

G-Tube Home Care Instructions

Education Checklist

- ☐ Watch Get Well Network Videos on Gastrostomy (G-tube) care
 - ☐ Review this handout on G-tube care
 - ☐ Attend G-tube class in the Family Resource Center
 - ☐ Complete pump training with the vendor
 - ☐ Caregiver demonstrates G-tube care:
 - ☐ Cleaning
 - ☐ Flushing
 - ☐ Giving medication
 - ☐ Feeds
 - ☐ The caregiver can provide total care to the patient for 24-48 hours (the amount of time is decided by the medical team)
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What is a Gastrostomy tube (GT)?

A gastrostomy tube (also called G-tube or device or feeding tube) is a tube that is placed in a hole made through the belly and into the stomach. It is used to help give the body food, fluids, or medications. There are different types of tubes (G-tube, J-tube, or GJ-tube) that may be used to help your child. The medical team will decide which tube is best for your child.

Why does my child need a tube?






Your child may need a tube for any of the following reasons:

- To receive medicine that they cannot take by mouth.
- To receive formula or feedings that they cannot take by mouth.
- To receive extra food at night so they have enough nutrition.
- To let air and fluid escape out of the belly so they don't get bloated.



What are the different types of tubes?

Tube	Goes into
G-tube	the stomach
J-tube	the small intestine
GJ-tube	the stomach and small intestine

				
MIC-KEY BUTTON	GJ-TUBE	MIC-G	PEG	PEZZER
A balloon on the inside of the stomach keeps the tube in place.	One part of the tube goes to the stomach, one to the jejunum. DO NOT TURN/ROTATE!	A balloon on the inside of the stomach keeps the tube in place. <u>Needs to be measured every day at home.</u>	A disc on the inside of the stomach keeps the tube in place. <u>Needs to be measured every day at home (see PEG handout).</u> <ul style="list-style-type: none"> Placed by Peds surgery or GI team. 	Latex: Stitches hold the tube in place. DO NOT TURN until the doctor says it is ok to turn, about 4 weeks after surgery.

How do I measure my child's non-skin level device? (MIC-G, PEG, Pezzer)

Measure your child's non-skin level device once a day to make sure it didn't slip in too far. The disc or t-bar should be snug against the skin.

- Using the centimeters (cm) side of a measuring tape, measure the length of the tube **once a day**. Measure from the skin to the end of the straight port of the tube.
- If you measure the tube and you notice the number is different, you may need to gently pull up on the tube (**MIC-G only**) until there is resistance/the balloon is snug up against the stomach wall and push the disc back down to the skin. If you need to do this, please re-measure.
- If your child has a **PEG tube or Pezzer tube** and the tube measures >1 cm difference when measuring, call the doctor.
- Do not pull up on a PEG tube or Pezzer tube.**

Can my child sleep or lie on their stomach when they have a G-tube?

After 1 week, your child may have tummy time and/or lie on his or her stomach if the tube is secured.

Is it safe for my child to swim or take a bath?

It usually takes about 6 weeks for the G-tube stoma (opening in the skin) to heal. The doctor or nurse will tell you when it is safe for the tube to be underwater. Make sure to dry the skin around the tube and change the gauze dressing (if using) if it is wet.

- While the tube is healing, it is okay to shower or for water to pour over the tube/stomach area, just don't soak the tube underwater until told it is healed by the doctor or nurse practitioner.

How do I clean the G-tube, J-tube, or GJ-tube site?

Clean the skin around the tube, using a soft washcloth and warm soapy water, twice a day for the first 7 days, then once a day after that and as needed. Use mild soap, no dyes or perfumes, and warm water.

- Always handle the G-tube with clean hands.
- Gauze is not needed if there is no drainage.
- If there is drainage, you may place a split-gauze around the tube and secure it with a small piece of tape across the slit to keep it from slipping off.
- Don't use gauze or q-tips to clean around the tube. The fibers can come off and wrap around the tube.
- Expect to see some drainage for the first 2 weeks. This is normal.
- Moisten crust around the tube with water and let it soak and gently remove.
- We recommend the "4-corner" technique when cleaning the tube site:
 - Dip a corner of the washcloth in clean water and add soap to the corner. Gently wipe/clean the skin around the tube using the washcloth.
 - Dip a new corner of the washcloth in clean water. Rinse the skin around the tube to remove all the soap.
 - Dry with the 3rd corner of the washcloth or use more clean water if there is more soap to be removed.
 - Lastly, using the 4th corner, dry the area around the tube. Keeping the skin dry is very important.



How do I bolster the tube?

A bolster is another way of securing the tube to the skin.

- Pezzter tubes should always be bolstered.
- You do not need to bolster the MIC-G or PEG unless you need to secure it during feeding.
- Place a split 2x2 gauze around the tube. Then place a rolled 2x2 gauze on both sides of the Pezzter tube (see photo). Tape as directed.



- Do not allow your child to pull on the tube. To keep the tube out of sight, cover the tube under a onesie or clothing.

How do I flush the tube?

- You need to prime (push water through) the MIC-KEY extension before you attach it to your child. If you don't, there is air in the tubing, and you will push that air into the stomach and cause gas.
- If your child has a MIC-KEY, hold the base of the tube with your fingers when inserting/removing the extension tube.
- Remember to match up the black line on the MIC-KEY button and the black line on the extension. Turn clockwise to lock the tube in place. To remove, turn the extension back counterclockwise, match up the black lines, hold the base of the tube and pull the extension out.
- Flush before and after medication and before and after feedings.
- We recommend 2-3ml of water before and 3ml of water after the feeding.

How often do I have to flush the tube while on continuous feeding?

To keep the tube from clogging, you will need to flush the tube while the formula is continuously running.

G-tube: Flush 2 times per day (morning & night) with ____ ml water if on continuous feeds.

*If you are not using the G-tube, be sure to flush the tube **1 time per day** with 3-5ml, or the amount determined by your doctor.*

J-tube: Every 4 hours with ____ ml water

*You will need to flush the **J-tube every 4 hours (even if you are not using the tube)** to keep it from getting clogged, using 5-10ml water or the amount decided by your doctor.*

How do I feed my child through the G-tube, J-tube, or GJ-tube?

There are 2 ways to feed your child:

- **Bolus feeding** – A certain amount at one time given by gravity, one time a day, or multiple times per day.
 - Using a syringe.
 - Feeding goes into the stomach using gravity.
 - Given through G-tube only.
- **Continuous feeding** – Given using a pump, the amount of time depends on your child.
 - Use a feeding bag and a pump.
 - Given via G-tube or J-tube (as ordered by your doctor).
 - The vendor will teach you how to use the pump that your child will use at home.



How do I give a bolus feeding?

1. Wash your hands. If using a MIC-KEY, prime the extension tube with water before attaching it to your child to decrease the amount of air delivered. Attach the feeding extension to the tube.

2. Place your child in a comfortable upright position.
3. Remove the plunger from the syringe barrel.
4. Attach the tip of the syringe barrel to the G-tube extension. The G-tube should be clamped.
5. Pour a small amount of water into the barrel of the syringe and unclamp.
6. Allow the water to flow into the stomach and if the water flows freely, you are ready for the feeding.
7. Clamp the tube.
8. Pour a small amount of formula at a time into the barrel (the total volume is decided by the doctor), unclamp, and slowly let the formula flow in.
9. The whole feeding should go over **15-20 minutes**.
10. You can make the feeding go faster by raising the syringe barrel or slower by lowering the barrel.
11. When the formula is finished, pour water into the barrel of the syringe to flush the tube. The amount of water used before and after the feeding is decided by your doctor.
12. Clamp the tube.
13. Remove the extension after feeding.
14. MIC-KEY extensions and syringe parts can be washed in warm soapy water after use. Rinse and dry well on a towel.

What happens if I give the feeding too fast?

If the feeding is given too fast, your child may have cramping, vomiting, and/or diarrhea. Slow down the feeding by giving small amounts of formula at a time, lowering the syringe, or using the clamp often to slow it down.

How do I give a continuous feeding via pump?

Continuous feeding is given by pump and can be over a few hours, overnight or even 24 hours a day. The vendor for the pump will teach you how to use the pump you will go home with.

- Supplies needed: Pump, bag for formula (or type of liquid-ordered), formula (or other types of liquid), water.
- Pour the amount of formula ordered for your child into the bag.
- Prime the tubing of the bag as instructed by the vendor.
- If using a MIC-KEY, prime the extension with water and then attach the extension to the G-tube base.
- Flush the G-tube or J-tube with water prior to each feeding. The amount of water used is decided by the doctor.
- Connect the formula tubing to the G-tube/J-tube.
- Program the pump with the correct feeding amount and start the pump. Unclamp the tube.

How do I give medications through the G-tube?

- All medications should be in a liquid form whenever possible.
- If the medication is a pill, it needs to be crushed into a fine powder and mixed with at least 2ml of lukewarm water until completely dissolved.
- Ask the Pharmacist if it is ok to crush the pill and mix it with water.
- If more than one medication is to be given, flush the tube with water in between each medicine, 0.5-1mL, or as decided by your doctor.
- Never mix medications with formula, unless told by the doctor/nurse/pharmacist to do so.

- Always flush the tube before and after each medication (we recommend 2-3ml before the medication and 3ml after the medication, so it all clears out of the tubing and into the stomach).

How do I vent (burp) my child?

- You can burp your child by venting the tube. Venting releases the pressure from fluid and gas in the stomach. Many children need venting for several weeks after the tube is placed. Your nurse will show you how to vent the G-tube and when and how often you will need to do it.

When is the tube changed?

- The tube needs to stay in place and allow the tract to heal for at least 6 weeks and up to 3 months after it is placed.
- After 3 months, the G-tube is changed in the clinic by the surgeon, nurse practitioner, or clinic nurse.
- If the tube was placed by the GI team, they will decide when the first G-tube change will be.
- After the first G-tube change in the clinic, you will be taught how to change the tube if it comes out or needs to be changed or replaced, usually every 3-6 months. At this appointment, you will also be taught how to check the balloon, which is checked **once a week**.

What do I do if the tube comes out?

If the G-tube comes out in the first 3 months after it is placed, take your child to the appropriate clinic during regular hours. After hours or on the weekend, go to the Emergency Department (ED). It is important to replace the G-tube as soon as possible because the opening (hole) shrinks, and it can be hard to put the tube back in. If you can get to the clinic or ED within an hour of the tube coming out, cover with gauze and tape and come in.

If you can't get to the hospital or clinic within 1 hour:

1. Put the disc on the spare MIC-G to the 2cm level on the tube.
2. Lubricate the end of the tube.
3. Gently insert a MIC-G tube and place it straight down in the hole.
4. Tape the disc to the skin (you will be sent home with this extra tube).
5. **DO NOT INFLATE THE BALLOON OR USE THE TUBE** until you are seen in the clinic or in the ED.

*Be sure to keep an extra tube/emergency kit with you always.

****All MIC-KEY and MIC-G balloons must be filled with STERILE WATER.**

At-Home Sterile Water recipe:

- Pour 1 cup bottled water into a clean pan (do not use distilled water)
- Bring the water to a gentle boil. Place a lid on the pan.
- Boil the water for 20 minutes.
- Let the water cool down to room temperature.
- Use the water right away.
- Throw away anything you do not use.

What do I do if the GJ-tube or J-tube comes out?

Pediatric Surgery/Patient Family Education

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If the tube is a GJ-tube, it can only be replaced at the hospital in Interventional Radiology. If the GJ tube gets pulled out, you will need to bring your child to the ED right away to get it replaced. Your child may need to be admitted to the hospital if this happens on the weekend or after business hours. If the tube is a J-tube, call the Pediatric Surgery Clinic or the call the hospital operator (if after hours) and ask to speak to the Pediatric Surgery Resident on call.

Take your child to the clinic (regular business hours) or to the ED (weekend and/or after hours) if:

- It is a GJ-tube, and the tube comes out.
- The top of the tube is stretched out, looks torn, and/or you have not been taught how to replace the tube.
- The tube is clogged, and you can't push any water through it.

Can my child get a stomach infection from the tube?

The skin around the tube may get red or swollen especially if your child is also sick with a virus, like a cold or the flu. The actual stomach rarely gets infected because stomach juices have acid that helps to digest food and kills most germs.

- It is important to keep the skin around the tube clean and dry. Be sure to change the gauze if it's wet.

How do I change the G-tube? (After 1st tube change by the doctor/nurse in the clinic)

Supplies needed:

- Extra G-tube (MIC-KEY or MIC-G) with kit (includes lubricating jelly, water syringe, new tube)
- Washcloth, soap, water, dry towel
- 10ml syringe

Replacement G-tube: _____ French

To remove old tube:

1. Wash your hands for 30 seconds and dry with a paper towel.
2. Use an empty 10ml syringe, attach the syringe to the balloon valve outlet, and be sure to remove all the water from the balloon.
3. Pull gently on the tube until it is removed.
4. Cover the opening with gauze or a small towel.

To replace with a new tube (**MIC-KEY or MIC-G**)

1. Wash your hands for 30 seconds and dry with a paper towel.
2. Clean the skin around the opening of the stomach with soap and water and cover it with a towel while you prepare the new tube.
3. Before placing the tube, connect the water-filled syringe to the balloon valve on the new tube and inflate the balloon with ____ ml water. Do not push more water into the balloon that you were shown.
4. Remove the syringe and check the balloon for leaks. If there are no leaks, reattach the syringe to the valve outlet and pull all the water out of the balloon. Leave the filled syringe attached to the balloon valve but make sure the balloon is as flat as possible.
5. Put lubricating jelly (size of a dime) on the tip of the new G-tube or a quarter-sized amount directly over the stoma (opening) on the skin.
6. Gently insert the MIC-KEY, straight down into the opening (hole).

7. Hold the tube in place while you push the water back into the balloon. Remove the syringe from the balloon valve.
8. If the G-tube has a disc on it (**MIC-G**), hold the tube with your fingers at the **2cm mark, lubricate the end of the tube and gently push the tube through the opening until your fingers touch the skin. Push the water into the balloon.
9. Gently pull back on the tube until you feel a slight resistance.
10. Push the disc (**MIC-G**) down to skin level. The disc should not be tight against the skin. Note the tube marking at the top of the disc.

**The disc should be at the 2cm mark. Gastric juices may come out of the G-tube and that is normal. Be sure the port on the end of the G-tube is closed before you insert the new tube.

G-Tube Problem Solving

Problem	Why it happens/what you see	What to do
Redness or rash around the stoma	<ul style="list-style-type: none"> • Irritation of skin around the 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 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 by accident • Water balloon broke • Difficult time putting GT in 	<ul style="list-style-type: none"> • Do not panic! • Cover the site with gauze and tape. • If you have not been taught how to replace the tube, go to the Pediatric Surgery Clinic during office hours or take your child to the Emergency Department (ED). The tract may close within an hour. • If you can't get to the clinic or ED within the hour, lubricate the new MIC-G tube, move the disc to the 2cm mark, place straight down in the hole, and tape it into place. • Do not blow up the balloon and DO NOT USE THE TUBE. • Proceed to the Clinic, office, or Emergency Department (ED). <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 the measured length of the tube is less than the original measurement (from the skin to the end of the tube) 	<p><u>MIC-G:</u></p> <ul style="list-style-type: none"> • Gently pull up on the tube until there is resistance and push the disc back down to the skin. • Re-measure. • If you're meeting resistance, STOP. Do not pull back anymore.

		<p><u>PEG & PEZZER TUBES:</u></p> <ul style="list-style-type: none"> • If the measurement is more than a 1cm difference, call your doctor. • Do not pull up on PEG or Pezzter 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 the plunger but do not force. • Never put any object into the tube to unclog it. • If you are not able to unclog the tube, call your child's doctor or nurse. The tube may need to be changed. • If your child has a GJ-tube and the jejunal port is clogged, do not give feedings through the gastric port. <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.
Leaking	<ul style="list-style-type: none"> • Water balloon is broken or not fully inflated • Tube is not held in place safely (migrating tube) • 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</p>	<ul style="list-style-type: none"> • If your child has a water balloon, check the amount of water. This should be done every week (after you've been taught). It should be ____ ml. Replace balloon with sterile water, if needed. • Let the doctor know if the balloon consistently loses water. It may be broken. • Check tube and bolster and secure it. Use a rubber band around the disk to hold it at the appropriate marking.

	viral illness, or has respiratory issues.	<ul style="list-style-type: none"> • 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 irritate 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.
Granulation tissue	<ul style="list-style-type: none"> • This tissue forms because the body is trying to heal the skin around the g- tube. It is pink/red and bumpy and may bleed and become sore. It can also make leakage worse. • Overgrowth of tissue around GT site. • Body's normal reaction to a wound. • Tube rubbing skin and tract. 	<ul style="list-style-type: none"> • Keep the area clean and dry. • Secure the 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.
Drainage & redness of the 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 	<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 	<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.

<ul style="list-style-type: none"> • Vomiting • Diarrhea 	<ul style="list-style-type: none"> • Full stomach • Constipation • Tube is not in the stomach 	<ul style="list-style-type: none"> • Change feeding bag as directed. • Check the expiration date of the formula. • Keep child upright after feeding for 20 minutes.
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Caring for the G-Tube at Home

The tube was placed on (date): _____

The tube was placed by: Pediatric Surgery _____ GI team _____

Pediatric Surgery Clinic: 323-361-2322

GI: 323-361-2777

Main Hospital Number: 323-660-2450 (ask for Pediatric Surgery/GI doctor on call)

Type of tube (MIC-KEY, MIC-G, PEG, Pezzer): _____

Size of tube: _____ French.

Length of the tube (from skin to top/end of tube): _____ cm (MIC-G, Pezzer, PEG).

Amount of sterile water in the balloon: _____ mL

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 (may be ordered by your doctor)

Home Emergency Kit:

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

