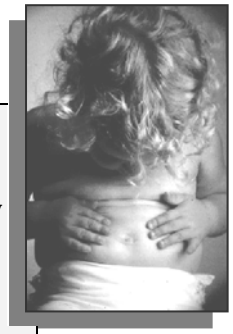
Gastrostomy



What to do if the G tube falls out?

Cover the site with a 4x4 gauze until a new one is in
• Call your Surgeon to come to the office or Emergency room
• The GT needs to be replaced within 2 hours
Travel with a 14Fr. Foley Catheter, luberfax, paper towels or, better yet, make sure that you always carry a replacement tube (MICKey button) of the same size

HOW DO I CARE FOR A GASTROSTOMY ("G"-)TUBE?

SITE CARE

1. Gather and set-up equipment
    a. Warm tap water
    b. Mild soap only if needed
    c. Cloth adhesive tape unless patient skin becomes red from the tape
    d. Q tips
2. Wash hands
3. Clean skin (twince a day, or as instructed
4. Remove old tape gently. Do not pull the tube away from the belly
5. Check the skin and tube for changes
    a. Skin: Redness, drainage, tenderness, open areas, bleeding or skin temperature changes
    b. Tube: For Cracks, leakage (Be sure it is pulled against the stomach wall)
    c. IF CHANGES SEEN PAGE: Neil Ead, CPNP at 350-1757 or Pediatric Surgeon on call at 444-5611(ask operator to call Pediatric Surgical Resident)
6. Wash the site with circular motion from the center of the tube toward the outside of the belly using the q-tips
7. Tape the tube to keep it in place. Be sure it is fixed firmly to the skin and it is taped downward
8. Be sure the GT is hidden away from your child's hand & feet so it is not accidentally pulled out (For example-under clothes)

BATHING

- Your Doctor will tell you when your child may begin to take a tub bath.
- Avoid overly warm water because this can irritate tender skin
- Use only mild soaps and soft washcloths
- While the GT is vented, do not let water get into the tube. (The tube should not be clamped, even in the tub.)
- After the bath, do site care.

Gastrostomy Tube Feeding

The child should be sitting or positioned on right side with the head of bed elevated

Set-up tube feeding on feeding pump as per home care company

Vented System:

To let the feeding back up into an empty syringe instead of vomiting
Set-up:

- Catheter tip syringe tied with string to keep it above stomach level.
- Be careful that the tube is not pulling on the belly.
- Flush the tube with tap water before and after feeds and every 4 hours.
- This helps to make sure that tube will not clog .
- The feeding tube from the pump is placed inside the syringe and run
- If the feeding backs up try to flush it with water. If this does not work, check the position of the tube, milk the tube and then flush it again.
- This set-up is kept even if the feeding is done or when traveling.
- (Be sure to pin strings higher than the stomach (e.g., to your shirt).
- The tubing is only clamped with the surgeon's instruction.
- This will be done slowly, when changing from vented to direct feeds.

Giving medications

Give ½ hour before feedings or 1 hour after feeds.

- Draw up the medications in syringes. If pills must be used, crush them up and mix them with water before putting them in the syringe.
- Put medications into the large syringe
- Flush with 15 cc (1 tablespoon) of water
- Formula, which is too hot or too cold or given too quickly, can cause vomiting, diarrhea or cramping.

· Signs of feeding intolerance:

Vomiting, diarrhea, discomfort, distention or continuous backup in the tube greater than one quarter (1/4) of the feeding volume

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