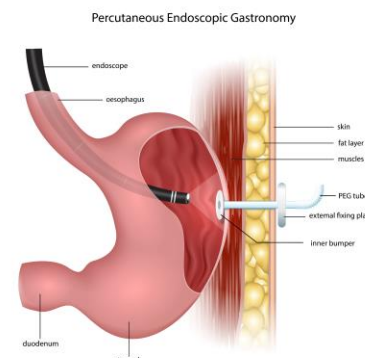


Caring for a Child with a Percutaneous Endoscopic Gastrostomy (PEG)



What is a PEG tube?

PEG stands for percutaneous (through the skin) endoscopic gastrostomy. The surgeon inserts an endoscope (a thin, flexible tube with a tiny camera and light at the end) through the mouth and into the stomach to help guide the G-tube into place.



What can I expect after surgery?

- Your child may not take a bath or swim in any water for two weeks.
- Rotate (turn) the tube completely twice a day for 2 weeks.
- Check the tube measurement before leaving the hospital. It should measure _____ inches from the skin to the end of the tube.
- Check the tube measurement every day for the first month.
- Any change in measurements (more than 1 cm difference), call the GI or Pediatric Surgery clinic immediately or the On-Call GI or Surgery doctor after hours.
- Further instructions for PEG care will be given at your two to three-week follow-up appointment with the GI nurse or Pediatric Surgery nurse practitioner.
- Do not place any tape or bandage around the site.

How do I clean around the PEG tube?

- Clean the skin around the tube twice a day with warm soapy water, using a washcloth. Your specialist will tell you when to safely do this.
- We recommend using a mild soap (no perfumes or dyes) and a clean, soft cotton washcloth.

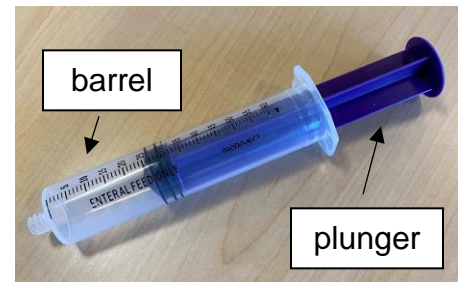
Follow these steps when cleaning:

1. Dip a corner of the washcloth into clean water.
2. Add soap to the corner of the washcloth.
3. Gently clean the skin around the PEG tube hole using the washcloth.
4. Dip a new corner in clean water.
5. Rinse all the soap off around the PEG tube.
6. Dry with clean washcloth.



How do I feed my child?

- Your child will get their feedings as a bolus (a certain amount at one time, several times a day) or continuously using a pump. Your child's care provider will show you which one is best for your child.
- Bolus feeding is when formula is given at set times throughout the day with a syringe. The formula goes into the stomach by gravity.
- Parts of the syringe:
 - Barrel: used to connect to the G-Tube, where you pour the formula into
 - Plunger: used to give pressure to start the feeding and can be used to check stomach contents by pulling back on the plunger.



Supplies needed for bolus feeding:

- 60cc EnFit syringe
- Formula or liquid ordered (Formula should be at room temperature, not too hot or too cold)
- Water (flush the tube before and after feeds to prevent the tube from clogging)
- The type of water to use for medications and flushing is:
 - ___ Tap Water
 - ___ Bottled water



What are the steps for feeding?

1. Wash your hands for 30 seconds and dry with a paper towel.
2. Place your child in a comfortable, upright position.
3. Remove the plunger from the syringe barrel and take off cap.
4. Attach the tip of the syringe barrel to the tube. Make sure tube is clamped.
5. Pour the formula into the barrel of the syringe.
6. Open the clamp and let it flow in slowly, over 15 to 20 minutes.
 - a) You can make the feeding go faster by raising the syringe barrel or slower by lowering the barrel.
 - b) Do not give the feeding too fast because it can cause cramping, vomiting and/or diarrhea. To make the feeding go in slower, pour small amounts of the formula in the syringe at a time.
7. When the feeding is finished, flush the tube with water. We recommend at least 3mL of water after your feeding, so it doesn't get clogged.
 - a) Your child's health care provider will tell you the exact amount of water to give after each feeding.

8. Clamp the tube and then remove the syringe.
9. Wipe the end of the tube with water and a clean towel.
10. Wash the syringe parts with warm soapy water, rinse and let it dry on a towel.

What supplies do I need to give a feeding with a pump?

- The vendor (the person who brings you the pump) will teach you how to use the pump.
- While your child is on the feeding pump, flush the tube with ____ cc of water every six- to eight hours to prevent formula from clogging the tube.

How do I give a medication using the PEG tube?

- All medications need to be in liquid form.
- If the medication is a pill it should be crushed into a fine powder and mixed with warm water to dissolve it.
- Ask the Pharmacist if it is okay to crush the pill and mix with water.
- If the medicine is a tablet, always crush it into a fine powder and mix in ____ mL of warm water.
- Never mix it with formula.
- Check with your child's doctor or nurse before you crush any tablets or open any capsules.
- Always flush the tube before and after each medicine with ____ mL of water.
- Flush the tube at least once a day if it is not being used.

How do I vent the tube?

- Venting is another name for burping your child.
- Venting can release the pressure from fluid and gas in the stomach.
- Many children need tube venting for several weeks after the tube is placed.
- Your nurse will show you how to vent the tube and let you know how long/often you will need to do it.

What if my child is in pain?

- You may give your child the usual dose of acetaminophen (Tylenol) if he/she complains of mild discomfort.
- Your child will need to be re-evaluated within two to three weeks with the GI clinic or Pediatric Surgery clinic nurse after being discharged home.

When do I call the doctor?

If your child develops any of the following symptoms, call the GI or Pediatric Surgery clinic immediately:

- any signs of infection (redness, fever, drainage around the tube, pain, swelling)
- a clogged tube
- severe belly pain
- vomiting that doesn't stop
- tube gets pulled out before you are taught to replace it (usually first 3 months after surgery)

Who do I call if there is a problem with the tube?

Gastroenterology (GI):

- Please be sure to call the GI Clinic if you have not received an appointment (323-361-2181).
- Any Questions? Please call 323-361-2777 between the hours of 7:30 AM and 4:30 PM Monday through Friday.

Pediatric Surgery:

- Please call 323-361-2322 between the hours of 8:30 AM and 4:30 PM Monday through Friday.

After 4:30 p.m. on weekdays, on weekends or holidays, call 323-660-2450 and ask the operator to speak with the Gastroenterology (GI) doctor or Pediatric Surgery doctor on call.

Caring for the PEG at Home

Problem	Why it happens/what you see	What to do
Redness or rash around stoma	<ul style="list-style-type: none"> • Irritation of skin around tube • Leakage of fluids on the skin • Moist skin (not drying the skin properly or not changing the wet gauze) 	<ul style="list-style-type: none"> • Clean the site frequently with mild soap & water. • Pat dry. • Apply a thin layer of Calmoseptine™ • Cover with a 2x2 gauze. • Reapply, as needed. • If no improvement in 3 days, notify the doctor or nurse.
Tube came out	<ul style="list-style-type: none"> • Tube pulled out 	<ul style="list-style-type: none"> • Do not panic! • If the tube comes out, lubricate the new Mic-G tube (emergency tube you were sent home with), move disc to 2cm mark, place straight down in the hole and tape it into place. Do not use the tube for medications or feedings. Do not inflate the balloon. • Go to the Pediatric Surgery Clinic during regular clinic hours, or the Emergency Department (ED) after clinic hours or on the weekend. <p>Call right away:</p> <ul style="list-style-type: none"> • Pediatric Surgery Clinic (323) 361-2322 • GI clinic: (323) 361-2777 • Child's doctor or specialist
Tube in too far	<ul style="list-style-type: none"> • If measured length of the tube is less than original measurement (from skin to end of tube) 	<ul style="list-style-type: none"> • If the measurement is more than 1cm difference, call your doctor. • Do not pull up on PEG tubes. • If this happens after clinic hours or on the weekend, call the hospital operator (323-660-2450) and ask for the Surgery doctor or GI doctor on call or take your child to the Emergency Department.
Tube is clogged	<ul style="list-style-type: none"> • Formula too thick • Tablets or capsules not crushed or mixed well • Not flushing often enough 	<ul style="list-style-type: none"> • Try to slowly push ____ mL of lukewarm water into the tube with a syringe. Gently pull back and push in plunger, but do not force. • Never put any object into the tube to unclog it.

		<ul style="list-style-type: none"> If you are not able to unclog the tube, call your child's doctor or nurse. The tube may need to be changed. <p>Call right away:</p> <ul style="list-style-type: none"> Pediatric Surgery Clinic (323) 361-2322 GI Clinic (323) 361-2777 If this happens after clinic hours or on the weekend, call the hospital operator and ask for the Surgery doctor or GI doctor on call or take your child to the ED.
Granulation tissue <ul style="list-style-type: none"> This tissue forms because the body is trying to heal the skin around the G- tube. 	<ul style="list-style-type: none"> Overgrowth of tissue around the tube site It is pink/red and bumpy and may bleed and become sore. It can also make leakage worse Body's normal reaction to an open wound Tube rubbing skin and tract 	<ul style="list-style-type: none"> Keep area clean and dry. Secure tube with tape to keep it snug and prevent it from moving. Talk to your child's doctor or nurse if the tissue continues to get bigger. It may need to be treated.
Leaking	<ul style="list-style-type: none"> Tube is not held in place safely (tube is moving into the stomach more) Stomach is too full Rate of feed too fast Tract has become larger than tube or child has outgrown tube and needs a larger one Tube is clogged Constipation <p>Note: Leaking may also happen If your child is coughing a lot, has a viral illness or respiratory issues.</p>	<ul style="list-style-type: none"> Check tube and bolster and secure it. Allow your child to burp or vent after each feed. If leaking, stop or slow down the feed. Always clamp the G-tube between feeds to prevent leaking. Protect your child's skin. Stomach juices are very acidic and can cause a rash on the skin. Keep the skin clean and dry. Use mild soap and water to clean around the site. If there is leakage, the site will need to be cleaned more frequently. Your child may need a special barrier cream to protect the area around the G-tube. Ask your child's doctor or nurse whether your child needs a cream.

Drainage & redness of skin	<ul style="list-style-type: none"> • Drainage other than formula • Warm to touch • Hurts when touched • Swollen • Redness to Site 	<ul style="list-style-type: none"> • Call the clinic if the G-tube site if your child has any of these symptoms. • Pediatric Surgery Clinic (323) 361-2322 • GI Clinic (323) 361-2777 • If this happens after clinic hours or on the weekend, call the hospital operator and ask for the Surgery doctor or GI doctor on call or take your child to the Emergency Department.
Things to know that may not be caused by the tube: <ul style="list-style-type: none"> • Nausea • Cramping • Vomiting • Diarrhea 	<ul style="list-style-type: none"> • Rate of feeds too fast • Formula too cold • Formula spoiled • Tube has slipped too far into the stomach • Child is lying flat • Full stomach • Constipation • Tube is not in the stomach 	<ul style="list-style-type: none"> • Slow down the feed. Allow 15-20 mins for bolus feed. • Formula should be at room temperature, not too cold. • Always wash your hands before setting up feeds. • Change feeding bag as directed. • Check expiration date of formula. • Keep child upright after feeding for 20 minutes.

Caring for the PEG Tube at Home

What team do I follow up with?

____ Gastroenterology (GI) team ____ Pediatric Surgery team

The tube was put in on (date): _____

- Pediatric Surgery Clinic (323) 361- 2322
- Gastroenterology (GI) Clinic (323) 361-2777

Size of tube: _____ French.

Length of the tube (from skin to top/end of tube): _____ cm.

Amount of water to flush before medications: _____ mL, after medications: _____ mL

Amount of water to flush in between each medication: _____mL

Amount of water to flush before feeds: _____ mL, after feeds: _____ mL

What type of water do we use to flush the tube (before and after medications and feedings)?

- ☐ Tap water
- ☐ Bottled water

If the tube has been pulled out of the stomach, take your child to the nearest emergency department immediately. Place your emergency tube (as you were taught) in the stoma (hole) to keep it open until you can get to the hospital.

Home Emergency Kit:

- Spare Mic-G (same size as current PEG)
- Lubricating jelly
- 2x2 gauze
- Medical tape

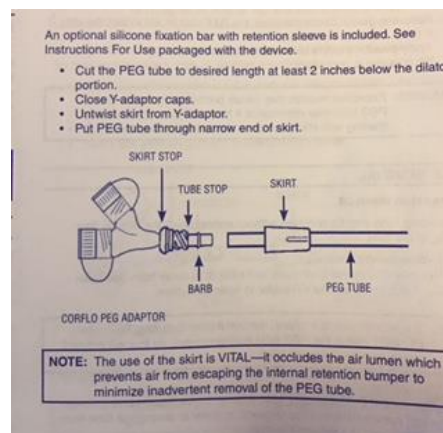
PEG REPAIR KIT

Percutaneous endoscopic gastrostomy tube (PEG) repair at “Y” port. Typically, this tube breaks at the “Y” port at the level of the skirt or at “Y” port.

- Children with PEG tubes will go home with a repair kit.
- Please call Pediatric Surgery clinic 323-361-2322 if you have used your repair kit and need a replacement.



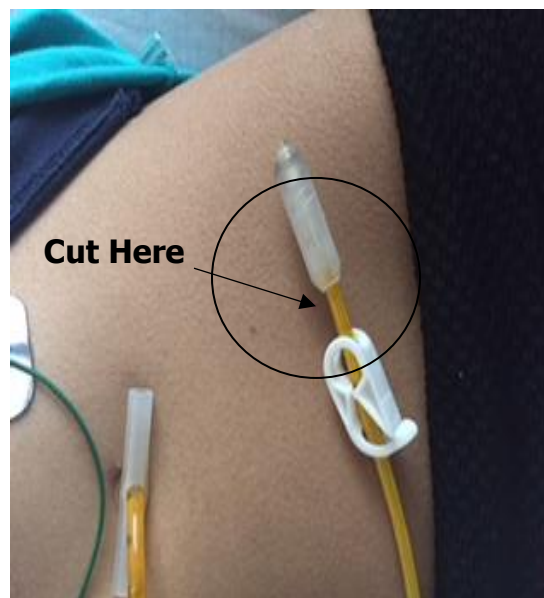
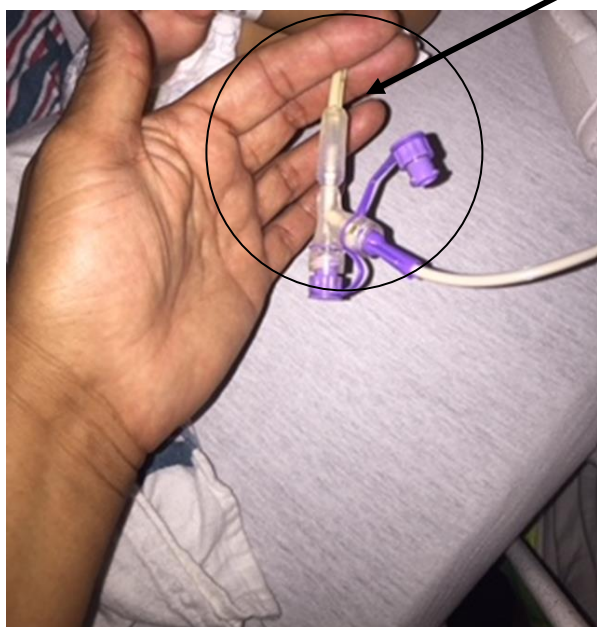
Repair Kit comes in 12fr, 14fr, 16fr, 20fr



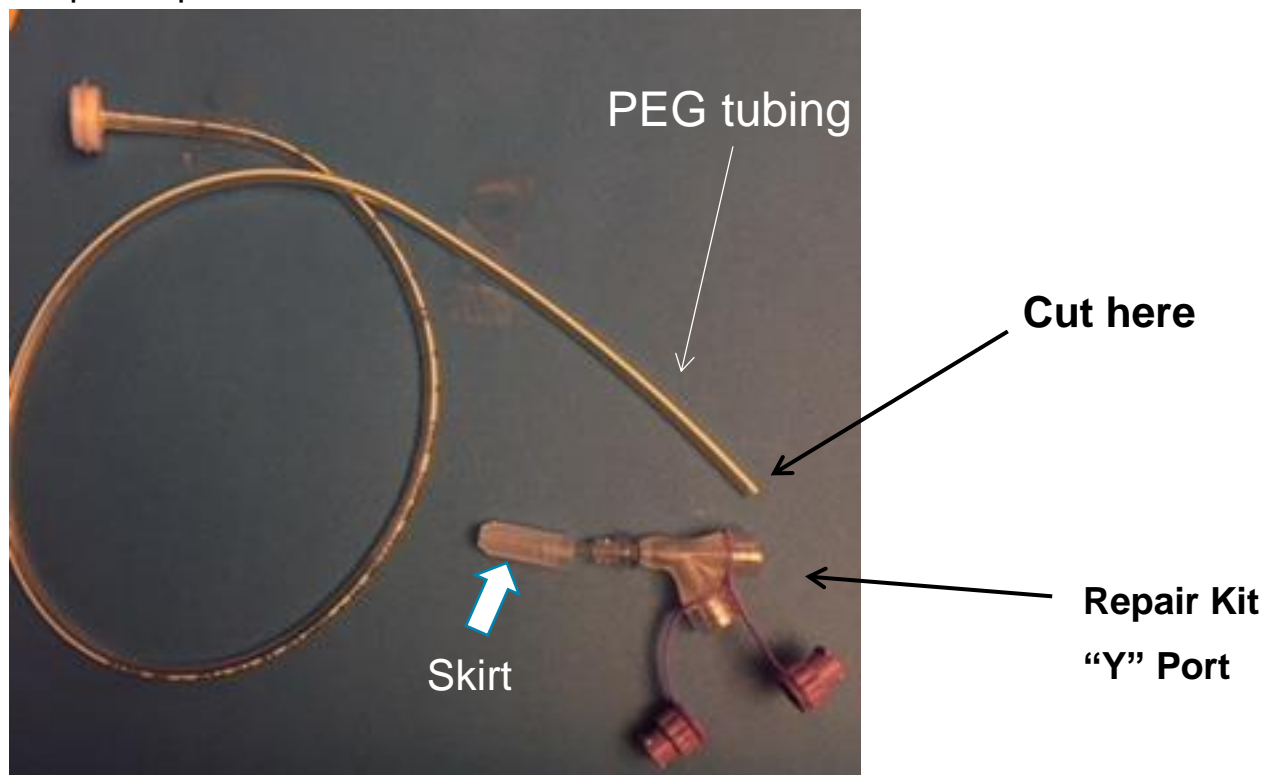
PEG repair Kit pieces

**Handle with care,
area breaks easily**

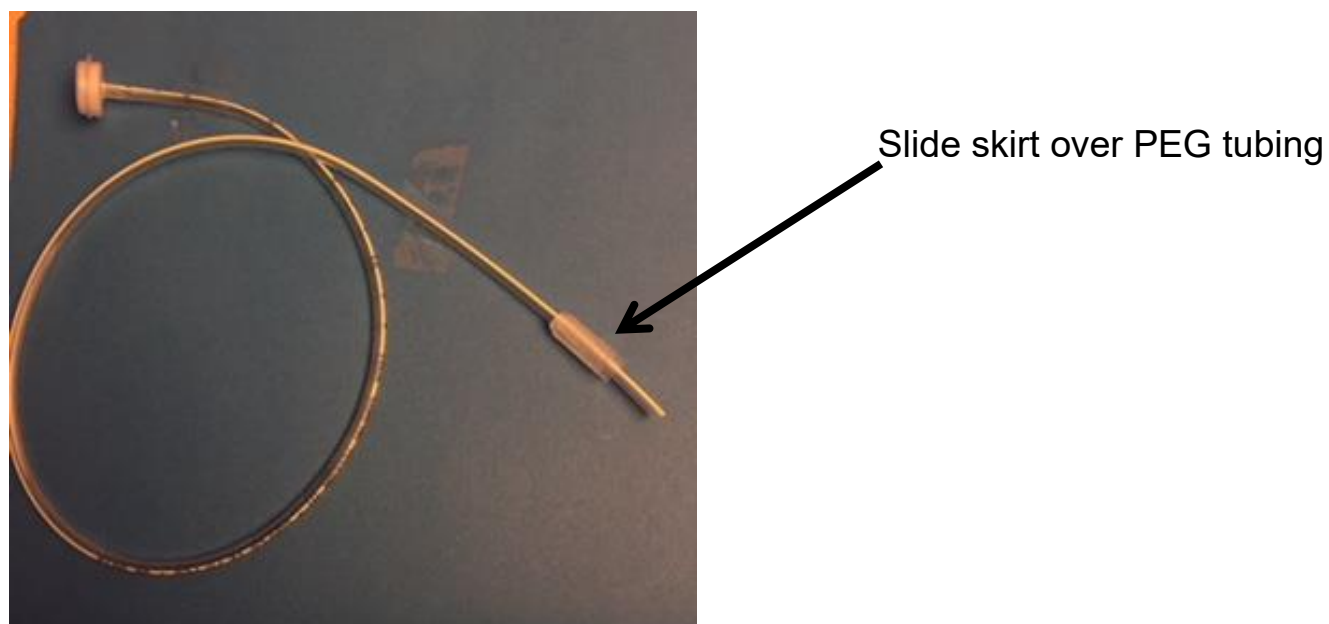
“Y” Port Enfit PEG



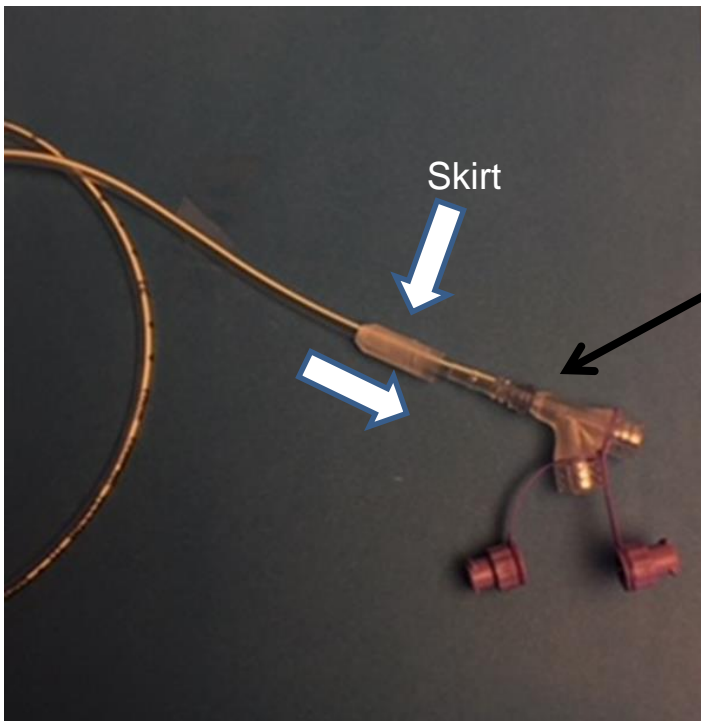
"Y" port repair kit STEP 1:



STEP 2:



STEP 3:



Slide new "Y" port into
PEG tubing and
secure with skirt into
place

STEP 4:



Repair Complete