TEACHING PLAN FOR: **Gastrostomy Tube: Home Care Instruction for the Patient with**

POLICY:

1. Parents/Caregivers are to be taught all of the pertinent material outlines in a timely manner. Certain aspects of the content may be modified based upon their assessed needs.

2. Device-specific instructions are to be used when they are available. Variable devices and supplies may be used based on the infant's needs and the preference of the surgeon.

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

1. Understand the purpose and location of a gastrostomy tube.

2. Will be able to define and state purpose of fundoplication if applicable.

3. Will be able to administer feedings and medication through the gastrostomy tube.

4. Will be able to perform site care.

5. Will be able to identify complications associated with gastrostomy tubes and when the physician should be contacted.

6. Will be able to identify appropriate course of action if gastrostomy tube becomes defective or dislodged.

TEACHING PLAN / CONTENT:

1. PURPOSE OF GASTROSTOMY TUBE:

   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 tube is inserted into the gastrostomy to provide a means for administration of medications and nutrition.

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 stop formula and stomach juices from refluxing into the esophagus. Refer to parent handout for Nissen Fundoplication.

3. CARE OF THE GASTROSTOMY TUBE:

   a. Wash hands and once per day clean abdominal area from catheter site outward in a circular motion with mild soap and water. Rinse and dry well. After 7 days post gastrostomy tube placement, the infant may have a tub bath pending approval of the MD.

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b. Cut a slit in a 2x2 gauze and slide gastrostomy tube to center. Use clean technique. Parents need to check with physician whether to continue to use 2x2 at home. If a MIC tube is used, a dressing is not necessary.

c. Anchor the tube to the abdomen. Please check with the physician to see which method is preferred.

4. ADMINISTERING FEEDS VIA GASTROSTOMY TUBE:

a. Warm all fluids entering stomach to room temperature.

b. Acceptable positions of infant for gastrostomy tube feeds include:

1) Sitting in seat or lap.

2) Lying on right side with head slightly elevated.

c. If ordered by physician, check for formula left in stomach from last feeding (residuals) by attaching a syringe to the tube and pulling back on the plunger. Give this material back to infant. DO NOT throw this away. It contains important nutrients. If more than 30mls of formula are present, call the doctor for a possible change in feedings.

d. Clamp gastrostomy tube. Remove syringe. Remove plunger and reattach syringe barrel.

e. Fill the syringe with feed and then unclamp tube. This prevents air from entering the tube and then the stomach which could cause discomfort.

f. 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 feeding. When adding more formula, pinch the tube closed to prevent air from getting into the stomach. Do not let the syringe run dry.

g. Provide infant with pleasant feelings associated with feeding, i.e., pacifier for sucking and cuddling.

h. When feed is completed, instill 3-5 mls of water into the syringe to clear tube of formula. Clamp the tube before air enters into the stomach.

i. Burp infant. (May not burp if fundoplication was done.)

j. Provide oral care three times per day and as needed.

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k. If baby seems to have stomach discomfort or enlargement, hanging the unclamped tube above the baby for 20-30 minutes may help. This lets the baby "burp" (do not leave baby unattended).

l. After feeding, the recommended position depends upon the clinical issues that necessitated the gastrostomy placement. If for severe reflux, supine and flat positioning may not be tolerated.

m. Wash the syringe in hot soapy water. Let it air dry. Store on a clean towel.

n. When the baby is allowed to nipple part or all of the feeding: feed by nipple first, then administer gastrostomy feeding.

o. If baby cries or strains to have a bowel movement, formula may back up into the syringe. Pinch the tube closed briefly. Help calm your baby. Restart feeding when baby is relaxed and quiet.

5. <u>ADMINISTERING MEDICATIONS THROUGH THE GASTROSTOMY TUBE</u>:

a. Check with physician 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 materials the tubing is made of).

b. If physician states that medication should be given via gastrostomy tube, mix medication with approximately 5ml of water.

c. After medications are administered, flush the gastrostomy tube with an additional 5ml (1 tsp.) of water. This will ensure that all of the medication cleans the tube and reaches the infant/child's stomach.

6. <u>ACCIDENTAL DISLODGEMENT</u>:

a. If the gastrostomy tube comes out – <u>do not panic</u>. 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. <u>COMPLICATIONS</u>:

a. Vomiting, diarrhea, bloated abdomen, abdominal pain and cramps may be warning signs that indicate:

1) Feeding volume is too much or given too fast.

2) The start of an infection.

3) A blockage of the tube.

4) That the tube has slipped too far into the stomach and is blocking the exit to the intestine.

b. For vomiting and diarrhea:

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1) Measure the tube to see if it is placed correctly.

2) If it is too short, gently pull back.

3) If you cannot pull back, call the doctor right away.

c. For bloating and retching, the child may need to "burp".

1) Attach a 60ml syringe without plunger to the G-tube. Open the clamp on the tube and hold above abdomen to release trapped air.

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 30 mls.

d. Abdominal distention not relieved by unclamping and hanging the tube for 1 hour.

e. G-tube becomes dislodged.

f. Excessive tissue build-up around the gastrostomy tube.

g. Unpleasant smell from the stoma, bleeding stoma, formula leaking around gastrostomy tube.

9. SAFETY PRECAUTIONS:

a. Keep emergency numbers by phone.

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 G-tube.

d. When the tube is not being used, keep it tucked inside clothing.

10. INFANT/PEDIATRIC CPR TRAINING:

a. Classes are available for parents and other caregivers. Encourage families to sign up for classes early.

11. DAILY ACTIVITIES:

a. The infant may enjoy a bath like any other infant. Keep gastrostomy tube firmly clamped.

b. Avoid clothing with a tight waistband that could pull on the tube. One-piece outfits often work best.

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