

### Caregiver Checklist

- ☐ Watch Get Well Network Videos on Gastrostomy (G-tube) care
- ☐ Review *GT, JT, GJT Home Care Instructions* handout (found on APPLE)
- ☐ Each caregiver demonstrates proficiency with G-tube care
  - Cleaning, flushing, giving medication & feeds
- ☐ Feeding pump training by the vendor
- ☐ Attend G-tube class in the Family Resource Center
  - Tuesdays/Fridays-English 0830-1100, Spanish 1300-1600
- ☐ Complete 24-48 hours (decided by medical team) total care of patient

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**This is what is taught to caregivers in the Family Resource Center GT Class. Please use this as a guide when teaching at the bedside. Do not print and give to your patients and families.**

### **HANDWASHING/HAND SANITIZER**

Most important thing we can do to prevent infection. Teach caregivers to wash their hands (30 second scrub with soap & water, dry with paper towel, turn faucet off with paper towel) before they handle the GT (cleaning and giving meds/feedings).

### **Measuring**






- Only measure MIC-G or any tube with long tubing (PEG, Pezzar).
- Use centimeters and measure once daily.
- Measure from skin level to end of large, straight port/opening of GT, place measurement in GT handout.
- PEG-measure and notify MD of any difference >1cm; DO NOT PULL BACK ON PEG or PEZZER.
- MIC-G (Corflo) disc is usually at the 2cm mark. Use a rubber band to keep the disc in place, if needed.
- Demonstrate pulling back the MIC-G to correct length.

# Standardized Teaching Plan

## GT, JT, GJT Home Care Instructions

### For Internal/Staff Use Only

**Types of tubes** (MD chooses which tube is best for the child based on diagnosis, anatomy & need).

		
<b>MIC-KEY</b>	<b>GJ-Tube</b>	
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. <b>DO NOT TURN/ROTATE!</b>	
		
<b>MIC-G</b>	<b>PEG</b>	<b>PEZZER</b>
A balloon on the inside of the stomach keeps the tube in place. Needs to be measured <u>every day</u> at home.	A disc on the inside of the stomach keeps the tube in place. Needs to be measured <u>every day</u> at home (see PEG handout).	Latex: Stitches hold the tube in place. <b>DO NOT TURN</b> until there is an MD order to rotate, usually about 4 weeks post-op.

#### J-Tube/GJ-Tube

- Do not turn/rotate the J-Tube or GJ-Tube.
- J-tube: no bolus feeds, must be continuous only.
- No venting; Vent GT only.
- Flush JT every 4 hours, even if on continuous feeds or not in use.
- If JT or GJT comes out, they must come back to the hospital and have it replaced.
- Teach caregivers how to place a MIC-G to keep the stoma patent-instruct them to remove the extra MIC-G from the package, move disc on MIC-G to the 2 cm mark, lube the end of the new MIC-G tube, place tube straight down in the hole and tape it securely. **Do not inflate the balloon** or give anything in the tube!
- All instructions in this handout apply to the J-Tube and GJ-Tube such as bathing, cleaning, flushing, med administration, feeding and troubleshooting.

#### Bathing

- Don't soak in water and no swimming until site healed, approx. 6 weeks (or until doctor says it's ok).
- Showers are ok or pouring water over the tube/stomach area is ok. Just don't submerge the tube under water until healed.

#### Cleaning the Site

- Cleaning 2x/day for the first 7 days then 1x/day
- Use mild soap with no perfumes or dyes and a cotton washcloth
- So they remember the steps use 4 corners of soft washcloth:
  1. Soap & water
  2. Water
  3. Water or dry
  4. Dry
- Only use 2x2 gauze around tube if leaking.

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- No leaking=no gauze.
- Change gauze prn, using only 1-2 pieces of gauze.
- Moisten crust and remove gently.
- Ok for MIC-KEY to turn during cleaning.
- Expect to see some drainage, pink skin for the 1<sup>st</sup> 2 weeks while site healing.
- For the Mic-G, gently lift disc and clean under.
- Do not insert anything in the MIC-KEY port except the extension set.
- Do not use Q-tips or gauze for cleaning due to loose fibers.
- Examine skin under disc and around stoma for any changes.

#### **Flushing**

- ENFIT products used
- For the MIC-KEY button, hold base of tube secure with fingers when inserting/removing the extension.
- Teach them to prime the extension with water prior to connecting (get rid of the air before connecting to the patient).
- Teach them how to match the lines up on the MIC-KEY to insert the extension and how to lock the extension tubing and then how to remove the extension.
- Flush with 3ml before and after medication or feeding (we tell them to ask their medical team how much water is appropriate for their child. Sometimes less volume is needed if the baby is small or fluid restricted. Let the caregiver know how much volume is allowed).
- Do not flush with force-this could cause gastritis & damage the tube.
- Use an extension with MIC-G, it has a clamp on it.
- Use the right-angled adaptor/extension with the MIC-KEY button.
- Do not use the straight bolus extension for the MIC-KEY button. It is too heavy.
- Ok to use tap water or bottled water.
- Flush GT with water at least 2x/day if on continuous feeds or 1x/day if not in use.

#### **Meds**

- In class, we use Skittles to practice medication administration. We have them dilute the “med” (skittle) with 2ml room temperature water.
- It is always preferred to have meds in solution or liquid form.
- Some meds come in capsule or tablet form that must be crushed. Ask Pharmacist if capsule can be opened.
- Flush with 3ml before and after meds (or amount determined by the medical team).
- Flush with 0.5ml-1ml in between medications to avoid clogging or meds mixing (if appropriate for age/medical condition).
- Do not add meds to the formula unless ordered by the doctor or recommended by Pharmacy.

#### **Feeding**

- Every child is fed differently: bolus/gravity, intermittent pump, continuous pump.
- Bolus: no faster than 15 minutes, flush before/after with 3ml.
- Barrel & plunger-discuss parts (we don't teach them to use the plunger).
- Clamp tube before pouring in formula in the syringe.
- Pump teaching done by vendor: Backpack/portable pump, pump on pole for home, 6-8 hours pump battery life.
- Types of syringes used for feeding: If bolus feeding, we use a 60ml Enfit syringe-it screws on making it easier not to spill feed; all sizes available (smaller syringes needed to give meds).
- Use clamp & gravity to control feeding speed; do not use the plunger!
- The higher the barrel, the faster the feed goes in.
- Slow feeding down if any signs of intolerance.
- Notify MD if vomiting, gagging/retching, increased irritability with feeds.
- Keep baby/child upright during feeding.
- Give pacifier during feeding, involve child during feeding.



- Most insurance companies provide 4 extensions per month. Caregivers need to wash the extension in between uses.
- To clean the extension: use warm soapy water, rinse with water, flick the tube to get the extra water out and let air dry on a paper towel.
- Use brush/toothbrush to clean the ports on the extension sets.

### **Venting**

- Venting=burping
- Sometimes needed before, after feeds and sometimes hours after a feed to eliminate gas/air.
- When venting, do not allow the syringe to fill with stomach contents. Use clamp to prevent this. Once air is removed, allow small amt. of contents to go back into the stomach.

### **Bolstering**

Demonstrate how to bolster the tube to decrease movement or to keep tube from pulling to the side.

- Pezzer tubes must be bolstered at all times.



## **TROUBLESHOOTING**

### **LEAKING**

- Small amount expected after insertion (lasts about 2 weeks), should be clear/light yellow, should **not** be foul smelling or large amount of formula.
- Constipation can cause leaking.
- As a child grows, a larger tube may be necessary.
- Feeding too fast can cause leaking.
- If the tube is leaking (and it's before your 1<sup>st</sup> clinic appointment/6 weeks), notify the doctor.
- If no leaking, no gauze needed.
- Use only 1 piece of gauze (if using) – more may increase leaking
- Change the gauze often if leaking. Wet gauze will cause breakdown/rash around the stoma/on the skin.

### **REDNESS**

- Pink/redness expected for 1<sup>st</sup> 2 weeks.
- Red area, spreading to larger area around tube-call MD.
- Notify MD of pain/red area around tube after 2 weeks.
- If site pink/red/irritated, they can apply small amount of Calmoseptine™ on skin around tube then place 2x2 gauze (only need 1 piece of gauze).
- If after 3 days it does not improve or is worse, notify MD or RN.

### **CLOGGED TUBE**

- If the tube is not flushed before/after feeding and meds there is a chance it may get clogged. Fixes: use warm (not hot) water, change connector, push-pull method.
- DO NOT FORCE!

### GRANULATION TISSUE

- Sometimes with irritation/friction and movement of the tube, granulation tissue (excess tissue) can form.
- It is bright red, can grow quite large, easily irritated, and can bleed if not handled gently; notify MD if present.
- Clean GT site gently, pat to clean and dry.
- The doctor may order Triamcinolone cream for granulation tissue, used twice daily for 14 days. If this doesn't work, silver nitrate may be needed.
- Calmoseptine (OTC/at bedside) can be used on the skin & granulation tissue around the tube: apply a small amount on the skin/granulation tissue, place 2x2 gauze on top to help with irritation.
- Secure tube to keep from moving.

### TUBE COMES OUT

- Don't panic, does not warrant a call to 911.
- It takes about an hour for the stoma to start to close.
- **Make emergency kit:** gauze, tape, extra MIC-G or replacement of current tube. Please send family home with this kit and spare tube.
- If tube falls out before their 1<sup>st</sup> clinic appointment (approx. 6 weeks to 3 months), instruct them to remove the extra MIC-G from the package, move disc on MIC-G to the 2 cm mark, lube the end of the new Mic-G tube, place tube straight down in the hole and tape it securely.
- **Do not inflate the balloon** or give anything in the tube until checked.
- Place the MIC-G and go to the clinic if during the day. If after clinic hours, place the MIC-G and go to the ED. Tell caregivers to bring the tube that came out & a spare tube with them to the hospital.
- These above instructions only apply to them if they haven't had their first post-op clinic visit (where they will teach them how to check the balloon and how to change the tube).



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- The vendor is responsible for sending an extra tube out to them. Every insurance is different-how many supplies they give them, etc. Be sure to ask the CCC/DC planner what their insurance allows.
- There are no spare MIC-KEY tubes in the hospital. They must bring their tube from home with them if it is time to be replaced while hospitalized or if it comes out at home.
- We don't teach them how to check the balloon in class. They will be taught by the clinic at their 1<sup>st</sup> clinic appointment (approx. 6 weeks-3 months), and they change the tube for the first time.
- If your patient has a MIC-G or MIC-KEY button, please send them home with a replacement MIC-G in the same size as their current tube.
- After MIC-KEY or MIC-G tube is healed (approx. 6 weeks to 3 months after placement), Peds Surgery NP, will teach caregivers how to check the balloon weekly and how to change the tube when they go to clinic.
- If it is a mature GT (one that is healed, after 3 months post-op) and the patient is still admitted – the bedside nurse is responsible for teaching the caregivers how to check the balloon once a week and change the tube every 3-6 months.
- **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 rapid boil. Place a lid on the pan.
  - Boil the water for 1 minute. Turn off the heat.
  - Let the water cool down to room temperature.
  - Use the water right away.
  - Throw away anything you do not use.

### **TUBE IN TOO FAR**

- For the **MIC-G**, if they are measuring the tube and they notice the number is different, teach them to gently pull up on the tube until there is resistance and slide the disc down to the skin. Re-measure the tube.



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If you have problems with the tube or have questions, email Linda Camacho, NP at [lcamacho@chla.usc.edu](mailto:lcamacho@chla.usc.edu).

Any further questions, please call the Family Resource Center, x17698.

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