



FIG 20-22 Child with a skin-level gastrostomy device (MIC-KEY), which provides for secure attachment of extension tubing to the gastrostomy opening.

Feeding of water, formula, or pureed foods is carried out in the same manner and rate as for gavage feeding. A mechanical pump may be used to regulate the volume and rate of feeding. After feedings, the infant or child is positioned on the right side or in the Fowler position, and the tube may be clamped or left open and suspended between feedings, depending on the child's condition. A clamped tube allows more mobility but is only appropriate if the child can tolerate intermittent feedings without vomiting or prolonged backup of feeding into the tube. Sometimes a Y tube is used to allow for simultaneous decompression during feeding. If a Foley catheter is used as the gastrostomy tube, apply very slight tension. The tube is securely taped to maintain the balloon at the gastrostomy opening and prevent leakage of gastric contents and the tube's progression toward the pyloric sphincter, where it may occlude the stomach outlet. As a precaution, the length of the tube is measured postoperatively and then remeasured each shift to be certain it has not slipped. The nurse can make a mark above the skin level to further ensure its placement. When the gastrostomy tube is no longer needed, it is removed; the skin opening usually closes spontaneously by contracture.

Nasoduodenal and Nasojejunal Tubes

Children at high risk for regurgitation or aspiration such as those with gastroparesis, mechanical ventilation, or brain injuries may