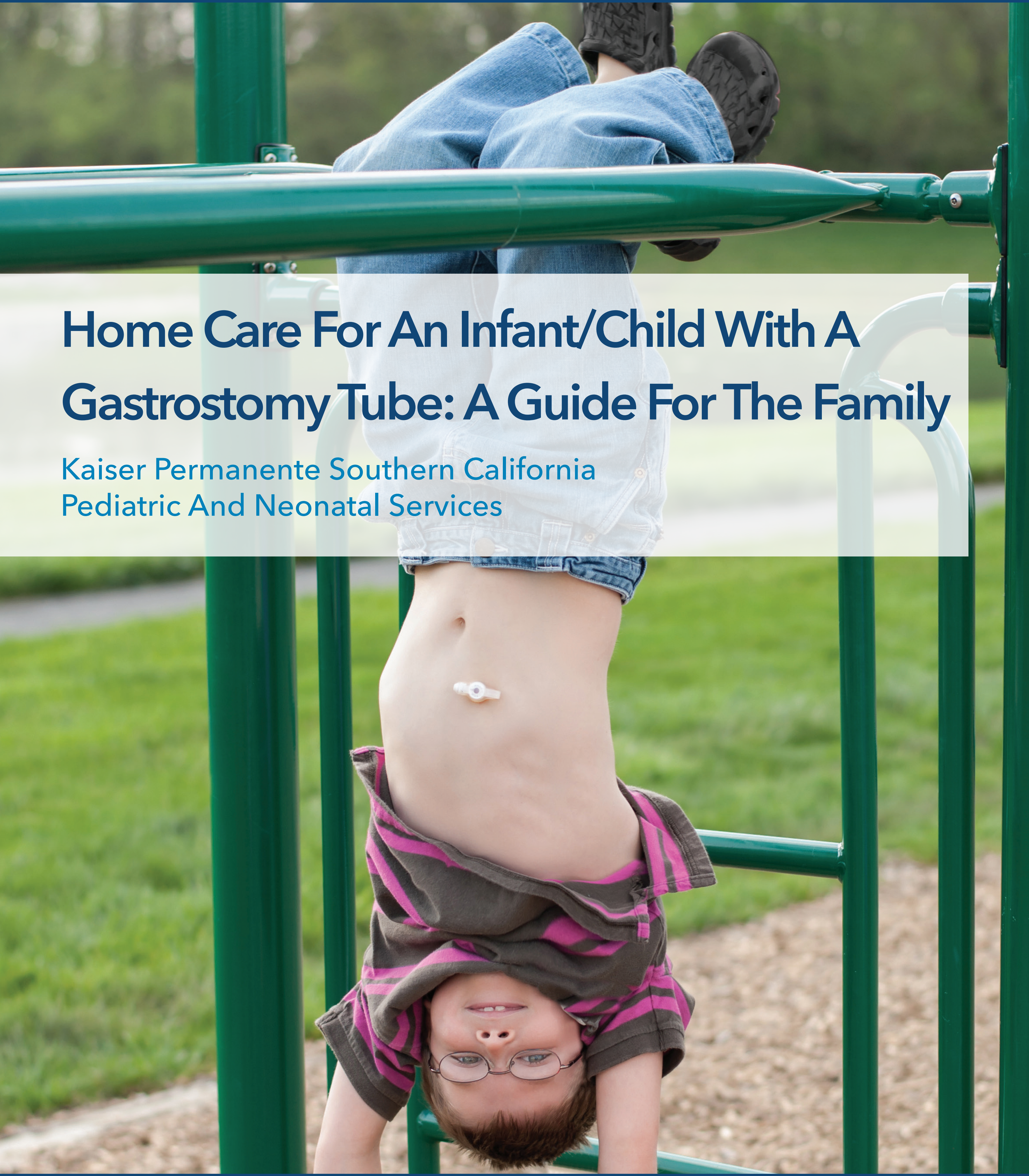
Home Care For An Infant/Child With A Gastrostomy Tube: A Guide For The Family

Kaiser Permanente Southern California
Pediatric And Neonatal Services



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A Message From Your Health Care Team

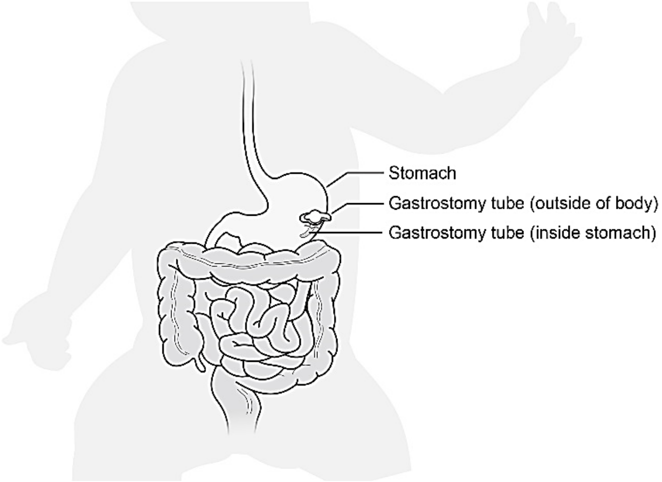
We understand that this may be a difficult time for you as the caregiver of a child with a gastrostomy tube. You may have many questions and concerns as you prepare to take your child home from the hospital. Your Kaiser Permanente health care team is here to answer your questions, provide you with education, and give you the support you will need to care for your child at home. We hope that this guide will ease some of the anxiety you may feel.

To prepare for your child's discharge to home:

- **Spend time caring for your child at the hospital.** The more involved you are with your child's care while in the hospital, the more comfortable and confident you will feel caring for your child at home.
- **Designate a second caregiver** who can help you care for your child's gastrostomy tube. For your child's safety, you and the second caregiver will get training in gastrostomy care while at the hospital.
- **Ask questions.** Your health care team is better able to meet your needs when you share your questions and concerns.
- It's important to remember to **treat your child as normally as possible.** With learned skills, you and your child will be able to return to everyday life and experiences.

What is a gastrostomy?

A gastrostomy (stoma) is a surgical opening made through the skin of the abdomen (belly) and into the stomach. A feeding tube (called a gastrostomy tube, or G-tube) is placed through this opening.



This allows food and medicine to be given directly into the stomach instead of through the mouth. This can be done safely at home. The gastrostomy tube can be permanent or temporary. Tube feedings will help your child get enough nutrition to grow, develop, recover from illness, play, and learn.

Your child may need a gastrostomy for any of these reasons:

- Cannot swallow safely
- Blockage of the esophagus
- Abnormal function of the stomach
- Cannot take enough food by mouth
- Other: ______________________

Understanding units of measure

Cans of liquid food are measured in fluid ounces (fl. oz.) and milliliters (mL).

Measuring cups can show amounts in ounces (oz.) or milliliters (mL).

- 1 cc = 1 mL
- 1 fl. oz. = 1 oz. = 30 mL
- 1 cup = 8 oz. = 240 mL

Your Child's G-Tube Care Information

Type/Brand: ______________________

Size (length/width): Fr ________ cm ______

Date of insertion: ______________________

Balloon fill volume: ______ mL

Feeding Method and Schedule

See your child's discharge summary for details. Be sure to ask if you do not have this information.

☐ **Bolus Feedings**

- What to feed: ______________________
- Amount: ______________________
- How often: ______________________
- How quickly: ______________________
- Feeding times: ______________________

☐ **Continuous Feedings**

- What to feed: ______________________
- Amount: ______________________
- Feeding pump: ______________________
- Feeding time: ______________________
- Pump rate per hour: ______________

☐ Before feeding, flush tube with ____ mL of room temperature water.

☐ After feeding, flush tube with ____ mL of room temperature water.

☐ After feeding, vent the tube for _____ minutes or as needed.

☐ If instructed to give extra water, give ____ mL _____ times a day.

Medicine

See your child's discharge summary for medication information.

1. If medication and feeding are due at the same time, give medication first and then feed your child.
2. Prepare medication according to pharmacy guidelines.
3. Flush tube with ___ mL of water.
4. Give medicine.
5. Flush tube again with ___ mL of water.

Types of gastrostomy tubes

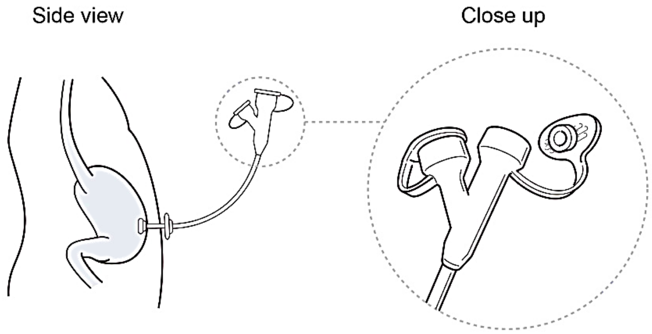
There are many kinds of feeding tubes, but they all have the same basic parts:

- A bumper or balloon inside the stomach to keep the tube from coming out.
- A stabilization device against the skin to keep the feeding tube from moving.
- Ports: Openings on the outside end of the gastrostomy tube used to give food or medicines or to fill the inside balloon with water. There may be 1, 2, or 3 ports.
- Extension set: The piece of tubing with an open end that fits to a syringe or feeding set on one end and into the G-tube button on the other end. Also, known as a "feeding set," "extension tubing," or "feeding connector."

Ask your nurse to go over the type of device your child has and what each port is for. Talk to your doctor if your child has a gastrostomy tube different from the following types.

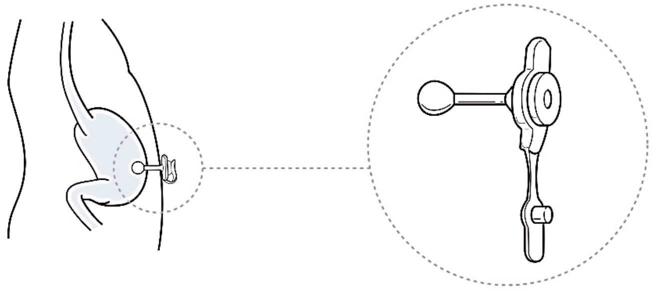
1. Percutaneous endoscopic gastrostomy (PEG)

A PEG has a longer tube that protrudes from the patient's gastrostomy stoma and is not a skin-level device.



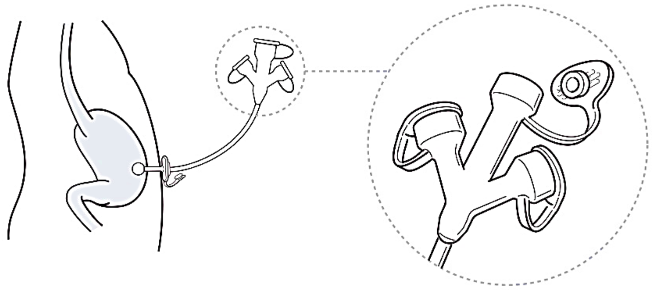
2. Gastrostomy "button"

A gastrostomy button is a round piece of the gastrostomy device that is visible on the patient's abdomen, sits flush against the skin, and has a one-way valve.



3. Gastrostomy catheter

A gastrostomy catheter is similar to a PEG but has a balloon like a gastrostomy button. Unlike the button, it has a longer tube that protrudes from the patient's gastrostomy stoma.



When should I call for help?

Call the doctor for any of the following:

- Redness, pus-like drainage, or bad smell around the stoma
- Temperature higher than 101°F
- Continued upset stomach, vomiting, or gas
- Diarrhea for longer than 24 hours
- Constipation (hard, painful bowel movements)
- Bleeding around the stoma
- Fussiness, hard to console
- Coughing that does not stop
- Continued increase in abdomen size
- Blood in the residual/aspirate
- Tube is accidentally pulled out, and you don't know how to replace it
- Tube breaks off or is cut off
- Trouble inserting the tube
- Tube is too short or too long, and you cannot adjust it
- Excessive leaking of feedings around the stoma
- Tube is clogged, and you cannot unclog it
- Rash or irritated skin around the gastrostomy site
- Increase in granulation tissue around stoma

For trouble breathing, call 911!

Who to contact

Name/Location/Phone number

Primary Doctor: ______________________________

Surgeon/G-tube Nurse: ______________________________

Gastroenterologist: ______________________________

Dietitian: ______________________________

How will I care for my child?

What can I expect after surgery?

The anesthesiologist and surgeon will prescribe and explain the medicine that will be used to keep your child comfortable. Your child will have an intravenous (IV) line to provide fluids and pain medicine.

At first, the gastrostomy tube will not be used for feeding. This is because anesthesia makes the intestines stop working for a while. The doctor will decide when feedings can start depending on what other procedure may have been done in surgery. Once started, feedings will progress slowly.

What will I need to know?

Caring for a child with a feeding tube may be a little scary at first. With practice, feeding and caring for your child can be simple and comfortable for you both. Your nurse will teach you and help you become comfortable with your child's care before you go home.

These are the information and skills you will need to do and learn:

- Watch the G-tube video from your health care team as soon as possible. It gives useful information on using the G-tube.
- Know the size of your child's G-tube (found by checking the G-tube button's faceplate or the side tab of the button).
- Clean the gastrostomy site.
- Protect the gastrostomy.
- Give feedings through the feeding tube.
- Give medicines through the feeding tube.
- Care for the equipment.
- Help your child develop oral skills.
- Watch for problems and know what to do if they happen.

There are many variations in these tasks. Please follow the checked instructions specific to your child in this booklet. Sometimes changes must be made based on your child's needs.

Caring for your child with a gastrostomy tube will require supplies. Some will be delivered to your home and some you may need to buy. Here's a list of items that you will need to keep at home.

Supply List

This is an example of items that may be needed for the care of your child's gastrostomy tube. The healthcare team will discuss any other items you may need.

☐ Clamp or gastrostomy plug

☐ Cotton swabs

☐ Extra gastrostomy tube

☐ Extension set (for gastrostomy button devices only) or feeding connector

☐ Feeding bag, tubing, and pump (for continuous feedings)

☐ Clean washcloth/dry towel

☐ Measuring container with pouring spout

☐ Dish soap (for cleaning supplies)

☐ Syringe, ____mL

☐ Syringe, 5 mL

☐ Mild soap

☐ Gauze sponges

☐ Hand sanitizer or soap and water for hand washing

Gastrostomy site care

Cleaning the gastrostomy site

The opening in the skin (stoma) heals very slowly. It may take several weeks. Careful skin care is essential. Clean the skin around the stoma with mild soap and water daily and as needed if drainage occurs.

1. Wash your hands well with soap, using friction.
2. Have all supplies together and ready to use:
   - Cotton swabs
   - Mild soap and water
   - Washcloth and dry towel
   - Gauze drainage sponges (if applicable)
3. Remove the old gauze, if present.
4. Check for drainage. A smear of blood or a bit of clear yellow drainage is normal. If drainage has increased, is yellow or green, or smells bad, call the doctor.
5. Gently clean around the gastrostomy site with water and mild soap, rolling a cotton swab around it to remove any drainage. Clean the stabilizer and the G-tube. Rinse and dry the area well.
   - For PEG tubes, clean the feeding port by vigorously swishing it in warm soapy water. Rinse with clean water.
   - For the G-tube button, open the G-tube safety plug and clean the feeding port with a wet cotton swab at least once a day if on continuous feeds.
6. Check the skin around the stoma. If there is increased redness or skin growth, call the doctor.
7. If there is a little bleeding or drainage at the site, place gauze under the bumper. Change it as needed to keep the site dry.
8. Rotate the G-tube button and PEGs in a circle (approximately ¾ turn) as part of routine care.
   - **Note: Gastrojejunostomy (GJ) tubes should not be rotated.**

Protecting the gastrostomy site

It's important to keep the tube stable so it does not shift. Movement prevents healing and can lead to leaking or tube slippage too far into the body.

Do not let your child pull on the tube. Cover the tube with a T-shirt. One-piece snap T-shirts work best for infants and toddlers. Some stores sell adaptive clothing for children with medical needs. **Remove the extension tubing set when not in use.**

Keep the end of the tube closed to prevent leaking. The tube is closed if it is clamped or connected to a drainage bag.

Connecting the extension set to the G-tube Button

1. For button devices, prime the extension set with water before connecting to the G-tube button to prevent air getting into the stomach.

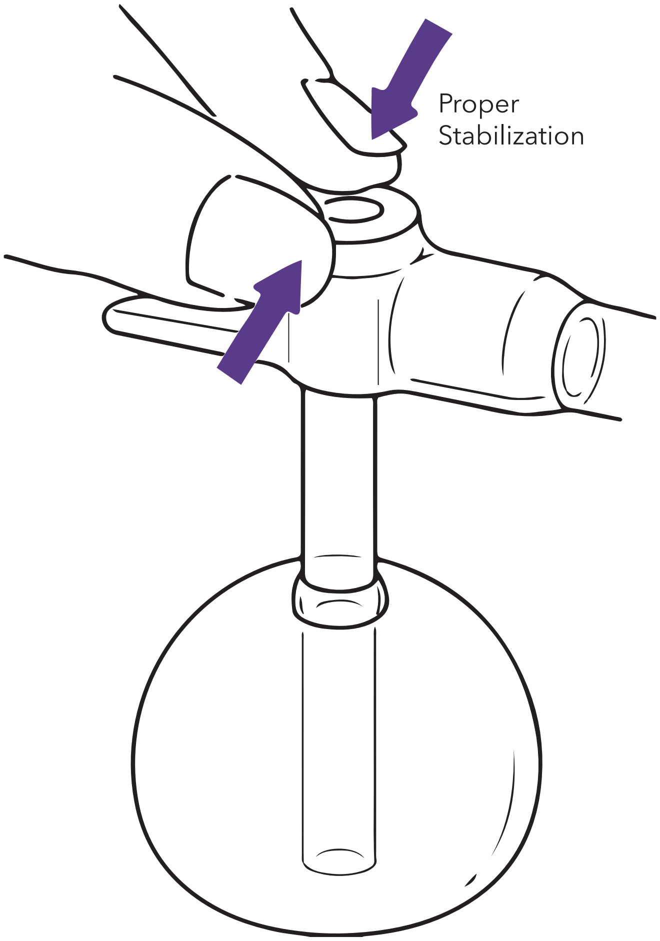
2. When attaching the extension set, it's important to stabilize the button. Hold the button firmly between the balloon fill valve and feed port.

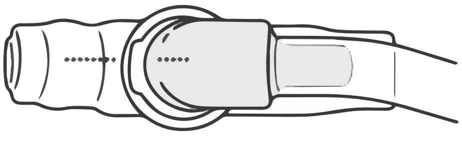
3. Line up the black mark on the extension set with the black mark on the button.

4. Push the extension set completely into the button. Avoid pushing down into the abdomen, and rotate the extension set clockwise (↻) until it stops to lock it into place.

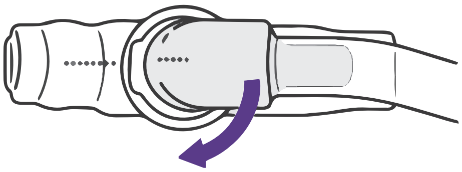
5. Do not rotate the extension set more than ¾ turn. Greater than ¾ turn may break the stopper on the accessory.

6. Remove the feeding set and close the safety plug when not feeding.

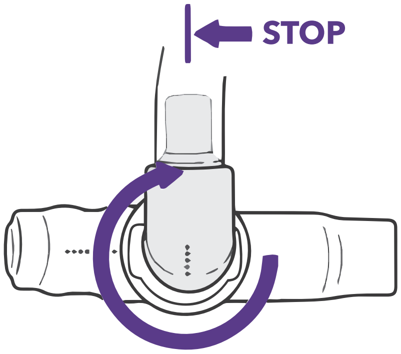




A. Starting position



B.Turn 3/4 to the right to lock



C. Locked position

Checking placement and flushing the G-tube

- To keep the G-tube clean and from clogging, use the recommended amount of water to flush before and after giving medication and each feeding.
- If the flush will not go into the G-tube, do not force it.
  - Make sure the tube is unclamped.
  - Try a different connector, and make sure the connection is secure.
  - If you are still unable to flush, contact your doctor.
- If the G-tube is not being used, flush according to your provider's instructions.
- For PEGs and gastrostomy catheters, measure the length of the G-tube every day from the insertion site to the end of the tube. Note where the device falls against your child's skin daily. If the device appears to be shorter, reach out to the provider for guidance.
- If the G-tube has a balloon, the balloon needs to be checked once a month or per manufacturer's recommendation. Know the amount of fluid needed to inflate the G-tube balloon. You will be taught how to check the water reservoir by your child's G-tube provider.

Venting the G-tube

You may need to vent the G-tube to remove excess air from your child's stomach. Your child's health care team will tell you if you need to do this.

Two ways to vent the G-tube:

1. Attach the G-tube to a drainage device, such as a drainage bag or a diaper, to provide constant venting.
2. To vent the tube as needed, connect a syringe (with the plunger removed) to the G-tube to allow air to escape from the stomach. Use this method for bloating, distension, or gagging. If your child requires frequent venting, contact your child's health care team.

Supplies

- Syringe or drainage device

Instructions

1. Wash your hands with soap and water.

2. To provide constant venting:

- Attach the G-tube to a drainage device. The air will flow out naturally.

3. To vent the tube as needed:

- Remove the plunger from the syringe and connect to the G-tube.
- Hold the syringe upright (you may hear gas and/or see stomach contents come up into syringe).
- When G-tube venting is done, elevate the syringe to allow stomach contents to return to the stomach (a gentle push of the plunger may be needed to start the flow).
- Clamp the tube and remove the syringe.

Medicines

- Flush the G-tube before and after giving medicine with ___ mL of warm water (see page 4 for the amount). If giving several medicines, you may need to flush the G-tube after each one.
- Give medicines before feedings. Do not mix a medicine with other medicines or with the feeding unless you have been told to do so by your doctor or pharmacist. If told to mix together, try them together in a cup (stir for 1 minute) to see that they do not clump, curdle, or become flaky.
- Use liquid medicines when available. If a medicine is a tablet or capsule, ask the pharmacist whether it can be crushed or opened. If the medicine is a:
  - ☐ **Tablet:** Crush between two spoons to make a powder, and dissolve in ________________.
  - ☐ **Capsule:** Open capsule, pour contents into a cup, and dissolve in ____________________.
  - ☐ **Gel cap:** Poke a small hole in the gel cap and empty its liquid into ____ mL of warm water in a medicine cup, or as directed.
- **Do not** crush or use extended-release, long-acting, or delayed-release medicines with any type of feeding tube. They may deliver too much medicine at one time.
- **Avoid** crushed medications or suspension medications for the first 3 months after G-tube placement. This will decrease the chance of the G-tube clogging and needing to be changed by your child's G-tube provider before complete healing.
- **Do not** give over-the-counter medicines unless approved by a doctor or nurse.
- Ask the pharmacist whether medicine should be given with or without food. If the medicine cannot be given with food and your child is receiving continuous feedings:
  1. Stop the feeding.
  2. Flush the tube.
  3. Wait 1 hour.
  4. Give the medicine.
  5. Wait 1 more hour before starting the feeding again.

Note: Plan to call for your monthly medication refills. The medicine may not be delivered automatically.

Tube feedings

The feeding type, amount, and time will be decided by the doctor and dietitian, depending on your child's needs. See page 4 for your child's specific information. **Do not** change the diet without approval from your health care team.

There are two ways to give a gastrostomy tube feeding.

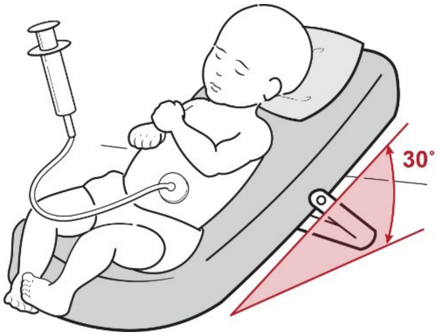
1. **Intermittent (bolus) feedings.** Larger amounts of formula/breast milk are given through the tube over a short period of time. Some children get several feedings during the day. This method resembles a normal feeding pattern. A gravity flow system or a pump regulates a slow, steady flow for the feeding.
2. **Continuous feedings** are given over a longer period of time. A feeding pump makes the tube feeding go into the stomach at a slow, steady rate. A child may be fed day and night using a pump. Some children are fed only during daytime or nighttime hours.

Free water. Whether or not your child is eating by mouth, the body may need extra water. Your doctor and dietitian will decide whether your child needs extra water and how much each day.

Getting ready

1. Wash your hands well with soap. Rub to create friction.
2. Gather all equipment:
   - Syringe, ________ mL (see page 4)
   - Extension set (for button G-tubes)
   - Appropriate connector for G-tube access port
   - Measuring container with pouring spout
   - Formula or breast milk
   - Water to flush the G-tube (if ordered)
   - Clamp or gastrostomy plug (if used)
   - Medicine (if it is to be given with food)
3. If you give continuous feedings, you will also need:
   - Enough breast milk or powdered formula for up to 4 hours, or ready-to-feed formula for up to 8 hours. Breast milk, whether fortified or not, may separate. Gently shake to mix before use.
   - Feeding pump
   - Feeding bag and tubing
4. Measure the correct amount of formula or breast milk. If it is cold, warm it to room temperature. If you will be giving water, let it warm to room temperature.

Tube feedings



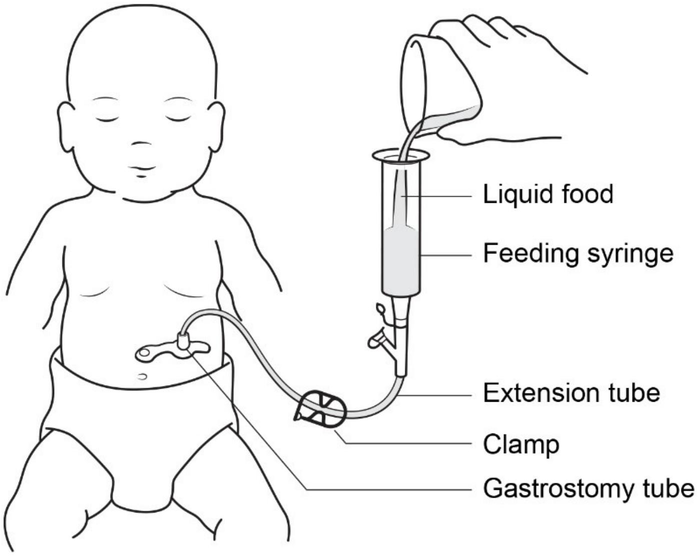
Positioning for feeding

Some children with gastrostomy tubes, especially if they have reflux, feed better with the upper body raised at least 30 degrees. Discuss with your child's health care team what type of feeding or sleeping position is best for your child.

Bolus feedings by gravity

(Refer to this section only if you have been told to give your child bolus feedings.)

1. Place your child with the head of the bed elevated to at least 30 degrees.
2. If using a button G-tube type, attach extension set primed with water.
3. Put the syringe (without plunger) into the feeding port.
4. Pour part of the feeding into the syringe.
5. Unclamp the tube.
6. A gentle push of the plunger may be needed to start the flow. Try to start the feeding when the child is calm.
    - A pacifier may help calm an infant.
    - For older children, use activities to distract them, or involve the child with the feeding, such as holding the syringe.
7. Allow the feeding to flow by gravity. Do not force it.
    - During the feeding, the bottom of the syringe should never be held higher than 6 inches above the child's stomach.
    - Lower the syringe at times to allow air bubbles to escape, or to slow the feeding.
    - If your child is crying, you may need to restart the flow with a gentle push with the plunger, as needed.
8. Continue adding formula/breast milk to the syringe until the entire amount is given.
9. When the last part of the feeding is in the syringe tip, flush it with ___ mL warm water to keep it from clogging. (See the amount on page 4.)



After the bolus feeding

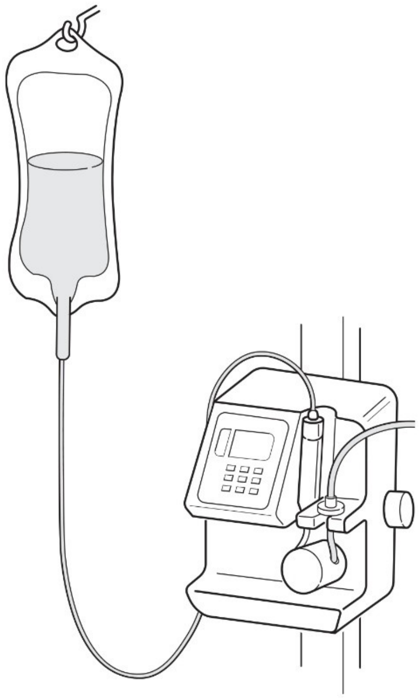
- If told to by your doctor, allow air to escape by venting (leaving the tube open to air).
- Alternately, burp your child, unless a Nissen fundoplication surgery has been done.

Tube feedings

Continuous or intermittent feeding with a pump

(Refer to this section only if you have been told to give your child feedings with a pump.)

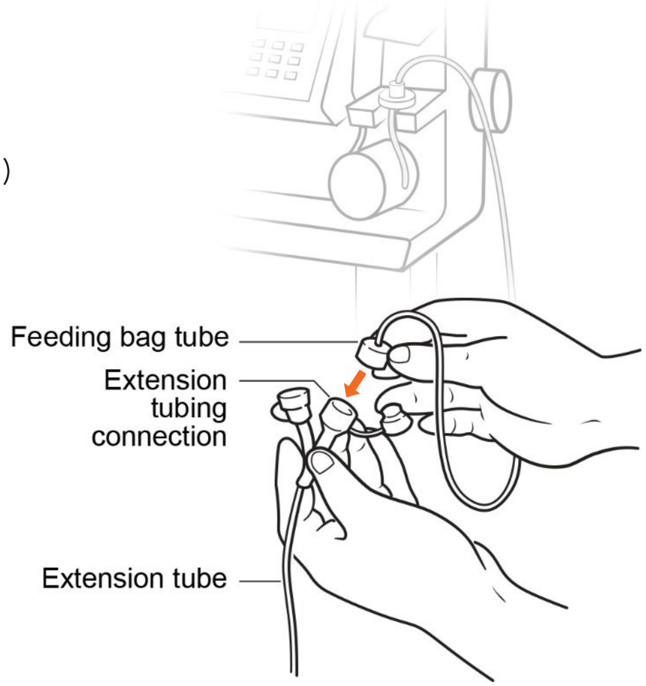
- Feedings may be given continuously or intermittently using a pump.
- Feedings using a pump will have a bag with attached tubing that fits into the pump. The end of the bag's tubing connects to the extension set.
- The feeding bag tubing must be primed. Make sure the feeding bag is not connected to your child's G-tube when priming the feeding bag tubing.



1. If your child has a button G-tube, attach the extension set.
2. If recommended, check the residual (amount of stomach contents left over from the last feeding). To do this, insert a syringe into the feeding port and pull back on the plunger to bring stomach contents into the syringe. Keep pulling back until no fluid comes out. Measure the amount, record it, and then gently push the contents back into the stomach.
3. Pour measured amount of formula or breast milk into the feeding bag. Run through to the end of the tubing to remove air in the tubing.
4. Set up the pump and feeding bag tubing according to the directions from the medical supply company. Be sure the rate is set correctly.
5. Connect the feeding bag tubing to the feeding port.
6. Unclamp the tube.
7. Start the pump. Check to make sure the formula or breast milk is dripping.
8. As the bag empties, add more formula or breast milk. Recommended volume to add:
9. Breast milk volume for 4 hours
10. Sterile ready-to-feed formula volume for 8 hours
11. When the last part of the feeding is in the G-tube, disconnect the feeding bag tubing from the port.
12. Flush the G-tube with _____ mL warm water to keep it from clogging. (See the amount on page 4.)

After the intermittent feeding or between continuous feeding refills:

- If told to by your doctor, allow air to escape by venting (leaving the tube open to air).
- Alternately, burp your child, unless a Nissen fundoplication surgery has been done.
- Clamp and close the end of the tube.
- Disconnect the extension set, if used.



Cleaning the equipment

- If your child receives bolus feeds, wash the extension set between each use.
- If your child receives continuous feeds, wash the extension set once a day.
- Clean the balloon port and the feeding port on the G-tube button using a wet cotton swab after each feeding.

Extension set and syringe

1. After each use, wash well with warm water and dish soap.
2. Rinse well with clean water.
3. Air-dry on a clean towel.
4. When completely dry, store in a clean covered container.

Feeding bag and tubing

1. Disconnect the feeding bag and tubing from the G-tube.
2. Empty the contents of the feeding bag.
3. Fill the feeding bag with water to about half of the total capacity. Close the feeding bag and shake for 5 to 10 seconds. Empty the feeding bag and repeat this step until the water in the bag is clear.
4. Connect the feeding bag with clean water to the pump. Power the pump on and choose the settings to start programming. Press the “Prime Pump” button to enter the “Prime Pump” screen. Press and hold the “Hold to Prime” button until only clean water flows through the tubing. Continue to hold the “Hold to Prime” button to remove any remaining water from the feeding set.
5. Experts recommend that if the feeding bag is used multpile times in a 24 hour period, the bag should be placed in a clean plastic bag and stored in the refrigerator between uses to prevent germs from growing.
6. Change the feeding bag and extension sets as recommended:
   - Feeding bags: Change daily
   - Feeding extension sets: Change weekly or sooner if cracked, cloudy, or hard to clean

Checking the balloon of the G-tube button

Do not attempt this until you are taught by your child’s G-tube provider.

1. Gather necessary supplies.
   - Syringe
   - Sterile water, tap water, or filtered drinking water. Do not use distilled water or saline.
2. Identify the appropriate amount of water for the balloon.
3. Hold gastrostomy button in place, preventing tension or pull of the tube.
4. Remove all water from the balloon by inserting a syringe into the balloon port and drawing back on the plunger. Examine the amount.
5. Replace with the manufacturer’s directed amount of water or as prescribed by the provider.

Problem-solving

What if the gastrostomy tube comes out?

Put in a new tube as soon as possible (ideally within 4 hours) to prevent the stoma tract from closing.

Place a diaper or cloth over the stoma to absorb any fluid. Some stomach contents might ooze out of the opening, and the site may bleed a very small amount, especially if the tube was accidentally pulled out. Apply gentle pressure to stop the bleeding.

If this is the first time the tube has come out, or you have not been taught how to replace the tube, call the doctor's office or go straight to the emergency department. You will be told to take your child to the office or emergency department to have a new tube put in. Bring your back up gastrostomy kit with you to the emergency department. If you do not have a new tube, bring the one that came out. The doctor will need to know the type and size your child uses.

How do I replace the gastrostomy tube?

(*Refer to this section only if you have been trained to replace the gastrostomy tube.*)

Once the gastrostomy site has healed, the doctor or nurse may teach you to replace the tube or button device at home.

Change the tube:

- If it is plugged and you cannot unclog it
- If the tube comes out or your child has pulled the tube out
- Every 3 months as routine maintenance

To replace the gastrostomy tube:

1. Wash your hands well with soap. Rub to create friction.
2. Have all supplies together, ready to use:
    - Extra gastrostomy tube
    - Clamp or plug, if used
    - Stabilizing device, if used
    - 5-mL syringe
    - Tape
    - 2 clean cloths
    - Water
    - Lubricant
3. Measure the new G-tube against the old one. Put a mark at the same level with a permanent marking pen. (This step is not needed with a button device.)
4. Check the new gastrostomy tube by filling the balloon with the recommended amount of water per manufacturer guidelines. Be sure it does not leak.
5. Remove the water from the current device to deflate the balloon.
6. Gently remove the tube from the stoma.
7. Wet the tip of the new tube with tap water or lubricant.
8. Put the tip into the stoma.
9. Gently push the tube into the stomach until the mark is at skin level.
10. Fill the balloon with the correct amount of water (see balloon volume on page 4).
11. Gently pull the tube to position the balloon against the stomach wall. Pulling the tube too tightly will cause the opening to enlarge, and formula may leak out around the tube.
12. Clamp or plug the tube.
13. Apply stabilizing device.
14. Check the tube for correct placement. For a skin level device, insert an extension set and listen for air and/or check for residual stomach contents by pulling back with a syringe.

Problem-solving

Feeding problems	What to do
Vomiting	• Stop the feeding. • Place your child in side-lying or sitting position with head tilted forward. • Flush the tube with water to prevent clogging. • Vent the G-tube. • Start feeding again when your child feels better. • If your child vomits a lot, call the doctor.
Gas or upset stomach	• Make sure food is at room temperature. • Give feeding more slowly. Do not force a feeding. • If slowing does not help, stop the feeding and vent the tube. • Wait until your child feels better, and then restart the feeding. • If gas or upset stomach happens again, call the doctor.
Cramping, diarrhea	• Be sure the formula has not been open longer than 24 hours. • Check for correct pump rate. • Check for correct formula concentration. • If formula is cold, warm it to room temperature. • Stop the feeding and vent the tube. • Flush the tube with water to prevent clogging. • If your child feels better, feed at the next scheduled time. • If diarrhea lasts more than 24 hours, call the doctor.
Increase in abdomen size	• Vent the G-tube. • Call the doctor if it does not decrease.

Stoma problems	What to do
Leaking around stoma (more than a small amount)	• Try to adjust the tube and stabilizer. • If leaking continues, call the doctor.
Bleeding	• Apply gentle pressure with a clean cloth for 5 minutes. • Call the doctor.
Redness, irritation, soreness, discharge, foul smell around stoma	• Clean stoma site with mild soap and water. • Call the doctor to rule out infection.
Scar appears around stoma (overgrowth of tissue)	• Secure the G-tube catheter to minimize tube movement. • Call the doctor.

Problem-solving

Tube problems	What to do
Change in length of tube	- If tube is too tight or too loose, call the doctor.
Clogged tube: Follow only the checked instructions	☐ Check the tube for kinks and closed clamps. ☐ Try to adjust the tube. ☐ Try to reposition the child or rotate and reposition the tube. If the tube was inserted during surgery, avoid this movement to make sure it does not interfere with sutures. Instead, call the doctor. ☐ Try to slowly push warm water into the tube with a 30 or 60 mL syringe (not smaller), using slow, easy pushing. Allow to sit for 5 minutes and repeat flush actions. ☐ Use de-clogging agent per instructions. ☐ Replace the tube (if you've been taught how to do this). ☐ If you still cannot unclog the tube, call the doctor.
Feeding bag tubing does not stay connected to port	- Clean port by swishing it in soapy water, and then rinsing in clear water.
G-tube button: Cannot insert extension tubing into the G-tube	- Clean the G-tube port with a wet cotton swab. - Try attaching another extension set.
G-tube accidentally pulled out	- Replace G-tube as instructed within 4 hours.
G-tube is accidentally pulled out and you don't know how to replace it G-tube breaks off or is cut off	- Cover the stoma with a clean, soft cloth. - Call the doctor for directions on where to have the tube replaced within 4 hours. - Take your gastrostomy kit with you.

Contact your doctor if you suspect the tube has moved. The doctor may order an X-ray.

General care

Activity

Your child should be able to do normal activities. Be sure to protect the tube from being pulled out. Children may enjoy being in a swimming pool once the site has healed (2 to 3 weeks after surgery). Be sure to dry the site well afterward.

Mouth care

Whether or not your child is eating by mouth, your child's mouth needs to be cleaned. It may become dry and sore, or mucus may pool in it. You can wipe out the mouth and moisten it with a washcloth and plain water. Use lip balm as directed to keep lips moist. Clean your child's teeth with water or a soft toothbrush. Children younger than 1 year don't need toothpaste. If your child does not like a toothbrush, begin with a wet washcloth over your finger. Work toward getting your child used to a variety of textures in the mouth. Begin regular dental checkups as you would for any child.

Bathing

Talk with your health care team about when your child can take a tub bath after the gastrostomy is placed. Until tub baths are allowed, you may give sponge baths. Be sure to dry the skin around the G-tube well after a bath.

Clothing

Your child can wear almost any kind of clothing. Infant outfits that have snaps or fasteners down the front give easier access to the gastrostomy site. As babies get older, they sometimes like to play with the G-tube. If your child does this, you may want to use one-piece outfits and shirts that tuck into pants. You can tuck the tube under the shirt or under an elastic waistband. If your child does not see the tube, there will be less temptation to play with it.

Caregivers

Pre-identified caregiver(s) will be trained in gastrostomy care by the hospital or home care staff. If babysitters will be helping to care for your child, be sure to provide emergency phone numbers and enough supplies.

Safety

- Keep sharp objects away from the gastrostomy tube.
- Protect the tube from being pulled on.
- Do not put anything in the tube that has not been approved by your health care team.

Siblings

It's important to help other children in the family understand why and how the child is fed through a G-tube. It may be helpful to involve brothers or sisters in small tasks, such as distracting the child (singing, looking at books, talking), getting or holding things, or helping to clean the equipment. Be sure to watch children so they do not put anything into the tube or pull it out.

Tummy time

Tummy time helps with an infant's developmental milestones. Tummy time should be supervised and done when the infant is awake, comfortable, and interactive. In infants with a new G-tube, it's typically recommended 2 weeks after the G-tube insertion. Talk with the health care team about when to do tummy time.

Developing oral skills

A child who can't eat by mouth misses the oral touch that normally happens with eating. It's important to do activities that provide touch and pressure to the mouth and face to help prevent your child from developing oral aversion. After your child goes home, ongoing therapy is available through your Kaiser Permanente team, school early-intervention programs, or county agencies.

Giving food by mouth

Some children with a G-tube are allowed to take food by mouth, while others cannot. Your doctor will decide whether it's safe for your child to take any food by mouth.

Your Kaiser Permanente team can help you work on balancing oral feedings and gastrostomy feedings. Your team includes your child's pediatrician, surgeon, gastroenterologist, occupational therapist, dietitian, and other sub-specialists (in some cases). Working with you, your child, and your doctor, the team will develop a treatment plan for safe feedings, both orally and using the G-tube.

If your child can take food by mouth, offer oral feedings first, before the gastrostomy tube feeding. This will allow your child to learn that eating makes hunger go away. Use the gastrostomy tube to finish the feeding if your child has not taken the entire amount.

If possible, give your child the tube feeding while at the table with you to encourage an eating routine and schedule. If your child is able to eat by mouth, give food at the same time as the tube feeding. This plan will allow your child to share meals with the family as often as possible.

Oral stimulation

To promote normal touch to the face and mouth, there are many things you can do with your child. Try to make these activities a part of your child's daily routine. It's also important to do oral stimulation during tube feedings to help associate using the mouth with satisfying hunger. This is especially important if your child gets no food by mouth. You may offer oral stimulation opportunities even when your child is not hungry. Try to keep oral stimulation enjoyable. Although it may not be received well at first, it will improve with time. It's important to be persistent without forcing.

- Give a pacifier to your child to suck on during and between gastrostomy feedings (if age-appropriate). This will help your child learn to connect sucking to feeling full. Sucking is a normal activity for infants and young children that helps calm them when they are fussy or tired. It also helps with digestion by stimulating saliva production.

- Encourage your child to bring their fingers up to the mouth for exploration or sucking.

- Help your child explore a variety of toys and textures with the mouth. Children should be allowed to do this at their own speed and in their own way. Never force a child to do it.

- Encourage your child to enjoy their face and mouth. Do this by kissing the lips and cheeks, patting the lips while making noises, and blowing “raspberries” on the cheeks to make funny sounds.

- Your child's occupational therapist may teach you some other activities.

Notes

Notes

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