

TEACHING PLAN

FOR: Button (Gastrostomy): Home Care Instruction for the Infant with

- POLICY:**
1. Parent/caretakers are to be taught all of the pertinent material outlined in a timely manner. Certain aspects of the content may be modified based upon their assessed needs.
 2. Breast milk or formula will be kept at room temperature for no longer than 4 hours.

DESIRED PATIENT

OUTCOMES: All hospitalized infants who are discharged home with a gastrostomy button will have competent caregivers who:

1. Understand the purpose and location of a gastrostomy button.
2. Will be able to define and state purpose of fundoplication if applicable.
3. Will be able to administer feedings and medications through the gastrostomy button.
4. Will be able to perform site care.
5. Will be able to identify complications associated with the gastrostomy button and state when the doctor should be called.
6. Will be able to identify appropriate course of action if gastrostomy button becomes defective or dislodged.

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CONTENT:

1. Purpose of Gastrostomy Tube/Button:
 - a. The purpose of a gastrostomy is to make sure the infant has enough nutrition to grow and to be happy and healthy. When an infant cannot obtain enough fluids or nutrition by mouth, a surgeon makes an opening through the wall of the abdomen into the stomach which is called a gastrostomy. A device is inserted into the gastrostomy to provide a means for administration of medications and feedings.
 - b. The button is level with the baby's skin. Adaptors for feeding and decompression are placed when they are needed.
 - c. The button may be placed during an "open" surgical procedure or a percutaneous endoscopic gastrostomy (PEG) procedure may be done.
 - d. A gastrostomy button has a one way valve inside that allows feedings to flow in but prevents them from leaking back out of the button. (Show parents diagram of gastrostomy button located in the parent handout.)
2. When appropriate: Definition of a Nissen Fundoplication - This surgical procedure forms a new valve between the esophagus (canal connecting the mouth and stomach) and your baby's stomach. Part of the baby's stomach is wrapped around the esophagus. This helps to stop formula and stomach juices from refluxing into the esophagus.

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- a. See patient handout: Nissen Fundoplication.
3. Care of the Gastrostomy Button
 - a. Wash your hands.
 - b. Unless otherwise instructed (per surgeon or device-specific instructions), turn the button $\frac{1}{4}$ turn each time you feed the baby for the first 3 or 4 days.
 - 1) The stoma may be weepy or bleed slightly the first day or two.
 - c. Wash the skin with soap and water 1-2 times a day. Rinse with plain water.
 - d. Allow to air dry, then leave the area open to air for about 15 minutes.
 - e. After the first 3-4 days, turn the button 1-2 times a day.
 4. Administering Feedings via the Gastrostomy Button
 - a. Warm all fluids entering the stomach to room temperature.
 - b. Feeding positions include:
 - 1) Sitting in infant seat or caregivers' lap.
 - 2) Lying on right side with head slightly elevated.
 - c. Check the button before each feeding to make sure that it is not blocked.
 - 1) Open the plug in the top of the button.
 - 2) Attach the feeding tube to the device. Choose the adaptor for either bolus or continuous feedings depending on the baby's feeding plan.
 - a) The "MIC-KEY" device involves turning the adaptor to an open or closed position. See manual for specifics.
 - 3) Open the clamp on the feeding adaptor/set.
 - 4) Inject 3 to 5ml ($\frac{1}{2}$ to 1 tsp) tap water into the feeding tube then close the clamp.
 - 5) If the water won't go in, try changing the baby's position.
 - 6) If the water still will not go in, do not push forcefully on the syringe. Do not start the feeding. Call the doctor to report that you think the tube is clogged.
 - d. For bolus feedings:

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- 1) Attach a 60ml catheter-tip syringe to the bolus feeding set.
- 2) Fill the syringe with the feeding and then unclamp the tube. This prevents air from entering the tube and then the stomach which could cause discomfort.
- 3) Elevate the syringe 4-5 inches above the abdominal wall. The feeding should go in slowly by gravity over approximately 20 minutes. (If the feeding does not flow in by gravity it may need brief, very gentle pressure with the plunger to begin.) If the feed is too rapidly administered, it will interfere with normal peristalsis and will cause distention and backflow into the esophagus. Lower the syringe to slow down the rate of the feeding or close the clamp to stop the feeding at intervals. When adding more formula, pinch the tube closed to prevent air from getting into the stomach. Do not let the syringe run dry.
- 4) If the feeding set separates from the button the feeding will pour out onto the baby. Reattach the tube and then re-feed the amount of feeding that you think was lost.
- 5) Provide infant with pleasant feeling associated with feeding, i.e., pacifier for sucking and cuddling.
- 6) When the feeding is completed, instill 3-5 ml's of water into the syringe to clear tube of formula. Clamp the tube before air enters into the stomach.
- 7) Disconnect the feeding set and syringe and close the button device.
- 8) Burp infant (may not burp if fundoplication was done).
- 9) Provide oral care three times per day and as needed.
- 10) If the baby seems to have stomach discomfort or the stomach appears to be enlarged and distended:
 - a) Pass the decompression tube into the button or other device (e.g., MIC-KEY).
 - b) Attach a 60ml catheter tip syringe to the decompression tube.
 - c) Hang the tube above the baby for 20 to 30 minutes. This lets the baby "burp". Do not leave the baby unattended.
- 11) After feeding, the recommended position depends on the clinical issues that necessitated gastrostomy placement. If for severe reflux, supine and flat positioning may not be tolerated.
- 12) Wash the syringe and feeding set with hot soapy water. Rinse thoroughly. Let it air dry. Store on a clean towel.

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- 13) When the baby is allowed to bottle feed part or all of the feeding, feed the bottle first, and then administer remainder by gastrostomy feeding.
 - 14) If baby cries or strains to have a bowel movement, formula may back up into the syringe. Clamp the tube briefly. Help calm the baby. Restart feeding when baby is relaxed and quiet.
- e. For continuous feedings:
- 1) Before each tubing change, infuse 3 to 5 ml tap water ($\frac{1}{2}$ to 1 tsp) into the feeding set to clear residue from the interior of the button.
 - 2) Attach the primed syringe/tubing to the continuous feeding set.
 - 3) Administer the feeding at the ordered rate.
5. Administering Medications Through the Gastrostomy Button:
- a. Check with physician/AP about route of administration for medications (it is best to give some medications by mouth because some medications react poorly with food and some react poorly with the material the tubing is made of).
 - b. If physician states that medication should be given via gastrostomy button, mix medication with approximately 5 ml of water.
 - c. After medications are administered, flush the bolus feeding set/button with an additional 5 ml (1 tsp.) of water. This will ensure that all of the medication clears the tube and reaches the infant's stomach.
6. Accidental Dislodgement:
- a. If the gastrostomy button comes out - do not panic. The stoma will not close immediately (the stoma may close within 3 hours). Call the pediatric surgeon on call, who will direct you any time of the day, any day of the week.
7. Complications:
- a. Vomiting, diarrhea, bloated abdomen, abdominal pain and cramps are signs that may mean:
 - 1) Feeding volume is too much or given too fast.
 - 2) The start of an infection.
 - 3) A blockage of the tube.
 - b. For bloating and retching, the infant may need to "burp".

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- 1) Attach the decompression tube to the button and leave it open for 20 to 30 minutes. If the baby continues to be more fussy than usual and this does not work, call the doctor.
 - c. The valve that stops feedings from flowing back may get clogged and stop working. If this happens, the button may need to be replaced.
8. When to call the doctor:
- a. Vomiting, diarrhea, abdominal pain or cramps that are persistent and/or severe.
 - b. Bloody residuals.
 - c. Residuals greater than 30ml.
 - d. Abdominal distention not relieved by using the decompression tube for 1 hour.
 - e. Button becomes dislodged.
 - f. Excessive tissue build-up around the gastrostomy button.
 - g. Unpleasant smell from the stoma, bleeding stoma, formula leaking around gastrostomy button.
9. Safety Precautions:
- a. Keep emergency numbers by all phones.
 - b. Keep an emergency kit of supplies and instructions with the infant when you are gone for an extended period.
 - c. Teach other children not to pull on the button.
10. Infant/Pediatric CPR Training:
- a. Classes are available for parents and other caregivers. Encourage family members to sign up for classes early.
11. Daily Activities:
- a. The infant may enjoy a bath like any other baby. Make sure the button is firmly plugged before bathing.
 - b. Avoid clothing with a tight waistband that could put pressure on the button. One-piece outfits or overalls often work best.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 10/94 (as Gastrostomy Tube/Button)
6/08 (as Gastrostomy Button: Home Care Instructions for the Infant with)

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REVISION DATES: 9/97, 9/99 (as Gastrostomy Tube/Button)