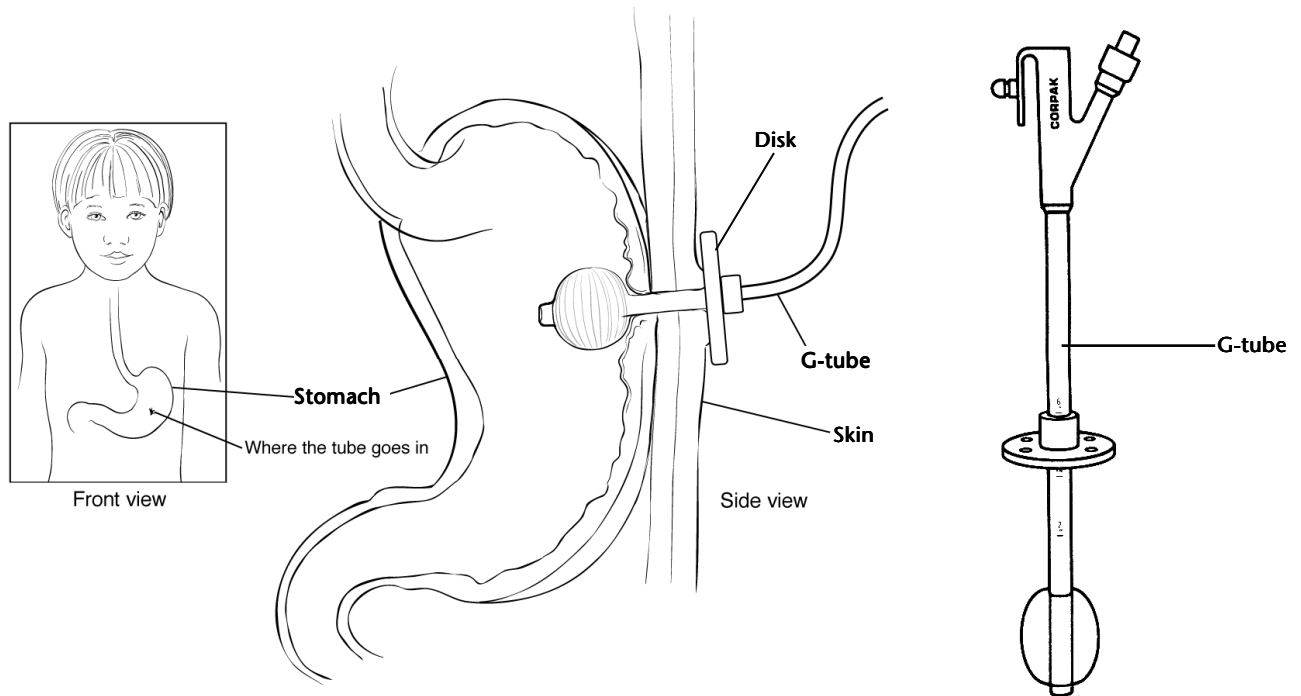


## GASTROSTOMY TUBE CARE

A gastrostomy tube – commonly called “G-tube” - is a tube that is placed into your child’s stomach (Picture 1). It provides another way to feed your child. You can also use it to remove excess air and fluid from your child’s stomach (*venting* the G-tube).



**Picture 1** The G-tube inside the stomach.

When the tube is first placed in your child’s stomach it may be secured with a stitch through the skin and around the tube. This helps the tube stay in place until the gastrostomy tract is well healed.

If your child has a PEG tube (percutaneous endoscopic gastrostomy tube), there is a balloon at the end of the tube inside the stomach. This holds the tube in place. There is also a plastic disk around the tube outside the child’s body. This keeps the tube from sliding in and out of the opening. The plastic disk should be snug against the skin, but it should not cause pressure. Adjust the disk as directed by your doctor.

### DAILY SKIN CARE

You will need to care for the skin around the G-tube every day. For the first 3 weeks the site should be cleaned with ½ strength hydrogen peroxide. After the first 3 weeks you may clean with soap and water. The site should be kept clean and dry. Do not use creams or ointments around the tube site unless your child’s doctor tells you to do so.

## DAILY SKIN CARE, Continued

### Supplies:

- Hydrogen peroxide (Dilute the peroxide with an equal amount of water. Use for the first 3 weeks.)
- Soap and water
- Cotton-tipped swabs such as Q-Tips®
- Clean 2x2 split gauze pads
- Tape
- Scissors

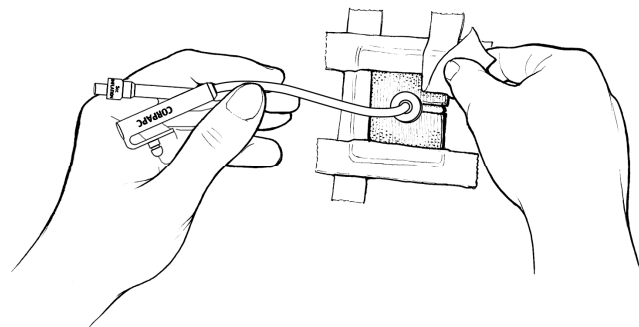
1. Wash your hands.
2. Gently remove the tape and dressing from around your child's G-tube. Look at the area where the tube enters the skin. Check for redness, swelling, green or yellow fluid. A small amount of clear or tan liquid drainage is normal.
3. Clean around the tube and under the plastic piece with soap and water using Q-tips. Then rinse the skin using clean tap water.
4. If there is crusted drainage on the skin, tube, or plastic disk, you may use ½ strength hydrogen peroxide to clean the site.
5. If a gauze dressing is being used, place a 2 x2 split gauze pad around the tube and under the plastic disk or nipple (Picture 2). A gauze dressing may not be needed if the skin around the tube is healed.
6. Tape the disk or nipple to the skin to help secure the tube.

## FLUSHING THE G-TUBE

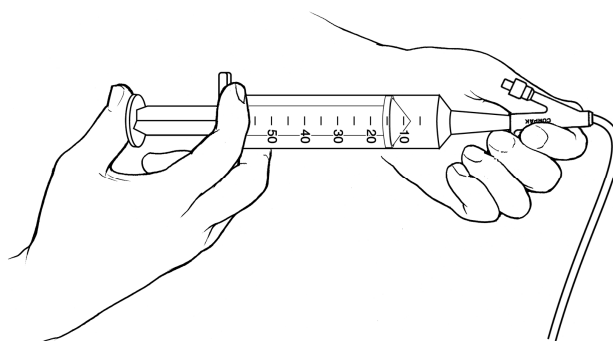
G-tubes must be flushed with 15 to 30 mL of clean tap water after each feeding and after all medicines are given. (Picture 3) This will help to keep the tube clean and open.

## GIVING MEDICINES

- **Liquid medicines** - Mix them with tap water to make about 10 to 20 mL. Use a catheter tip syringe to slowly push the medicine into the tube, then slowly flush the tube with 15 to 30 mL of tap water.
- **Pills** - (Check with your doctor or pharmacist before crushing the pills.) Crush the medicine into a powder and mix it with about 10 to 20 mL of tap water. Use a catheter-tip syringe to slowly push medicine into the tube. Then slowly flush the tube with 15 – 30 mL of tap water.
- **Capsules** - (Check with your doctor or pharmacist before dissolving capsules.) Open the capsule and dissolve powder in 10 to 20 mL of tap water. Use a catheter tip syringe to slowly push the medicine through the tube. Then slowly flush the tube with 15 to 30 mL of tap water.



**Picture 2** Securing the G-tube with tape.

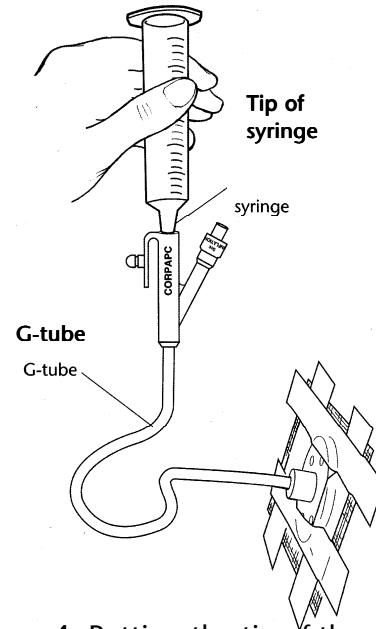


**Picture 3** Flushing the G-tube.

## VENTING

If your child is gagging or has bloating, you may need to vent the G-tube (remove excess air or fluid). To do this:

1. Attach the G-tube to an open catheter-tip syringe to let excess air come out of the stomach. (Picture 4)
2. Remove the plunger from the catheter-tip syringe. Put the tip of the syringe into the feeding port of the G-tube.
3. Hold the syringe at the height of the child's shoulders.
4. If you find that you need to vent the G-tube often, contact your child's doctor. You may need to use a Farrell bag (Enteral Gastric Pressure Relief System) during feedings.



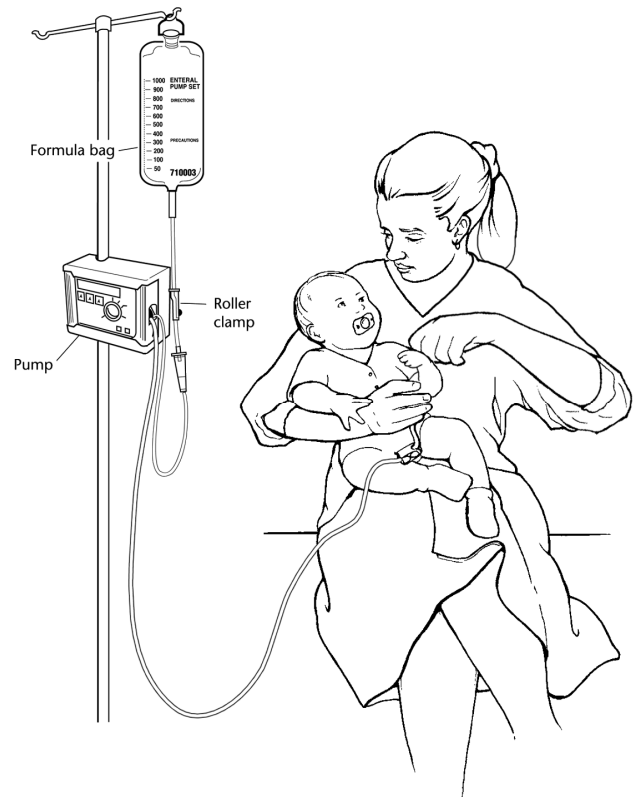
**Picture 4** Putting the tip of the syringe into the feeding port of the G-tube.

## CONTINUOUS FEEDING

*Continuous feeding* means giving the feeding over a longer period of time. You will use a feeding pump for these feedings. (Picture 5) We will teach you what drip rate to use and how many hours to give the feeding. Most formulas for home use may be left in a continuous feeding bag for 8 hours at room temperature. Leftover formula should be refrigerated and used within 24 hours.

## CONTINUOUS FEEDING

1. Warm the formula in a pan of warm water so that it is at least room temperature. Never warm formula in a microwave.
2. Pour a drop of the formula on the inside of your wrist to test the temperature. It should be warm, not hot.
3. Pour the formula into the formula bag.
4. Hang the formula bag on a hook or on the pole with the feeding pump.
5. Unclamp the tubing and let the formula fill the entire length of the tubing. Clamp the tubing.
6. Connect the formula bag tubing to the feeding end of the gastrostomy tube.
7. Set the feeding pump at the drip rate ordered by your doctor and for the number of hours ordered.
8. When the feeding is finished, flush the gastrostomy with 15 to 30 mL of clean tap water.

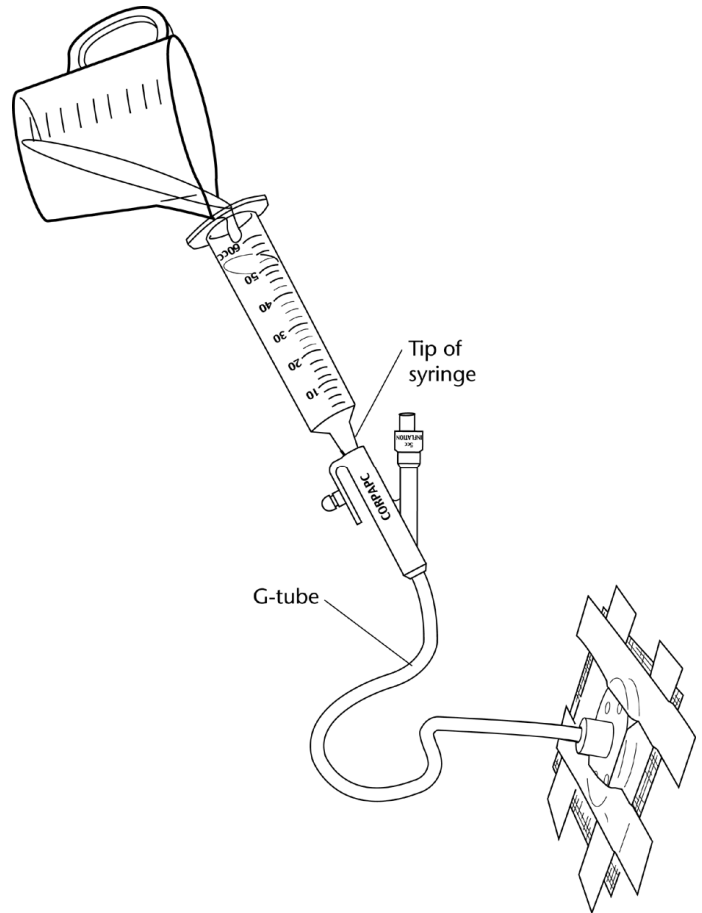


**Picture 5** Hold your baby during the feeding.

## BOLUS FEEDING

*Bolus feeding* means giving a feeding into the gastrostomy tube over 20 to 30 minutes several times a day.

1. Pour a drop of the formula on the inside of your wrist to test the temperature. It should be warm, not hot.
2. Remove the plunger from a cath-tip syringe. Put the tip of the syringe into the feeding port of the G-tube (Picture 6). Hold the syringe no higher than the child's shoulders
3. Clamp the G-tube tubing; Pour the formula into the syringe. Unclamp the tube.
4. Slowly add more formula as the syringe empties and as your child tolerates it (Picture 6). Giving the formula too quickly can cause stomach cramps. Slow down the formula by lowering the syringe. To keep air from getting into the stomach, do not let the syringe run dry.
5. If your child cries during the feeding, stop the feeding until he is quiet and comforted. Keep the G-tube attached to the syringe to vent any air from the stomach.
6. If the feeding doesn't flow into the G-tube:
  - Reposition your child.
  - Milk the tube between your fingers.
  - *Gently* push the plunger of the syringe. Apply only enough pressure to start the formula flowing. Then remove the plunger and let the formula flow by gravity.
7. After the formula is in the stomach, pour 15 to 30 mL of water into the syringe. The water clears the formula from the tube and keeps it from clogging.
8. Remove the syringe. Close the flip top or put the catheter plug into the G-tube.



**Picture 6** Slowly add the formula.

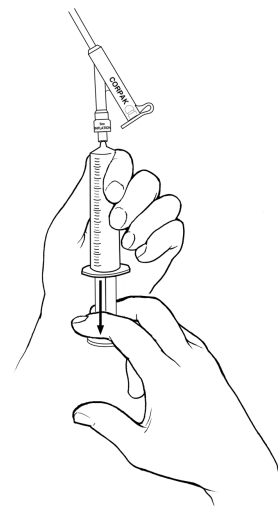
## PROBLEM-SOLVING

Problem	What to Do
<p><b>The G-tube comes out.</b></p> <p>If the G-tube comes out accidentally, it is important to <b>place a new tube back in the opening as quickly as possible</b>. If it is not replaced, the G-tube site may close over and it may be difficult to replace the tube.</p>	<ul style="list-style-type: none"> <li>▪ At the first visit with your child’s doctor after surgery, you will be told when the G-tube will be changed.</li> <li>▪ <b>If it has been fewer than 12 weeks</b> since your child’s tube was first placed <i>and</i> you have completed the instructions and training for “G-tube Care and Change” while in the hospital, you should follow the instructions below for replacing the G-tube.</li> <li>▪ <b>Before using the tube for medications or feeding</b>, you must call the doctor that first placed the G-tube so that an X-ray may be taken to make sure the tube is in the right place. If you can’t reach the doctor, go to the Emergency Room.</li> <li>▪ <b>If it has been more than 12 weeks</b> since your child’s tube was first placed <i>and</i> you have completed the instructions and training for “G-tube Care and Change” while in the hospital, you can change the G-tube following the instructions below.</li> <li>▪ Call your child’s doctor or doctor’s office if you have problems or questions about changing the tube.</li> </ul>
<p><b>G-tube site is red and sore.</b></p>	<p>Clean as instructed. Call your child’s doctor.</p>
<p><b>G-tube site is leaking large amounts of fluid</b> (soaking 2x2 gauze pads 3 or more times a day).</p>	<p>Call your child’s doctor.</p>
<p><b>Irritation or granulation tissue</b></p> <p>Sometimes extra scar tissue called “granulation tissue” builds up around the G-tube site. This is a red raised area that may bleed or be irritated.</p>	<p>Usually your doctor will treat with a 0.1% Kenalog cream applied to the site three times a day. Other treatments are available if necessary. Call your child’s doctor if this problem occurs.</p>

## REPLACING THE G-TUBE

After the first G-tube has been changed in the doctor’s office, you will change the G-tube yourself every 2 to 3 months. Mic-Key® skin level tubes need only to be changed if the balloon breaks, or if your child needs a new size of tube.

1. Remove the G-tube dressing.
2. Put the tip of an empty syringe into the balloon port of the G-tube (Picture 7). Pull back gently to remove the water from the balloon.
3. Gently remove the G-tube.
4. Hold a piece of gauze or a washcloth over the opening to absorb the stomach contents.



**Picture 7** Pull back on the syringe to remove the water.

### **PUTTING A NEW G-TUBE IN THE STOMACH:**

1. Check the balloon of the new G-tube for leaks. Use a syringe to inject 3 to 5 mL of water into the balloon port, then check for leaks. If there is a leak in the balloon, the tube is defective and should not be used. Pull back on the plunger to remove the water from the balloon.
2. Put a dab of water-soluble gel, such as K-Y Jelly, on the tip of the G-tube.
3. Gently insert the tube into the stoma (stomach opening) about one inch.
4. Inflate the balloon with 3 to 5 mL of water. Never use more than 5mL of water.
5. Gently pull up on the G-tube until you feel tension from the balloon against the stomach wall.
6. Pull the plastic disk down toward the skin snugly to keep the tube from moving.
7. If gauze dressing is being used, place a 2x2 split gauze pad under the disk around the G-tube (Picture 2).
8. Tape the gauze and disk to the skin to hold the tube in place.

### **WHEN TO CALL THE DOCTOR**

Call your child's doctor if you are having any of these problems:

- If your child is gagging or vomiting.
- If there is bleeding or drainage around the site.
- If the skin around the G-tube is tender or reddened.
- If the G-tube is clogged and you can't get the feeding through the tube.
- If the G-tube comes out accidentally.