Gastrostomy Tube Management

Information for School Nurse Services and School Health Services

Disclaimer: The information in this pamphlet is for information purposes only. Please follow individual school corporation guidelines for providing care to students.
“Gastrostomy” refers to the surgical creation of an artificial opening into the stomach or jejunum though the abdominal wall. A gastrostomy is performed when a person is unable to eat normally, due to illness, injury or disability.

Tube feeding is an excellent way to ensure that a person who cannot eat normally receives adequate nutrition. Tube feeding goes directly into either:

- The stomach, through a gastrostomy tube (PEG or G-tube)
- The jejunum (a section of the small intestine), through a jejunostomy tube (PEJ or J-tube)
Gastrostomy Tube – General Information

• PEG or PEJ (Percutaneous Endoscopic Gastrostomy or Jejunostomy) tube describes the method the tube was inserted.

• It is important to know if the tube is going into the stomach or jejunum or used for other purposes rather than feeding.
Types of Devices

- Balloon Silicone g-tube
PEG tube and PEG Button
Low Profile Balloon Buttons

• The tubes and buttons come in multiple French sizes and lengths. Please contact the healthcare professional with concerns about the size.
Gastrostomy Feeding Considerations

• Feedings should be given only when the person is sitting upright, propped up ≥30°, or while standing.

  **IMPORTANT!**

• DO NOT lie the person flat during the feed.
• WAIT for one hour after the feed before lying flat.
• If the person starts to cough or choke during a feed, or they have difficulty breathing, **STOP** the feed immediately! Notify a healthcare professional.
Feeding Options

- **Gravity feeding/Bolus Syringe feeding**: Formula is administered from a container or syringe - the formula flow can be adjusted by raising or lowering the container or syringe.
- **Pump feeding**: A mechanical pump delivers the formula under pressure.
- It is important that the feeding is not given too quickly as this may result in stomach upset or leakage around the device.
- Please follow the instructions given by the dietitian or medical practitioner.
Gastrostomy Troubleshooting

**Blocked Tube:**

- Insert a 30-60mL syringe with 10mL warm water into the end of the tube. Moving the plunger back and forth puts a little water into the tube.
- If the tube does not clear, clamp the tube for 5 to 10 minutes.
- Fill the syringe with 10mL warm water. Try again to flush the tube.
- Repeat the procedure or call the caregiver or a health care professional if you are unable to clear the tube.
Troubleshooting

Leaking around the g-tube

Leaking may be caused by many reasons, including:

- Dysmotility
- Constipation
- Feeding Intolerance
- Enlarged stoma
- Improper g-tube fit
- Increased gastric pressure
Tube Dislodgement

- **G-J Tube Partially Out:**
  - Do not use the feeding tube if it looks like it has come partway out of the tube site.
  - Call the student’s parents/caregivers or a healthcare professional immediately for guidance.
  - Until you get guidance from parents or healthcare professional, keep the tube in place by taping it to the skin.

- **Tube Completely Out:**
  - If the tube is out it must be replaced as soon as possible.
  - Attempt to reinsert the tube into the stoma opening then contact the student’s parents/caregivers or healthcare provider.
  - Do not use the tube until proper placement is confirmed.
  - If unable to reinsert the tube, cover the stoma site with a small gauze dressing and tape to skin.
  - Contact the student’s parents/caregivers or healthcare professional.
Medication Administration

- Most medications can be given via the feeding tube. It is recommended that:
- Liquid medication is used whenever possible (suspensions/elixirs).
- If a tablet must be crushed, be sure to crush it into a fine powder and mix it well in warm water.
- The tube is flushed with 15ml of warm water after medication administration or as directed by parent or caregiver.
- If the student has a G-J tube or button make sure you are giving the medication in the correct port. Some children may get formula through the “J” port and medications through the “G” port.
- Please check with the student’s caregiver, pharmacist or health professional regarding how medications should be administered.
Care of the G-tube Site

Please notify the parent/caregiver if you notice any of the following:

- Redness
- Pain or soreness
- Swelling
- Unusual or copious drainage around the tube
- It is normal to have a small amount of serous, mucous or yellow/green drainage around the tube site, which may make the skin red.
Granulation Tissue

Granulation tissue or “Proud Flesh” is common at g-tube sites.

The fleshy tissue drains a yellow-green colored fluid that becomes dry and crusty on the skin. This is not an emergency and does not indicate infection. Granulation tissue around the tube is common in children and can be a recurring problem despite proper care of the site.

A non emergent appointment can be scheduled with the Healthcare provider for treatment.
References


- Knowledge Network Kimberly-Clark Health Care Education (2005) Enteral Feeding; Care and Maintenance of the stoma site and Feeding Tube. Nashville, TN; Envision, Inc.


- Resources: Primary Care Physician

- G-tube nurses: Riley Hospital for Children, 317-944-5018
Ostomy Care

• Types of ostomies

• Supplies

• Pouch change step by step
Types of ostomies

The name says it all…

- Colostomy (colon)
- Ileostomy (ileum)
- Urostomy (urinary) (ileal loop, ileal chimney)
Supplies Available

• One piece

• Two piece
  (floating flange)

• Lock and roll tail closure
Two Piece Pouch System

- Floating Flange
Accessories

- Measuring device
- Barrier rings

- Urosotmy adaptors
- Stomahesive paste
- Stomahesive powder
- Strip paste
- Ostomy belt
Steps for ostomy pouch change

1. Remove old pouch (can use adhesive remover if desired)

2. Cleanse skin with water (do not use baby wipes)

3. Assess stoma and skin
Cleaning the skin

• Use a washcloth and water to wash away debris left on the skin
• Allow the skin to dry
• Inspect the skin for breakdown or fungal infection
Measure the stoma

- Using the measuring guide – find the whole closest to the size of the stoma
- The hole should be about 1/8 inch larger than the base of the stoma
Add Accessories if needed

1. If skin is irritated apply stomahesive powder and dust in...

2. Cover powder with No-Sting barrier wipe (to seal in the powder)

3. Apply Stomahesive Paste or strip paste around the back of the cut opening of the wafer
Apply the wafer

- Wiping the stoma with a gauze or washcloth will take off the moisture before placing the wafer
- Try not to touch the back of the wafer to the stoma
Frequently Asked Questions

• Can my patient swim with an ostomy?

Are the pouches odor proof?

How will I get my ostomy supplies?
End Ostomy
Vesicostomy and Double Barrel
Ostomy Prolapsed
Questions

Lisa Kirk RN, CWOCN
Tim Luttrell RN, CWOCN
Riley Hospital for Children
317-944-5018