

Taking care of feeding tubes

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How do I insert the Low Profile Device?

Your doctor will insert the low profile device for the first time. They will also teach you how to insert it at home for the future. When you insert the low profile device at home in the future, you will need a low profile device kit. You can get this kit through your vendor. The kit will contain:

- low profile device
- 6 ml luer slip syringe
- 35 ml catheter tip syringe
- extension sets
- Manufacturer's Guide

You will also need:

- Water soluble lubricant (Do not use oil or petroleum jelly)
- Water

Before inserting the low profile device

- Check the size and expiry date on kit
- Push __ml of water into the balloon to make sure it fills
- Make sure the extension set connects well to the low profile device

To insert the low profile device

1. Wash your hands
2. Lubricate the tip of the low profile device feeding tube with a water-soluble lubricant.
3. Gently guide the new tube all the way into the stoma until the low profile device is flat against the skin.
4. Hold the tube in place and inflate the balloon with __ml of water. Do not use air or saline.
5. Wipe away any fluid or lubricant from the insertion area.
6. Check the tube for correct placement by attaching the extension set and aspirating stomach contents.
7. Flush tube with 5 to 10 ml of water.

Taking care of your child's skin

Clean the skin around your child's stoma everyday:

1. Wash your hands
2. Clean area around stoma with soap and water
3. Rotate the low profile device to prevent sticking to the skin
4. Rinse soap away with a damp cloth

5. Dry the skin well

Cleaning extension sets:

After each use: rinse with water (for continuous feedings, rinse every 4 hours)

Once a day:

1. clean with soapy water
2. Rinse the extension set with warm water
3. Hang extension set to air dry until the next use.

Change extension sets monthly. If the extension set changes colour or becomes cloudy, throw it away. This may be a sign of bacterial growth. You will have to use a new set.

Venting the gastrostomy tube

Steps:

1. Wash your hands.
2. Take the plunger out of a 60 mL syringe.
3. Attach the syringe to the end of the gastrostomy tube.
4. Hold the syringe higher than the stomach. This prevents stomach contents from leaking out of the tube.
5. Allow the gastrostomy tube to vent. You will hear air pass out of the stomach through the tube. If fluid comes out with the air, it will flow back into the stomach.
6. Flush the tube (see below).
7. Wash your hands.

Flushing the gastrostomy tube

When flushing a gastrostomy tube, use a 30 – 60 mL syringe. Always use sterile water for babies less than four months of age. Check the flush amounts for young babies and children with fluid restrictions very carefully.

You should flush the gastrostomy tube:

1. Before and after each feed.
2. After venting the tube.
3. Every 4 hours during continuous feeding.
4. Before and after giving your child medicine through the gastrostomy tube.
5. Once a day if tube is not used.

Formula

Storing formula

- Store any unopened formula in a cool dry place.

- Canned formula will stay sterile until you open it
- Throw out any powdered formula that has been open for more than a month.
- Liquid concentrate that has been opened but not mixed with water can be covered and stored in the refrigerator for up to 48 hours (2 days).
- Ready to use formula that has been opened should be covered and stored in the refrigerator according to the directions on the can.

Preparing formula from powder

1. Check the expiry date on the can.
2. Wash your hands.
3. Prepare no more than a 24-hour supply according to the directions given by the dieticians.
4. Store any prepared formula in the refrigerator in a clean container (glass is best).
5. Warm formula to room temperature by removing from the refrigerator ½ hour before feeding time.

Do not:

- Keep formula at room temperature for more than four hours
- Use formula that was mixed more than 24 hours ago
- Use powdered formula that has been open for more than one month

Preparing formula from liquid concentrate

1. Check the expiry date on the can.
2. Wash your hands.
3. Rinse the top of the can and the can opener with hot water.
4. Dry the top of the can with a clean cloth.
5. Prepare no more than a 24-hour supply according to the directions given by the dieticians.
6. Store any prepared formula in the refrigerator in a clean container (glass is best).
7. Warm formula to room temperature by removing from the refrigerator ½ hour before feeding time.

Do not:

- Keep formula at room temperature for more than four hours
- Use formula that was opened over 24 hours ago
- Use a microwave to heat formula as this can break down the nutrients in the formula.

Feeding guide

Feeding with a pump

if your child has a J tube or a GJ tube. If the tube is in the stomach, you will see formula or clear mucous in the syringe. If the fluid looks like dark yellow bile, do not feed and call your doctor.

1. Wash your hands.
2. For a G tube, check the placement of the tube by measuring the outside length of the tube and draw back using a syringe to make sure the tube is in your child's stomach. For a J tube, do not draw back with a syringe
3. Check the expiry date on the formula. Allow 30 minutes for refrigerated formula to sit at room temperature before using.
4. If you are using canned formula, wipe the top of the can with a clean cloth before opening it. Prepare according to directions given to you by the dietician. Shake well to mix before starting feed.
5. Pour the formula into the feeding bag. Do not pour more than 4 hours' worth of formula into the bag at once.
6. Hang the feeding bag on the pole.
7. Follow your pump manual directions to set the delivery rate or follow the instructions given to you by your dietician, nurse or doctor.
8. Hold the end of the tubing over a container and prime the feeding set until the formula completely fills the tubing. (Priming the tubing allows the air to be removed so that it does not enter your child's stomach).
9. Do not allow the end of the tubing to come in contact with the sink or floor.
10. Follow the water flush schedule using tap water or sterile water as instructed by the dietician or doctor. Slowly flush the water through the GJ/feeding tube.
11. Connect the tip of the delivery set to the GJ/feeding tube. If your child has a low profile device, connect the pump feeding tubing to the extension tubing of the Mick-key or Bard button. Do not bend the G-tube as this will break it.
12. Press the POWER ON switch on the pump.
13. Set the pump flow rate, following the instructions given by your dietician or doctor.
14. Open the roller clamp on the delivery set. Press the START button.
15. While feeding, your child must be SUPERVISED and positioned upright in a sitting or resting position, at a minimum of a 30-degree angle, as tolerated.
16. Don't feed your child while traveling. After the feeding, flush your child's tube by attaching a syringe and slowly flush the tube with 10–20 mL of water (3-5 ml of sterile water for infants) (or as recommended by your dietician or doctor).
17. Once the feed is complete, press the STOP button and POWER OFF button. Close the roller clamp and disconnect the delivery set from the tube.
18. Wash and store equipment.
19. Keep the pump plugged in when not in use, as this will keep the battery fully charged.
20. Wash your hands.

Feeding using gravity

Do not use gravity feeds if your child has a GJ tube or JT.

1. Wash your hands.
2. Check the placement of the tube by measuring the outside length of the tube and draw back using a syringe to make sure the tube is in your child's stomach. If the tube is in the stomach, you will see formula or clear mucous in the syringe. If the fluid looks like dark yellow bile, do not feed and call your doctor.
3. Check the expiry date on the formula. Allow 30 minutes for refrigerated formula to sit at room temperature before using.
4. Wipe the top of the formula can with a clean cloth. Prepare according to directions given to you by the dietician. Shake well to mix before starting feed.
5. Open the formula can and pour into the bag.
6. Hang the feeding bag so that it is higher than your head.
7. Hold the tip of the feeding set over a container and open the roller clamp. Do not fill the drip chamber more than $\frac{1}{2}$ full. Let the formula run to the end of the tube then close the roller clamp. This allows air to be expelled from the tubing.
8. Do not allow the end of the tubing to come into contact with the sink or floor.
9. Follow your child's water flush schedule and flush the tube with the right amount.
10. Connect the tip of the feeding set to your child's G-tube. Do not bend the tube, as this could break it. Open the roller clamp on the feeding set.
11. While feeding, your child must be SUPERVISED and positioned upright in a sitting or resting position at a minimum of a 30-degree angle, as tolerated.
12. Don't feed your child while traveling.
13. After the formula has run through, disconnect the feeding set from the tube and flush with the amount of water indicated on your child's schedule.
14. Close the feeding tube as previously instructed.
15. Wash and store equipment.

Dressing changes

Dawson Mueller Cook and Foley types GT

For daily dressing changes:

1. Wash your hands.
2. Take the old dressing off.
3. Look at the skin around the tube for redness, drainage, hypergranulation tissue (extra growth of skin), signs of infection and bleeding.
4. Wash gently; cleaning the skin around the tube with warm water (soap may also be used).
5. Rinse the skin well with clean warm water if soap was used.
6. Pat dry.

7. If draining, you may need to discuss with your nurse the usefulness of an appropriate skin barrier to protect the skin from the gastric secretions.
8. Measure exterior length of G-tube excluding the hub.
9. Cut Y-shape opening into 2 squares of non-sterile 2x2 gauze.
10. Apply the non sterile 2x2 gauze around the feeding tube so that the feeding tube comes through the opening that you cut.
11. Place a small roll (made with 7 non-sterile gauzes wrapped with Hypafix® tape) directly at the insertion site to help support the G-tube and ensure the G-tube tract heals straight.
12. Cover with hypafix® tape being careful not to bend or kink the G-tube.
13. Tape the child's feeding tube to a different position on the abdomen daily to prevent irritation of the skin.
14. ALWAYS secure the feeding tube to your child's skin at all times.
15. Additional material may be used for added security (e.g. one-piece undergarment or flexible net dressing)

Jejunostomy Tube (J-Tube)

Follow your surgeon's instructions for dressing changes.

Low Profile Gastrostomy Devices

These tubes do not need gauze dressings unless the site is draining.

Frequently asked questions

What happens if my G Tube becomes dislodged?

Within six weeks of getting a G tube:

If the G tube becomes dislodged please gather your Foley catheter and all of your emergency supplies and present yourself to the nearest emergency department

Six Weeks or more after getting the tube

If you have learned how to change your child's G- Tube, you may go ahead and change it. Call the surgery clinic 8:00 a.m. – 4:00 p.m. at 613-737-7600 ext. 2754, Monday to Friday. Your call may not be answered right away as this is not an emergency line. Call the Enteral Feeding nurse, Monday-Friday, 8:00 a.m.- 4 p.m. Your call may not be answered right away as this is not an emergency line.

On evenings and weekends and if you can't reach any of these contacts, go to the nearest emergency department as soon as possible with your emergency kit (within 2-4 hours of dislodgement) to prevent difficulties with re-insertion.

How can I manage a leaking stoma?

It is normal for the stoma to produce small amounts of thin, yellow-green discharge that gets crusty and sticks to the tube. This is not considered stoma leakage.

You may occasionally see small amounts of stomach contents, water or formula leaking from the stoma. This is especially common after tube changes.

If your child has a cold or another infection, their stoma may look redder or may leak more than usual. This should get better once your child is feeling better.

While small amounts of leakage are okay, too much leakage can cause skin irritation, skin breakdown and enlargement of the stoma.

What causes leakage?

- Too much movement of the tube
- Hypergranulation tissue
- A cracked tube (you will see formula leaking from the stoma)
- Infection
- Conditions that increase pressure in the stomach, such as GERD, constipation, gas, poor digestion, and chronic coughing or vomiting

What are common signs of stoma infections?

Your child may have a stoma infection if you see any of these signs:

- Increased and/or spreading redness of the skin around the feeding tube
- Thick green or white discharge coming from the stoma and around the feeding tube
- Foul smelling discharge from the stoma
- Swelling around your child's feeding tube
- The skin around your child's stoma feels warmer than the rest of their skin
- Abscess formation (collection of pus under the skin)
- Pinpoint rash (may be due to a fungal infection)
- Pain
- Fever

For mild infections with a small increase in redness and discharge, you may apply an over-the-counter antibiotic ointment or cream, such as Polysporin, to the stoma.

If your child has any other signs of infection (spreading redness, fever and pain), please have your child assessed for a more serious infection. Your child's health-care provider may need to prescribe a stronger antibiotic.

What is granulation/hypergranulation tissue and what do I do if my child has it?

Granulation tissue is typically dark pink or red and is the body's natural response to the tube. This tissue may cause some leakage and irritation around your child's G-tube site.

Granulation tissue is the new tissue that forms when a wound is healing, and it's also the extra tissue that forms around the feeding tube; hypergranulation tissue is bumpy or swollen tissue that is wet and bleeds easily.

Hypergranulation tissue typically looks pink to dark red; it appears open, shiny or wet, appears puffy and can be painful.

Causes of hypergranulation tissue include too much movement of the feeding tube, the stoma is wet, too much pressure on the stoma, trauma to the stoma, or an infection.

To prevent hypergranulation tissue from forming, tape the feeding tube to the skin to prevent movement, make sure your child's tube is the correct size, keep the stoma clean and dry, and prevent infections.

Hypergranulation tissue can be treated with hypertonic salt water soaks, hydrocortisone cream, or silver nitrate.

Causes

The exact cause is not known but in some cases it is thought to be the body's reaction to a foreign body – the tube or device itself

Factors that encourage the growth of hypergranulation tissue:

- Moisture from drainage and bleeding
- Friction from movement of the tube or device
- Poorly fitting low-profile devices
- Things you need to know about hypergranulation tissue:
- It is not harmful
- The tissue is red, moist and bleeds when rubbed
- It has a yellowish-brown drainage
- It can affect the way the tube or device fits

Treatment

- Apply hypertonic salt water soaks up to four times a day.
- Use hydrocortisone cream for a week to help with skin inflammation. Hydrocortisone 0.5% cream is available over the counter. Low dose cortisone cream (i.e. 0.5% triamcinolone cream®) applied 1-2 times daily for 5-7 days it is only available by prescription. (Can only be used short-term and may not be recommended for your child)

- Use silver nitrate to burn away the extra tissue and promote healing. You will be taught in the clinic first and then you can continue to apply the silver nitrate at home. Do not apply hypertonic salt water soaks while using silver nitrate.
- Silver dressings may also help manage hypergranulation tissue.

Speak to your G tube specialist if the stoma does not improve or if the hypergranulation tissue gets worse.

Using silver nitrate to treat granulation tissue

If your child has issues with persistent granulation tissue around the stoma, your health-care team may suggest applying silver nitrate to the area. The first application should be done in a clinic or your doctor's office, but you can continue the treatment on your own at home once you know how to apply the silver nitrate.

Do not use this product if your child has a sensitivity or allergy to silver.

Silver nitrate sticks (also called silver nitrate applicators) have rounded tips covered in silver and are used to remove granulation tissue. Once activated by water, the silver burns the tissue, causing the granulation tissue to die and fall off. This will help heal your child's skin.

You can buy silver nitrate sticks at many pharmacies without a prescription. Call your local pharmacy ahead of time so they can order them for you.

Steps to applying silver nitrate:

1. Always wash your hands with soap and water before touching your child's skin.
2. Clean the stoma with soap and water, and pat or let air dry.
3. Protect the healthy skin around the stoma by applying a barrier cream (for example, petroleum jelly).
4. Dip the silver nitrate stick into a small amount of sterile or distilled water. The water will activate the silver. Do not use salt water, or saline, because it will deactivate the silver and stop it from working.
5. Roll the tip of the stick only over the granulation tissue—avoid applying it to healthy skin. One stick is usually enough for each application. The tissue may turn a grayish-black colour—this is normal. This color will disappear slowly over time.
6. If you accidentally get silver nitrate on healthy skin, wash that portion of skin with saline solution right away to stop its effects.
7. Wash your hands with soap and water when you are finished.

Because antibiotic creams or ointments can reduce the effectiveness of silver nitrate, you should avoid using silver nitrate and antibiotic creams at the same time.

Applying silver nitrate to your child's stoma may be painful. Give your child acetaminophen or ibuprofen before applying silver nitrate to help keep your child comfortable.

How can I tell if the Tube is too tight or too loose?

To check the tube fit:

- Wiggle the tube to check the fit against the skin.
- Assess when your child or youth is lying flat.
- Assess how the tube is secured

A well fit tube should:

- Not cause indentations or puckering of the skin.
- Be snug against the skin with ability to place 1 piece of split gauze between the tube and skin easily.
- Be able to rotate 360 degrees.

Troubleshooting guide:

Our troubleshooting guide can help you learn more and find solutions to common problems you can have with a G-Tube.

Emergency G-Tube replacement kit

You should have a replacement kit on hand that includes:

- Silicone Foley catheter (Same size as current g-tube)
- Kangaroo Y-site extension
- Syringe 10 ml luer lock (for balloon inflation) + 60 ml enteral (to check placement and flush)
- Sterile water (59 ml bottle)
- Lubricating Jelly (Muco)
- Non sterile 2x2 gauzes
- Hypafix tape
- Scissors
- Measuring tape
- Gauze roll (7 non sterile gauzes wrapped with Hypafix)

You can order this through your vendor. Ask your CHEO care team if you are unsure of how to get this kit.

Nausea
<p>Possible causes</p> <ul style="list-style-type: none"> ● Air in stomach ● Feed infusing too fast ● An infection like the flu

What to do

- Vent tube.
- Keep head raised 30 degrees minimum during and after each feed.
- Wait 1 to 2 hours before feeding
- Slow down rate of feed.
- After several minutes, slowly increase the rate of feed.
- If things don't get better with the above measures, call your pediatrician or family doctor.

Cramping

Possible causes

- Formula is too cold
- Rate of feeding too quick
- Formula intolerance

What to do

- Take formula out of fridge ½ hour before feed and let stand at room temperature.
- Slow down rate of feed
- Call dietician, pediatrician or family doctor.

Diarrhea

Possible Cause

- Feeding given too quickly
- Tube is in wrong place
- Contaminated formula
- Unclean equipment
- Changes in formula, medications or routine
- Viral or bacterial infection
- Possible side effect of medication

What to do

- Slow down rate of feeding.
- Check placement of tube by measuring exterior length.
- Make sure that cans of formula are covered and kept refrigerated.
- Discard any unused formula after 24 hours and check expiry date of formula.
- Do not dilute, increase the concentration of the formula or increase the rate of feeding (unless instructed).
- Ensure that equipment stays clean.

Call your pediatrician or family doctor if:

- Diarrhea persists
- Your child is feeling unwell
- Less than 4 wet diapers in 24 hours for babies under 2 years
- Less urine (pee) or no urine in 8 hours in babies or children over 2 years
- Dry mouth and tongue
- Sunken eyes or sunken soft spot on the head
- No tears when crying

- Grayish skin
- Very sleepy and hard to wake up

Retching/gagging

Possible cause

- Feeding is started too quickly
- Feeding volume too large compared to stomach size
- Viral/ bacterial infection

What to do

- Vent tube
- Flush tube slowly
- Switch to small frequent feeds

Call your pediatrician or family doctor if retching or gagging persists or your child is generally unwell

Constipation

Possible cause

- Low fibre intake
- Low fluid/water intake
- Low activity level
- Changes in formula, medications or routine

Talk to your dietician about:

- Increasing fluid or water intake
- Increasing fibre intake
- Increasing physical activity, if possible

Call pediatrician, family doctor or dietician if no stools in 3 days.

Vomiting

Possible Cause

- Feeding may be given too fast
- Volume of feed is too large compared to stomach size
- Check if your child is constipated (when was the last stool?)
- Viral/ bacterial infection

What to do

- Ensure proper tube placement by measuring exterior length.
- Feed more slowly.
- Give smaller, more frequent feedings.
- Decrease meal volume at problem feeding time.

If vomiting persists or your child is unwell, contact your pediatrician or family doctor.

<p>Gas (bloating)</p>
<p>Possible Cause</p> <ul style="list-style-type: none"> • Feeding may be given too fast <p>What to do</p> <ul style="list-style-type: none"> • Slow the rate of the feeding. • Vent the tube to expel excess air. • Increase the activity, if possible. <p>If problem persists, or your child is unwell contact your paediatrician or family doctor.</p>
<p>Aspiration pneumonia</p>
<p>Possible cause</p> <ul style="list-style-type: none"> • Gastric reflux due to poor functioning lower esophageal sphincter • Fluids are coming back up through the esophagus and into the breathing tubes <p>If you note that your child has:</p> <ul style="list-style-type: none"> • Difficulty breathing • Skin colour becomes dusky with blueness around the mouth • Increased pulse rate • Wheezing • Fever <p>Stop feeding immediately and go to the nearest emergency or call 911</p>
<p>Dehydration</p>
<p>Possible cause</p> <ul style="list-style-type: none"> • Diarrhea or vomiting • Fever • Sweating • Children with metabolic problems sometimes pass too much urine <p>What to do</p> <ul style="list-style-type: none"> • Try to keep up with the recommended intake of fluids. <p>Call your pediatrician or family doctor if you notice:</p> <ul style="list-style-type: none"> • Your child is vomiting or has diarrhea • Less than 4 wet diapers in 24 hours for babies under 2 years • Less urine (pee) or no urine in 8 hours in babies or children over 2 years • Dry mouth and tongue • Sunken eyes or sunken soft spot on the head • No tears when crying • Grayish skin • Very sleepy and hard to wake up

<p>Bleeding from stoma</p>
<p>Possible cause</p> <ul style="list-style-type: none"> • The tissue is fragile and bleeds easily, especially right after it is inserted <p>What to do</p> <ul style="list-style-type: none"> • A few drops of blood is OK. • If there is a lot of bleeding or if it is mixed with stomach contents, call your health care provider
<p>Leaking of gastric contents around the tube</p>
<p>What could cause this?</p> <ul style="list-style-type: none"> • The retention balloon is not inflated with appropriate ml of water • Too much pressure in abdomen caused by gas or formula <p>What to do:</p> <ul style="list-style-type: none"> • Use bolus extension set feeding tube to vent stomach • Check balloon and add water if needed. • If this keeps happening, call the Enteral Feeding Nurse
<p>Leaking of stomach contents from feeding port</p>
<p>What could cause this?</p> <ul style="list-style-type: none"> • Excessive pressure in abdomen due to gas or formula • Feeding port is damaged <p>What to do</p> <ul style="list-style-type: none"> • Use bolus extension set feeding tube to vent stomach • Remove extension set from port when not in use in order to prevent valve for breaking
<p>Hypergranulation tissue (tissue growing around feeding tube)</p>
<p>Possible causes</p> <ul style="list-style-type: none"> • Excess growth of tissue around the feeding tube • Extra tissue looks pink and may bleed easily • Tubing not properly secured can lead to tissue growth <p>What to do</p> <ul style="list-style-type: none"> • Make sure the tube is taped down so that it does not move. • If the extra tissue gets red, swollen and tender or keeps growing, contact your doctor for assessment and treatment.
<p>Tube looks shorter than when it was first inserted (the tube has moved)</p>
<p>Your child's feeding tube may move further into the stomach. This can become a serious problem because the tube may migrate (move) into the small bowel and block it off.</p>

Signs of Tube Migration:

- The feeding tube looks shorter or measures differently than when it was first placed
- The marking on the tube at the skin level has changed
- You notice a large amount of formula leaking from around the feeding tube
- Your child is vomiting (this may happen because the food and other liquids in the stomach cannot leave it)
- Your child has watery bowel movements and feels uncomfortable.
- Stomach contents are yellowish green (bile)
- What to do
 - Check tube placement every day and before each feed.
 - Always secure your tube with tape.
 - Some feeding tubes have markings on the outside of the tube.
 - If the tube seems shorter than usual, try pulling the tube gently back into position
 - Measure the exterior length of the tube and compare to original distance noted on page 3.
 - Check for stomach contents from the tube, (return of stomach contents should be clear with mucus or formula)
 - If stomach contents are yellowish-green (bile) do not feed.

If you meet resistance, contact your health-care provider

Low profile G-Tube falls out

What could cause this?

- Balloon loses volume or ruptures

What to do

- Check and replace water in balloon weekly
- Always keep a spare low profile device on hand
- Insert a new low profile device if needed

The balloon at the end of the G-Tube seems stuck

Sometimes when the G-tube has a balloon on the end, the tube may seem stuck. You may need to let the water out of the balloon before you try to move it back into place. If the doctor has taught you how, use a syringe to let the water out of the balloon. When you have put the tube back in proper place, refill the balloon with the right amount of water, following the instructions by your doctor or nurse.

To prevent your child's feeding tube from moving into the stomach, measure the exterior length of the tube with a measuring tape. Ensure that the length is the same every day and that you always have taped the tube on the outside to keep it in place. Many G-tubes have discs, rings or stitches to hold it in place but taping the tube to the skin will give extra protection (hypafix tape will hold the tube securely and is easy to remove).

G-Tube was accidentally pulled out

The gastrostomy tube can be accidentally pulled out. If the gastrostomy tube is out, it will need to be replaced as soon as possible, since the stoma will begin to close and reinsertion of the same size tube may be difficult. Cover the site with a face cloth, or piece of gauze and tape.

Then, do one or of the follow one or more of these of these steps:

1. If you have learned how to change your child's G-Tube, you may go ahead and change it.
2. Call the surgery clinic 8:00 a.m. – 4:00 p.m. at 613-737-7600 ext. 2325, Monday to Friday. Your call may not be answered right away as this is not an emergency line.
3. Call the Enteral Feeding nurse, Monday-Friday 8:00 a.m.- 4 p.m. Your call may not be answered right away as this is not an emergency line.
4. On evenings and weekends and if you can't reach any of these contacts, go to the nearest emergency department as soon as possible with your emergency kit (within 2-4 hours of dislodgement) to prevent difficulties with re-insertion.

Medications

You may need to give medications through your child or youth's G-Tube. Be careful when doing so, and avoid blocking the G-Tube.

Remember:

- Medications must be in a liquid form. Ask for liquid medication.
- If the medication does not come in a liquid form, ask the pharmacist if the medication can be crushed and mixed with water.
- Each medication must be given separately.
- Check if the medication must be taken on an empty stomach.

Flush before giving medications

Flush tube with 10 – 20 mL of water to ensure the tube is not blocked.

For smaller children or children with fluid restrictions (like some cardiac patients):

- Flush with 5 – 10 mL for infants less than 6 months of age.
- Tiny infants or those with fluid restrictions may only tolerate 2-3 mL of flush.

Check with your doctor, Enteral Feeding Nurse or dietician about the volume of flush your child needs.

Steps

1. Always wash your hands.
2. Draw up the medication as prepared above and give with a syringe.
3. To ensure the whole dose is given, you may need to rinse the pill crusher or container with water, and then draw up the water into a syringe and flush this down the tube.
4. Flush after each medication with 10-20 mL of water. For smaller children or children with fluid restrictions check with your doctor or dietician.

What medications can and can't be given through the G-Tube:

Never give these medications through the G-tube, as they will block it:

1. Clarithromycin (Biaxin)
2. Ciprofloxacin suspension (OK to give tablets that have been crushed & mixed with water)
3. Magnesium oxide (magnesium hydroxide is OK)
4. Kayexalate

These medications CAN be given through the G-tube, if needed.

These drugs can block the tube very easily, and must be well dissolved. Extra flushes are needed:

- Pyridoxine (Vitamin B6)
- Corn Starch
- Lactulose
- Questran (cholestyramine resin)
- Nelfinavir
- Omeprazole* (Losec Mups): only use if tube is greater than a size 14 French.

Mix these medications with water just before giving them. If you see the medication starting to clump or crystallize in the syringe, do not give through the tube.

If you are finding it difficult to give Omeprazole (Losec Mups) down the G-tube, you could ask your doctor to change your child to a similar drug called lansoprazole (Prevacid). Prevacid can be made into a liquid form for your child.

CHEO Pharmacy can give directions on how to prepare this liquid.