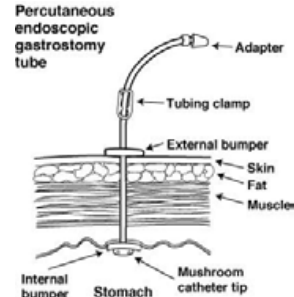


G Tubes/J Tubes	
Indications	<ul style="list-style-type: none"> Inadequate intake (lower threshold in already malnourished, premature, oncologic kids). NG/NJ = first line, short term; GT/GJ/JT = if feedings indicated > 2 months. Before calling for help, know: what kind of tube (type, size), who placed it (surgery, GI, IR), how old is the original tract.
Troubleshooting	<ul style="list-style-type: none"> Falls out: <ul style="list-style-type: none"> For NEW T-type PEG tubes placed by GI less than 6 months ago, do not attempt replacement. Call GI fellow as tube will likely need replacement by interventional radiology Surgically-placed G-tube: Page Gen Surg. Replace immediately with same-sized tube. If new tube is not immediately available, use Foley catheter in same French size (or 1 size larger to help dilate the tract). Do not force the tube in, as this can lead to false-tracking. Clogged Tubes: Crush 1 tab of sodium bicarb (324 mg) and 1 tab of Viokase 8 in 5 mL water. Instill slurry into feeding tube; wait 30-60 min, withdraw, and flush. (Orderset: Sodium Bicarbonate for Tube Obstruction) Granulation Tissue: Stabilize tube. Consider silver nitrate vs. triamcinolone cream VS salt in small amount of water. Contact Dermatitis: Absorbent topical powder, dressing. Consider Aveeno, Dombro, topical antifungal. Cellulitis: Outline erythema. Will require antibiotic course.
Device	How They Work
Percutaneous Endoscopic Gastrostomy (PEG) Tube	<ul style="list-style-type: none"> Usually T-type tube with cross-bar to hold internal balloon tight to abdominal wall. Needs 6 months before conversion to skin-level device. This is done with sedation. 
Surgically Placed G-Tube	<ul style="list-style-type: none"> MIC-G: non-skin level device with 3 ports (feeds, meds, and balloon); has round disk flange to hold it to abdominal wall MIC-KEY: skin level button device with 2 ports; tubing swivels, allowing patient to move comfortably. Now using AMT tubes instead of Mic-Key Bard button: skin level device, slightly smaller than MIC-KEY MIC-GJ: non-skin level device placed by IR through existing gastrostomy site; has separate ports for gastric and jejunal MIC-KEY-GJ: skin level button device with separate ports for gastric and jejunal; multiple jejunal exit holes allow for decreased clogging
Jejunal Tube	<ul style="list-style-type: none"> No bolus feeds; continuous only, requires slow advances Needs large water flushes (15-30 mL) after medications and feeds to prevent clogging Crushed medications can precipitate and should not be given through the J tube (eg. ciprofloxacin) If vomiting look for intussusception around tube with tube study.