

NG and Gastric tubes

Gastric Tubes: NG:

- ◉ QUESTION:
 - You are a PCP at an office in Dallas. You sent one of your kids to CMCD b/c of FTT. After discharge from hospital you get a call from the father stating that the NG tube came out. He said mom learned about the tube but he never did. How do you drop the tube?

Gastric Tubes: NG:

- ANSWER:
 - › Measure from nose to earlobe, earlobe to half way between the umbilicus and xiphoid (using the yellow end)
 - Earlobe: where a ear-ring would be
 - Be sure to clarify this with non-medical persons
 - Xiphoid: bottom of the chest bone where there is a little dimple
 - Again, define this clearly for non-medical persons
 - › drop tube
 - › Check placement
- Or go to the ER

Gastric Tubes: NG:

- ◉ QUESTION:
 - How often do you need to change the NG tube?

Gastric Tubes: NG:

- ◎ ANSWER:
 - › Once a month.
 - If it comes out in the meantime, wash with soap and water and re-drop
 - Insurance only covers 1-2 tubes per month

Gastric Tubes: NG:

- ◎ Basic Knowledge:
 - › For initial NG drops in the hospital is it NO LONGER necessary to order a KUB to verify placement
 - › You will be encouraged to drop a tube on this rotation

 - › You must check placement before you put anything in the tube and after you place it.
 - › Parents learn how to drop the tube before discharge (contact the floor Pt/Family Educator)

Gastric Tubes: ND/NJ

- ◉ **QUESTION:**
 - Your patient on this service needs an ND tube. Who is supposed to do this procedure and what do you need to order?

Gastric Tubes: ND/NJ

- ANSWER:
- Who: The nurses should attempt to drop the ND tube at least once (maximum twice) before you call Fluoro
- What to order:
 - Order to drop WEIGHTED NG tube
 - Some sort of motility agent (ex: erythromycin)
 - Do not have to order this
 - Nursing communication: pt should lay on their right side for 2 hours after weighted NG placement to help the tube pass through the pylorus.
 - Need to confirm placement with x-ray

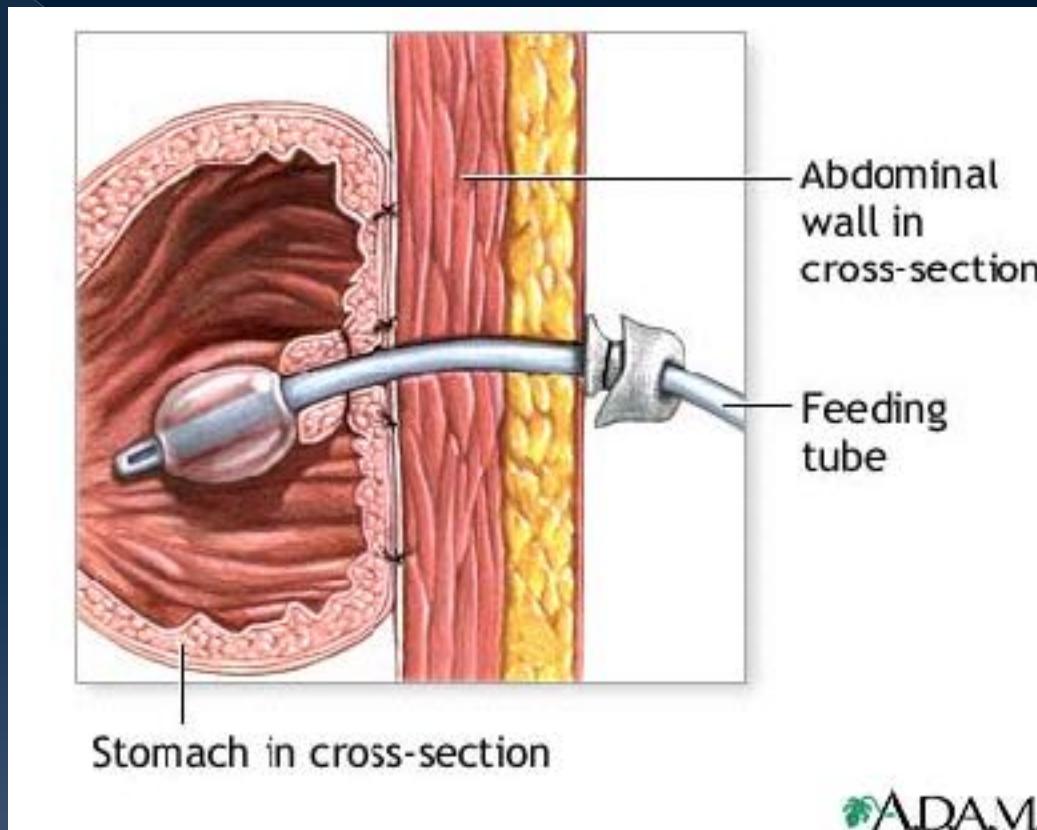
Gastric Tubes: ND/NJ

- ◉ **QUESTION:**
 - What do you do if you get a call in the clinic from a parent stating that their child threw up the NJ?

Gastric Tubes: ND/NJ

- ◉ ANSWER:
 - › Tell ‘em to, “come on in to the ER!” you’ve got yourself a one way ticket back to the hospital.

Percutaneous tubes/buttons



Gastric Tubes: PEG:



Gastric Tubes: PEG:

- ◉ QUESTION:
 - You are working on the surgery floor and have a post-op PEG kid. They're doing great, you're sending them home. Mom is super excited and starts to run a bath to get the kid cleaned up before the long drive to Amarillo. Is this ok? Why or why not?

Gastric Tubes: PEG:

- ◉ ANSWER:
 - No. it is not ok to submerge the abdomen under water for 2 weeks. It takes about that long for the tract to approximate.

Gastric Tubes: PEG:

- ◎ QUESTION:
 - › If a brand new PEG gets pulled out, what should the family do?
 - A. put a Foley Catheter in place to keep the hole open
 - B. use a red rubber catheter to keep the hole open
 - C. put the eraser end of a pencil in the hole to keep it open
 - D. cover it with gauze and come in.

Gastric Tubes: PEG:

- ANSWER:
 - D. gauze only.
- The tract will close up in 15-30 minutes. However, we don't want the parents to put anything in the hole due to risk for perforation.

Gastric Tubes: PEG:

- ◎ Basic Knowledge:
 - › We used to teach use of 1/2 strength hydrogen peroxide to clean the site...not anymore. It produces too much scar tissue that causes problems down the road.
 - › Daily care is warm soap and water a minimum of once a day.
 - › The stabilization bar can be adjusted by the doctor only.

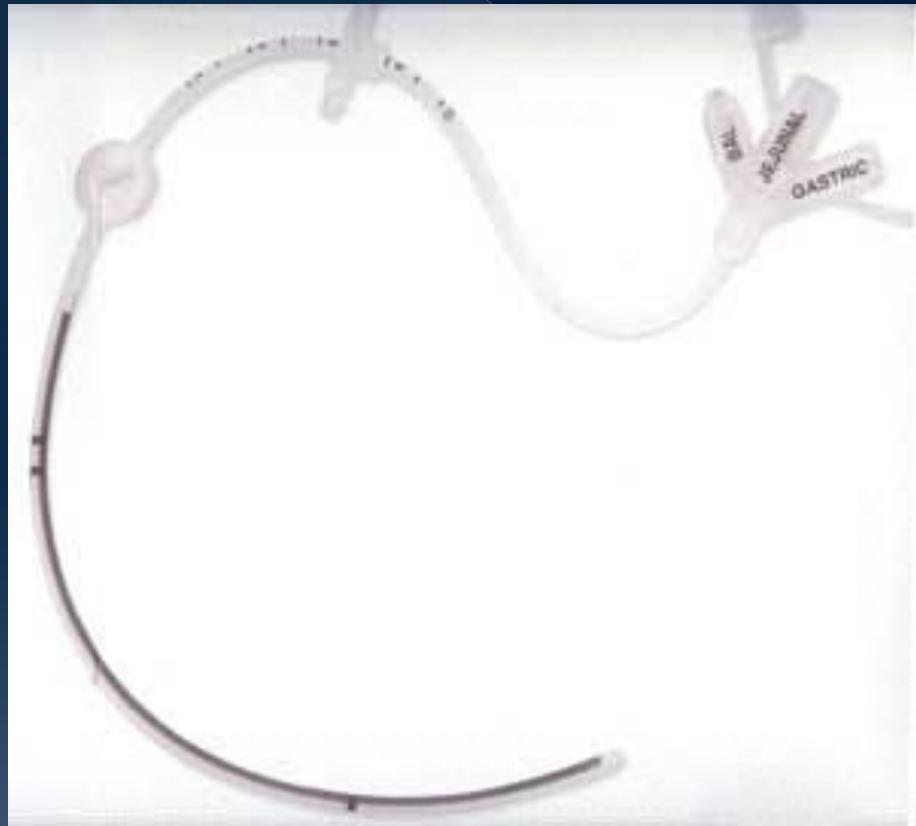
Gastric Tubes: Pezzar:



Gastric Tubes: Pezzar:

- ◎ Basic Knowledge:
 - › Surgical G-tubes used to bring the stomach up to the wall of the abdomen.
 - › look sutured but are NOT
 - › NEED some type of securement device
 - Hollister Clamp
 - Changed once a week
 - Sausage Rolls
 - Changed daily

Gastric Tubes: GJ:



Gastric Tubes: GJ:

- Same as a G-tube but threaded into the jejunum
- Must be done under fluoroscopy

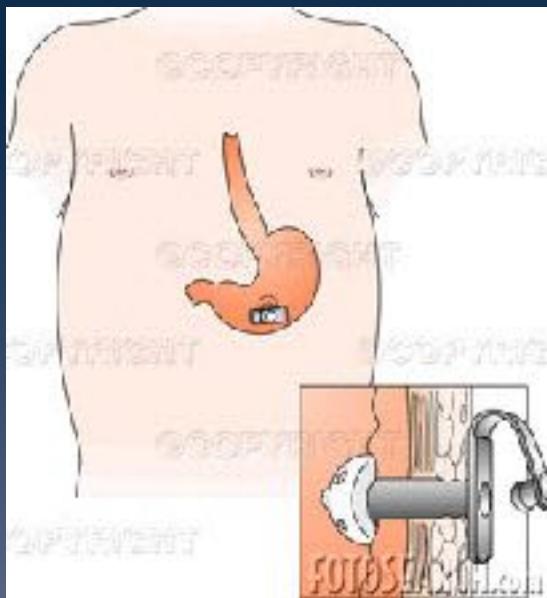
Gastric Tubes: Buttons:



Mic-key®



Mini ONE
balloon G-
Button



BARD® button



Gastric Tubes: Buttons:

- Types:
 - > Balloon
 - Mic-Key (most common)
 - Mini-button
 - > Non-balloon
 - Bard
 - Mini ONE non-balloon
 - > Info on all buttons available on CMCD intranet web-site

Gastric Tubes: Buttons:

- ◉ **QUESTION:**
 - › Your 6 year old, extremely developmentally delayed male patient pulled his button out. Crap. What do you do?

Gastric Tubes: Buttons:

- ◉ ANSWER:
 - › Deflate the balloon and put it back in!
 - › Use sterile water
 - › Fill volume is 5-7 mls depending on size of patient

Gastric Tubes: Buttons:

- ◎ Complications:
 - › Leaking:
 - First check the fill volume.
 - Again: 5-7cc sterile water
 - Could be a slow leak in the balloon
 - Order a Stoma Measuring Device to ensure that you have the right size button
 - Kids grow!
 - Wound/Ostomy is a great resource for trouble shooting.
 - If you are still unsure how to handle the button contact Gwen Spector in the GI outpatient clinic.

Questions?

