



**McMaster Children's
Hospital**



When your child has a gastrostomy tube

A guide for parents and families

Important information for:



_____ (child's name)

Date of surgery: _____

Type of tube: _____

Size of tube: _____

Pediatric Surgeon: _____

Family Doctor: _____

Clinic Nurse: _____

Clinic Dietitian: _____

Equipment supplier: _____

Pharmacy: _____

Other: _____

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When your child has a gastrostomy tube

A guide for parents and families

While you are in the hospital, the health care team will help you learn how to feed your child using the gastrostomy tube. You may feel anxious at first, but we will give you lots of support. With a little time and practice, you will begin to feel more comfortable.

When you leave the hospital, you should be able to:

- feed your child using the gastrostomy tube
- give your child medication through the gastrostomy tube, if needed
- take care of the gastrostomy tube and the skin around the tube
- know how to manage some common problems and who to call for help

This book is your guide to caring for your child at home.

**If you have any questions or concerns about your
child's gastrostomy tube, please call the Clinic**

905-521-2100, ext 73618

What is a gastrostomy tube?

A **gastrostomy** (gas-tros-toe-me) is a small opening through the skin and abdomen into the stomach.

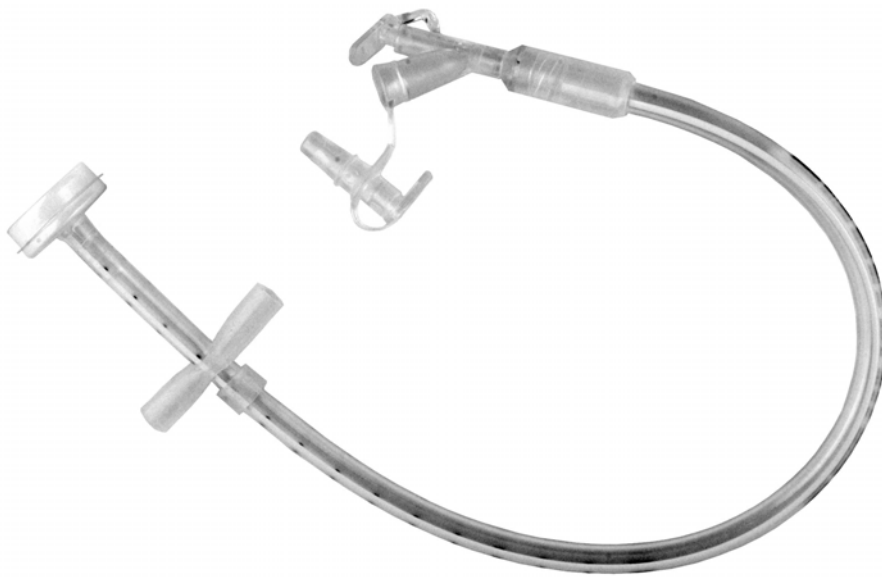
A **gastrostomy tube** or **G-tube** is a thin, flexible tube that is put through this opening. The tube is used to put liquids directly into your child's stomach.

The gastrostomy tube can be used to give your child:

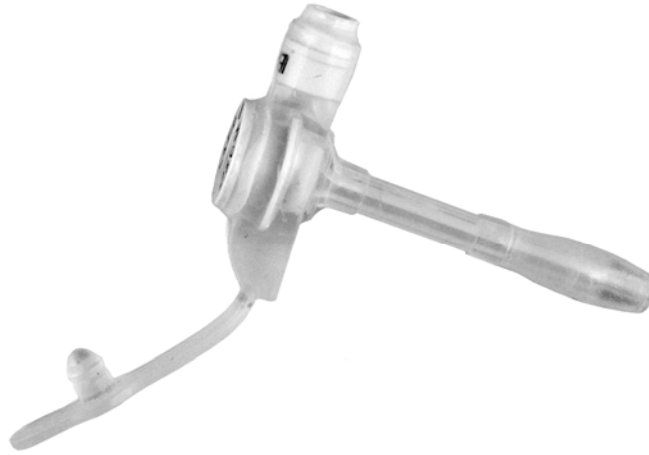
- liquid food - for nutrition
- water - for hydration
- medications

There are different kinds of G-tubes. Your child's doctor has chosen the one that best meets your child's needs.

Your child's first G-tube (put in during surgery) may look like this "PEG tube". This tube will be in place for at least 3 months, but can be used up to 1 year or longer.



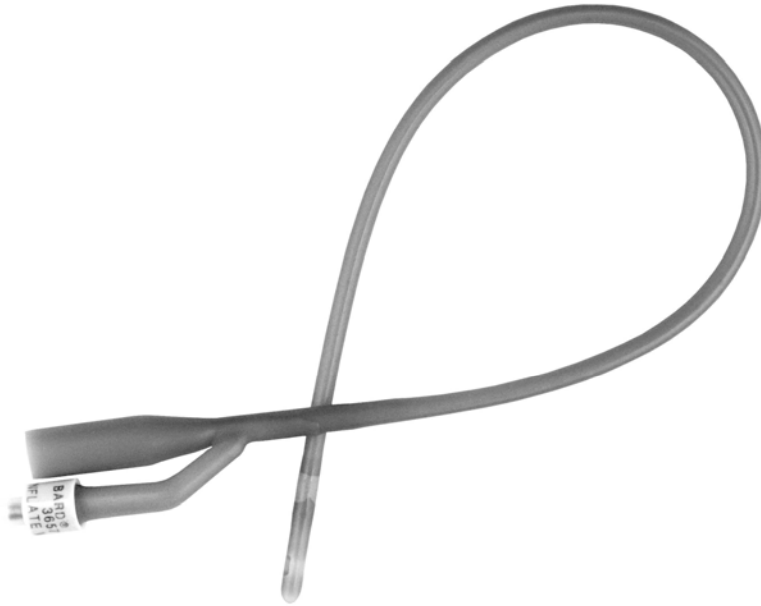
When your child's gastrostomy has healed (usually after 3 months), the original G-tube **may** be replaced by a skin level G-tube that looks like this "Mic-key" tube.



This child has a skin level G-tube.



Here is another kind of G-tube called a foley catheter.



Why does my child need a G-tube?

If your child is not taking in enough food and fluids to grow, the gastrostomy tube can be used to give your child additional food and fluids.

If your child cannot eat or drink at all, the G-tube can be used to provide all the food and fluids he or she needs.

Your child's doctor will discuss the reasons your child needs a G-tube and how long he or she may need to be fed through the tube. The G-tube will not impair your child's ability to eat or drink.

How do I take care of my child?

With time, you and your child will get comfortable with the G-tube. You can expect to return to your normal lifestyle with just a few changes.

Clothing

- The tube must be taped in place to protect the opening (called the gastrostomy site) and prevent the tube from being pulled out.
- Cover the G-tube with a sleeper, undershirt or net vest. This holds the tube close to your child's body. Then put on your child's usual clothing over top.

Bathing

- The doctor or nurse will tell you when your child can have a bath.
- Before a bath, make sure the G-tube cap and/or clamp is closed. If there is a dressing around the tube, take it off.
- Wash your child's skin with a mild soap and a soft washcloth.
- After the bath, pat the skin dry. If the site is dry, no dressing is needed. If there is drainage from the site, put on a clean dressing.

Mouth care

- You need to care for your child's mouth, even if he or she is not eating or drinking. Mouth care can prevent a dry mouth, cavities and gum problems.
- Mouth care depends on your child's age. Before teeth grow, a baby's gums need to be massaged. As teeth develop, the child's teeth need to be brushed and flossed.
- If you have questions about mouth care, please talk with the Clinic nurse, dietitian or your child's dentist.

Activities

- Your child can do regular activities such as crawling, walking, running, swimming and lying on his or her stomach. Please check with the doctor before your child plays any rough sports.
- Before your child has a bath or goes swimming, make sure the G-tube cap and/or clamp is closed.
- If your child goes to school, talk with your child's teacher and the school nurse about the G-tube. The school staff should know what to do and who to call – for common problems and emergencies.

Health care

- Your child may continue to visit the Clinic. The health care team will check the G-tube and your child's nutrition, hydration and growth.
- It is important that your child continues to have regular check-ups with your family doctor or pediatrician.
- If your child needs to go to the hospital, bring your child's formula, feeding equipment (and connecting tube for Mic-key tube), supplies and information about the G-tube.

Traveling

- Take an extra G-tube (Mic-key and/or Foley catheter) with you.
- Local trips are easy to do. Take your child's formula, equipment and extra supplies with you. You may want to keep a checklist of things to pack so you do not forget anything. You can use a clothes hanger, lamp pole or a hook to hang up the feeding bag.
- Going on longer trips and trips out of the country takes some planning.
- If you are flying, put 2 days of supplies in your carry-on bag. Always keep these supplies with you. You can check the rest of your supplies with your luggage.
- If you are leaving the country, check with your insurance company about your coverage for health care and medical expenses. Find out how and where you can get supplies and what they will cost.
- If you are planning a long vacation, talk with the doctor, nurse and dietitian. The health care team can help you with the details.

How do I take care of the skin around the tube?

Check the skin

- At least once a day you need to look at the skin around the G-tube.
- Check the skin for any discomfort, redness, swelling and drainage. A small amount of pale drainage is normal. You may notice some pinky-red skin growing around the tube. This is called granulation tissue. It is a normal reaction to the tube. If this tissue builds-up or bleeds easily, it can be treated at the Clinic.
- Call the doctor or the Clinic nurse if the skin is sore, red, swollen or there is a lot of drainage.

Clean the skin

- It is important to keep the G-tube site clean and dry.
- Clean the skin around the tube once a day – or more often if needed. Use a cotton swab or a soft washcloth to wash the skin with warm, soapy water. Gently remove any crusted areas. Rinse with clean water. Pat the skin dry with a soft cloth or towel.
- Check the skin each time you clean the site.
- If the G-tube has a cross bar at the opening, turn the bar once a day when you are cleaning the skin.
- Do not use any creams or powders on the skin, unless directed by the health care team.
- If the skin is healed and there is no drainage, you do not need to cover the G-tube site with a dressing.
- If there is drainage around the tube, cover the site with a gauze dressing. Change the dressing often. Clean the skin with each dressing change.
- After cleaning the skin, re-tape the tube in a different position.

How do I take care of the G-tube?

Most tubes have a securing device to hold them in place.

If your child's tube does not have a securing device on the outside, the nurse will mark the tube and show you how to tape it in place. It is important that you know the length of your child's G-tube.

To check that the G-tube is in the correct position, look for this mark. If you cannot find the mark, gently pull the tube until you can see the mark. Then tape the G-tube in place.

Do not let the end of the tube hang loose. When you are not using the tube for feeding, make sure it is closed and taped in place. Cover the tube with your child's undershirt, vest or top to hold it in place.

If the tube falls out, it must be put back in as soon as possible.

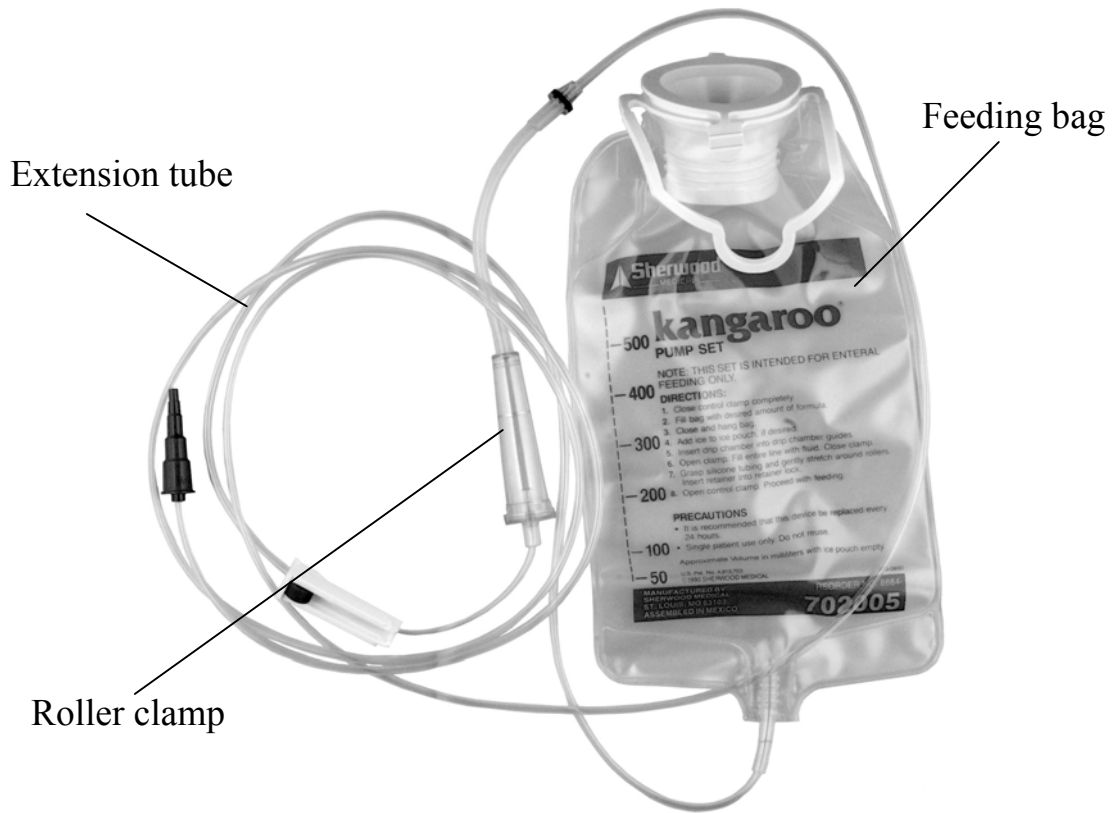
If these 3 conditions are met, you can put the tube back in:

- It is more than 3 months since the G-tube was first inserted.
- The G-tube is a Mic-key or Foley catheter.
- You have been shown how to do this and you feel comfortable.

If you do not know how to put the tube in, cover the opening with gauze or a clean cloth. Call the Clinic nurse. If you cannot reach the Clinic, take your child to the Emergency Department at McMaster Children's Hospital and bring the tube with you.

What feeding equipment do I need?

This picture shows the feeding equipment. Your equipment may look a little different, but will have the same features.



Syringe for flushing

How do I get the feeding equipment?

If you are getting services from the Community Care Access Centre (CCAC), your supplies and equipment may be provided or rented for a limited time.

If you are not getting services from CCAC, your dietitian will give you a list of stores where you can buy or rent your equipment. Check with your insurance company to see if these costs are covered.

You can apply to the Assistive Devices Program (ADP) provided by the Ontario Ministry of Health and Long-Term Care. If you are eligible, ADP may cover some of the cost of your supplies. ADP does not pay for formula.

If you need help to pay for your equipment or formula, please talk with the Social Worker.

What about formula?

The doctor or dietitian will tell you which formula to give your child. Formula can provide all the nutrition your child needs. As your child grows, you may need to change formulas.

Buying formula

- You can buy formula at most drug stores. Call the store ahead of time. They may need time to order a supply of your child's formula.
- If you are having services from the Community Care Access Centre (CCAC) or have an Ontario Drug Benefit card, the cost of some types of formulas may be covered.
- If you are not having CCAC services and do not have an Ontario Drug Benefit card, check with your insurance company and social worker for help with the cost. The Assistive Devices Program (ADP) does not cover the cost of formula.

Preparing formula

Make sure you check the expiry or “best before” date on the container of formula. After this date, the formula cannot be used and must be thrown out.

Liquid formula	Powdered formula	Expressed breastmilk (EBM)
<ul style="list-style-type: none">• Unopened containers of liquid formula can be stored at room temperature.• Open containers must be covered and stored in the refrigerator. Use within 24 hours.• Before each feeding, take the formula out of the fridge to let it warm to room temperature. This takes about ½ hour.	<ul style="list-style-type: none">• Carefully follow the instructions on the container to prepare the formula.• Prepare 1 day of formula at a time. Store prepared formula in the refrigerator until you need it.• Before each feeding, take the formula out of the fridge to let it warm to room temperature. This takes about ½ hour.	<p>You can place fresh or thawed EBM through a G-tube.</p> <ul style="list-style-type: none">• Fresh EBM<ul style="list-style-type: none">– use within 3 days.• Thawed EBM<ul style="list-style-type: none">– use within 24 hours.• Before each feeding, take the EBM out of the fridge to let it warm to room temperature.

You may warm formula or EBM by placing the container or bottle in a bowl of warm water. Do not use hot water or a microwave oven.

Use sterilized water for babies less than 4 months old.

- For the first 4 months, use boiled water to prepare formula or flush your child’s G-tube.
- All types of water, including bottled water, must be boiled.
- Boil the water in a pot for 5 minutes. Let it cool before using.

How do I feed my child?

The health care team will help you make a feeding plan that meets your child's needs and fits your family's daily life. The details of the plan will be written on your "Feeding and Flushing Schedule" (sample on page 35). The plan will change to meet the needs of your growing child.

When you are comfortable feeding your child with the G-tube, you will be able to feed him or her during family meal times.

If your child is very young, he or she can suck on a pacifier (soother) during feedings. This helps your baby relate sucking with the pleasant feeling after a feeding. Holding and talking to your baby also helps him or her enjoy feedings.

Feeding methods

There are 3 ways to feed your child using the G-tube. You and your child's health team will decide which method is best for your child. You may change methods, as your child's needs change.

- **By gravity.** Formula flows down from a feeding bag through the extension tube, which is connected to the G-tube. You control the flow of the formula with the roller clamp on the extension tube. See page 15 for instructions.
- **By syringe.** Formula is gently pushed from a syringe through the extension tube, which is connected to the G-tube. You control the flow of the formula with the plunger of the syringe. See page 17 for instructions.
- **By pump.** A pump controls the flow of formula from the feeding bag through the extension tube, which is connected to the G-tube. The pump moves the formula down the tube and into the stomach at a set rate. See page 21 for instructions.

Feeding your child – by gravity

Get ready

1. Check the expiry date on the container of formula. Prepare formula if needed.
2. If formula is in the refrigerator, take it out and allow it to sit at room temperature for ½ hour.
3. Gather your supplies:
 - the Feeding and Flushing Schedule
 - formula at room temperature
 - feeding set (feeding bag and extension tube)
 - IV pole or hook to hang up the feeding bag
 - 60 ml syringe or a catheter-tip syringe for flushing
 - warm water for flushing
4. Help your child get into a comfortable position. During the feeding, your child's head should be higher than his or her stomach.
5. Wash your hands.

Check the G-tube and prepare the feeding equipment

1. If the G-tube does not have a securing device, check the position of the tube.
2. Close the roller clamp on the extension tube by rolling it to the bottom until it feels tight.
3. Wipe the top of the formula container with a clean cloth. Shake to mix the formula.
4. Open the formula and pour the required amount for one feeding into the feeding bag. If your child is on continuous feedings, do not pour more than 4 to 6 hours supply into the bag at one time, unless the dietitian has given you other instructions.
5. Hang the feeding bag on the IV pole or hook. It must be higher than your child's head.

-
6. Hold the tip of the extension tube over a container. 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, and then close the roller clamp. This pushes the air out of the tube so that it does not go into your child's stomach.

Flush before the feeding

1. Check the Feeding and Flushing Schedule for the amount of water to use. Draw up the required amount of warm water into the syringe.
2. Depending on the type of G-tube, open the cap and insert the end of the syringe into the G-tube **OR** insert the syringe and then open the clamp on the G-tube.
3. **SLOWLY** push the plunger of the syringe in to flush the water through the G-tube.
4. Remove the syringe from the G-tube. Close the G-tube cap and/or clamp.

Give the formula

1. Connect the tip of the extension tube to the G-tube. Open the roller clamp. This starts the flow of formula down the tube.
2. After the formula has run through, remove the tip of the extension tube from the G-tube. Close the G-tube cap and/or clamp.

Flush after the feeding

1. Check the Feeding and Flushing Schedule for the amount of water to use. You can pour the water into the feeding bag **OR** flush with the syringe in the same way as before the feeding.
2. After flushing through the feeding bag, close the roller clamp on the extension tube. Remove the extension tube from the G-tube.
3. Close the G-tube cap and/or clamp.

When the feeding is finished

1. For about an hour after feeding, keep your child's head higher than his or her stomach.
2. Wash and store equipment, following the instructions on page 27.

Feeding your child – by syringe

Some people are not able to use this method. If you find that you can do this method, you may feed your child this way once in a while or all the time.

Get ready

1. Check the expiry date on the container of formula. Prepare formula if needed.
2. If formula is in the refrigerator, take it out and allow it to sit at room temperature for ½ hour.
3. Gather your supplies:
 - the Feeding and Flushing Schedule
 - formula at room temperature
 - a syringe with a catheter-tip
 - warm water for flushing
4. Help your child get into a comfortable position. During the feeding, your child's head should be higher than his or her stomach.
5. Wash your hands.

Check the G-tube and preparing the formula

1. If the G-tube does not have a securing device, check the position of the tube.
2. Wipe the top of the formula container with a clean cloth. Shake the container to mix the formula. Open the container.

At this point you may follow Method A or B (page 20)

Method A (faster feeding)

Flush before the feeding

1. Check the Feeding and Flushing Schedule for the amount of water to use. Draw up the required amount of warm water into the syringe.
2. Depending on the type of G-tube, open the cap and insert the end of the syringe into the G-tube **OR** insert the syringe and then open the clamp on the G-tube.
3. **SLOWLY** push the plunger of the syringe in to flush the water through the G-tube.
4. Remove the syringe from the G-tube. Close the G-tube cap and/or clamp.

Give the formula

1. Pour formula into a container.
2. Draw up a full syringe of formula from the container.
3. Depending on the type of G-tube, open the cap and insert the end of the syringe into the G-tube **OR** open the clamp on the G-tube after inserting the syringe.
4. **SLOWLY** push the plunger of the syringe in to give the formula through the G-tube.
5. Repeat steps 2 to 4, until the required amount of formula has been given.
6. Remove the syringe from the G-tube. Close the G-tube cap and/or clamp.

Flush after the feeding

1. Draw up the required amount of warm water into the syringe.
2. Depending on the type of G-tube, open the cap and insert the end of the syringe into the G-tube **OR** open the clamp on the G-tube after inserting the syringe.
3. **SLOWLY** push the plunger of the syringe in to flush the water through the G-tube.
4. Remove the syringe from the G-tube. Close the G-tube cap and/or clamp.

When the feeding is finished

1. For about an hour after feeding, keep your child's head higher than his or her stomach.
2. Wash and store equipment, following the instructions on page 27.

Method B (slower feeding)

Flush before the feeding

1. Remove the plunger from the syringe.
2. Depending on the type of G-tube, open the cap and insert the end of the syringe into the G-tube **OR** open the clamp on the G-tube after inserting the syringe.
3. Check the Feeding and Flushing Schedule for the amount of water to use. Hold the syringe upright and slowly pour the required amount of warm water into the syringe. As you pour, the water runs into your child's stomach and flushes the tube.

Give the formula

1. **SLOWLY** pour some of the formula into the syringe.
As you pour, the formula runs into your child's stomach.
2. Keep **SLOWLY** pouring formula into the syringe until the required amount of formula has been given.

Flush after the feeding

1. **SLOWLY** pour the required amount of warm water into the syringe to flush the tube.
2. Remove the syringe from the G-tube. Close the G-tube cap and/or clamp.

When the feeding is finished

1. For about an hour after feeding, keep your child's head higher than his or her stomach.
2. Wash and store equipment, following the instructions on page 27.

Feeding your child – by pump

A pump delivers a continuous amount of formula at a set rate. Here are the main steps to feeding with a pump. Check your pump manual as the steps may be slightly different. If you have any questions, refer to the manual or call the Clinic nurse or dietitian.

Get ready

1. Check the expiry date on the container of formula. Prepare formula if needed.
2. If formula is in the refrigerator, take it out and allow it to sit at room temperature for ½ hour.
3. Gather your supplies:
 - the Feeding and Flushing Schedule
 - formula at room temperature
 - feeding set (feeding bag and extension tube)
 - 60 ml syringe or a catheter-tip syringe for flushing
 - feeding pump and IV pole
 - warm water for flushing
4. Help your child get into a comfortable position. During the feeding, your child's head should be higher than his or her stomach.
5. Wash your hands.

Check the G-tube and prepare the feeding equipment

1. If the G-tube does not have a securing device, check the position of the tube.
2. Close the roller clamp on the extension tube by rolling it to the bottom until it feels tight.
3. Wipe the top of the formula container with a clean cloth. Shake to mix the formula.

-
4. Open the formula and pour into the feeding bag. Do not pour more than 4 to 6 hours supply into the bag at one time, unless the dietitian has given you other instructions.
 5. Hang the feeding bag on the IV pole.
 6. Plug the pump into an electrical outlet.
 7. Hold the tip of the feeding delivery set over a container. Open the roller clamp on the delivery set. Do not fill the drip chamber more than $\frac{1}{2}$ full. Let the formula run to the end of the tube, and then close the roller clamp. This lets the air out of the tube, so that it does not go into your child's stomach.

Flush before the feeding

1. Check the Feeding and Flushing Schedule for the amount of water to use. Draw up the required amount of warm water into the syringe.
2. Depending on the type of G-tube, open the cap and insert the end of the syringe into the G-tube **OR** insert the syringe and then open the clamp on the G-tube.
3. **SLOWLY** push the plunger of the syringe in to flush the water through the G-tube.
4. Remove the syringe from the G-tube. Close the G-tube cap and/or clamp.

Give the formula

1. Connect the tip of the extension tube to the G-tube.
2. Press the **POWER ON** button.
3. Set the **RATE** on the pump according to your Feeding and Flushing Schedule.
4. Open the roller clamp on the extension tube. Press the **START** button.

-
5. Check the Feeding and Flushing Schedule to know how often to flush. Press the **HOLD** button when it is time to flush the tube.
 6. If your pump has a Y-connector, use this extra “port” for flushing. Follow the instructions in the pump manual.
 7. If your pump does not have an extra port, flush with the syringe in the same way as before the feeding. After flushing, reconnect the extension tube with formula to the G-tube.
 8. Press the **START** button to resume the feeding.

Flush after the feeding

1. After the feeding, press the **STOP** button on the pump. Press the **POWER OFF** button.
2. Flush the G-tube again with the required amount of warm water.
3. Close the roller clamp on the extension tube and disconnect the tip of the extension tube from the G-tube. Close the G-tube cap and/or clamp.

When the feeding is finished

1. For about an hour after feeding, keep your child’s head higher than his or her stomach.
2. Wash and store equipment, following the instructions on page 27.
3. Keep the pump plugged in when you are not using it. This keeps the battery fully charged.



How do I give my child medications?

You can only give **liquid** medications through the G-tube. If the medication comes in a capsule, open the capsule and dissolve the contents in 10 to 20 ml of warm water. If the medication comes as a pill, ask the pharmacist if the medication can be crushed and mixed with water.

To crush and mix a medication with water:

1. Crush the pill to a fine powder between 2 clean spoons or with a mortar and pestle. If you prefer, you can buy a pill crusher at the pharmacy.
2. Add 10 to 20 ml of warm water. Mix until the powder dissolves.

Tips for giving your child medications

- Each medication must be given separately. Do not crush or mix medications together.
- Do not mix medications with formula or put medication in the feeding bag or syringe.
- Check the directions for each medication carefully. If a medication needs to be taken on an “empty stomach”, give it 1 hour before or 2 hours after a feeding.
- When you give medications through the G-tube you need to be careful that the G-tube does not become blocked. Flush the tube before and after giving each medication.
- After giving the medication, wash your syringe and equipment with warm, soapy water. Rinse with water and dry well.

Get ready

1. Gather your supplies:
 - syringe or catheter-tip syringe
 - liquid or dissolved medication
 - warm water for flushing
 - a container for each medication
2. Wash your hands.

Flush before giving the medication

Check the Feeding and Flushing Schedule for the amount of water to use.

1. Draw up the required amount of warm water into the syringe.
2. Depending on the type of G-tube, open the cap and insert the end of the syringe into the G-tube **OR** open the clamp on the G-tube after inserting the syringe.
3. **SLOWLY** push the plunger of the syringe in to flush the water through the G-tube.
4. Remove the syringe from the G-tube. Close the G-tube cap and/or clamp.

Give the medication

1. Draw up the first medication into the syringe.
2. Depending on the type of G-tube, open the cap and insert the end of the syringe into the G-tube **OR** open the clamp on the G-tube after inserting the syringe.
3. Gently push the plunger of the syringe in to push the medication through the G-tube.
4. Remove the syringe from the G-tube. Close the G-tube cap and/or clamp.

Flush after giving the medication

1. Draw up the required amount of warm water into the syringe.
2. Depending on the type of G-tube, open the cap and insert the end of the syringe into the G-tube **OR** open the clamp on the G-tube after inserting the syringe.
3. **SLOWLY** push the plunger of the syringe in to flush the water through the G-tube. This makes sure that all the medication is out of the tube.
4. Remove the syringe from the G-tube. Close the G-tube cap and/or clamp.

Follow these steps for EACH medication you give your child.

How do I take care of the equipment?

It is important to keep all your supplies and equipment clean.

- After each feeding rinse all supplies with water.
- Each day, wash the feeding sets, extension tubes and syringes with soap and water.
- After washing, rinse the feeding bags and extension tubes with diluted vinegar:
 - mix 30 ml (1/8 cup) of vinegar with 125 ml (1/2 cup) of water
 - pour this into the feeding bag and shake, then empty the bag
 - rinse well with cool water, letting the water run through the tubing
- Store your supplies in a plastic container or plastic bag. Feeding bags and extension tubes can be used for up to 7 days.

Do not wash equipment in a dishwasher.

How can I prevent and manage problems?

Following these steps can help prevent problems:

- ✓ Keep the site clean and dry.
- ✓ Make sure the tube is well secured to the skin.
- ✓ Flush before and after each feeding and medication.
- ✓ Flush every 6 to 8 hours if your child has continuous feeding with a pump.

Here are some common problems and how to manage them at home.
If you are unsure of what to do, please call the Clinic nurse.

Problem	Description	What to do
Nausea	Your child may feel sick because: <ul style="list-style-type: none">• the feeding is too fast• he or she has an illness such as the flu	<ul style="list-style-type: none">• Slow the rate of flow of the feeding. Double the time it takes to feed.• If that does not work, try holding the feeding for an extra hour and then give it slowly.• If your child still feels nauseated the next day, call your family doctor or pediatrician.
Vomiting	Your child may throw up because: <ul style="list-style-type: none">• the tube is in the wrong position• your child has an illness such as the flu	<ul style="list-style-type: none">• Call your family doctor or pediatrician if vomiting continues.• If your child vomits green bile, call the hospital to speak with the Pediatric Surgeon on-call.

Problem	Description	What to do
Feeling thirsty	Your child is not getting enough fluid. This is called dehydration.	<ul style="list-style-type: none"> • Increase the amount of fluid between feedings. • Be sure to flush with at least 10 to 20 ml of water after each feeding.
Dark yellow urine or passing urine less than 2 times a day	Your child is not getting enough fluids. This is called dehydration.	<ul style="list-style-type: none"> • Call your family doctor or pediatrician.
Diarrhea More than 3 loose, watery bowel movements a day.	Medication may cause diarrhea.	<ul style="list-style-type: none"> • Talk with the doctor who ordered your child's medication.
	The feeding is going in too fast.	<ul style="list-style-type: none"> • Slow down the flow of formula. • Talk with the dietitian about changing the flow of formula.
	The feeding tube may have moved out of place.	<ul style="list-style-type: none"> • Check the position of the feeding tube.
	Your child may have an illness or infection.	<ul style="list-style-type: none"> • Always wash your hands before cleaning the site or feeding your child. • Always use clean equipment. See page 27. • When your child has diarrhea, you need to replace fluids. Talk to the dietitian or nurse about how to do this. • If diarrhea lasts longer than 2 days, call your family doctor or pediatrician.

Problem	Description	What to do
Constipation Hard bowel movements or no bowel movements for 3 days.	Your child is not getting enough fluids.	<ul style="list-style-type: none"> • Talk with the dietitian or nurse about the amount of fluids and fibre your child is getting. • If your child is still constipated, call your family doctor or pediatrician.
	Medication may cause constipation.	<ul style="list-style-type: none"> • Ask your family doctor, pediatrician or pharmacist if your child's medications may cause constipation.
Cramping	The formula is cold or not mixed properly, causing the bowels to contract.	<ul style="list-style-type: none"> • Make sure the formula is at room temperature before using.
Bloating	The formula may have gone in too quickly.	<ul style="list-style-type: none"> • Delay the next feeding by 1 hour or slow the rate of feeding by ½ for 4 to 6 hours. Then slowly increase the rate back to the usual level.
	Too much gas in the stomach.	<ul style="list-style-type: none"> • Open the cap or clamp of the G-tube to let gas out of the stomach. • If your child is able, exercise such as walking may relieve bloating and gas.
		<ul style="list-style-type: none"> • If bloating lasts for more than 2 or 3 days, talk with the dietitian.

Problem	Description	What to do
Fever	There are many reasons for fever.	<ul style="list-style-type: none"> • If your child has a temperature over 38.5° C (101.3° F) call your family doctor or pediatrician.
Coughing or trouble breathing during or right after a feeding	The formula may be coming back up into the throat from the stomach.	<ul style="list-style-type: none"> • Slow down the flow of formula. • Talk with the dietitian about changing the flow of formula. • Make sure your child is in a safe position for feeding (sitting or propped up). • If the problem continues, call the Clinic nurse or doctor.
Skin around the opening is red, swollen, draining or sore	<p>Leaking around the tube may irritate the skin and cause redness.</p> <p>Pain, swelling and redness are signs of infection.</p>	<ul style="list-style-type: none"> • Do skin care more than once a day. Cover the site with a dressing to keep it dry. Change the dressing often. • Review what to do for leaking (page 32). • If the problem continues, call your family doctor or pediatrician. The doctor may recommend using an antibiotic ointment.
A build-up of skin around the opening that is pinky-red, shiny, thick and bumpy	This is granulation tissue, a normal body reaction to the tube.	<ul style="list-style-type: none"> • Continue daily skin care. Make sure the tube is secured well to the skin to prevent rubbing. • If the tissue becomes irritated or bleeds easily, call the Clinic. The doctor may treat this problem.

Problem	Description	What to do
Leaking around the tube	<p>Leaking can irritate the skin and cause a burning feeling.</p> <p>Leaking may be due to:</p> <ul style="list-style-type: none"> • the tube is not secured properly • the tube does not fit the opening properly • a build-up of granulation tissue 	<ul style="list-style-type: none"> • Check that the G-tube is in the correct position (not being pulled) and taped well. • Continue skin care and try to keep the skin dry. • If leaking continues, call the Clinic nurse or doctor.
Formula does not run through the feeding tube	<p>Feeding tube is blocked. This can happen slowly over time, from a build-up of formula inside the tube.</p> <p>It can happen suddenly, for example, when crushed medication blocks the tube.</p>	<p>Flush the tube with warm water to remove the blockage and clear the tube.</p> <ul style="list-style-type: none"> • Using a 60 ml syringe, remove fluid from the tube by pulling back on the plunger slowly. • Dispose of the fluid. • Draw up the required amount of warm water in the syringe (see Feeding and Flushing Schedule). • Attach the syringe to the feeding tube. Push the warm water in gently and pull the plunger back slowly. • Repeat several times. • If the problem continues, call the Clinic.

Problem	Description	What to do
Tube comes out	Tube has come out by accident.	<ul style="list-style-type: none">• The G-tube must be put back in as soon as possible or the opening will close.• Replace the tube ONLY if it is more than 3 months since the tube was first inserted, the tube is a Mic-key or Foley catheter, and you know how and feel comfortable.• If not, cover the opening with gauze or a clean cloth. Call the Clinic nurse. If you cannot reach the Clinic, take your child to the Emergency Room and bring the tube with you.

Problem	Description	What to do
Broken clamp	Clamp is worn out.	<ul style="list-style-type: none"> • Call the Clinic nurse about a replacement.
Cap breaks off tip of G-tube	Cap is worn out.	<ul style="list-style-type: none"> • Call the Clinic nurse about a replacement.
Tip of feeding set keeps coming out of G-tube	Tube adapter is worn out.	<ul style="list-style-type: none"> • Call the Clinic nurse about a replacement.
	Build up of oils inside.	<ul style="list-style-type: none"> • Wet a cotton swab with water and clean the inside of the adapter and the tip of the feeding set.
Pump not working	There are many possible reasons.	<ul style="list-style-type: none"> • Refer to the pump manual and call the help line. • If you need help, call the Clinic nurse.

**If you need more information or are unsure what to do,
call the Clinic at 905-521-2100 ext. 73618**

Feeding and Flushing Schedule Date: _____

Name of formula	Amount to give each day
1.	_____ <input type="checkbox"/> cans or <input type="checkbox"/> ml
2.	_____ <input type="checkbox"/> cans or <input type="checkbox"/> ml

If feeding by gravity:

Your child needs _____ as _____ cans or ml _____ daily.

Your child needs _____ as _____ cans or ml _____ daily.

Each feeding takes about _____ minutes.

If feeding by pump:

Rate: _____ ml an hour Hours a day: _____

Times: _____

Strength: _____. Add _____ ml of water to every container of formula.

Formula	Schedule	Water Flush Schedule
Time	Amount	Before feeding begins, flush with _____ ml. After feeding ends, flush with _____ ml. And flush with _____ ml every _____ hours.

Along with formula, your child may also have:

Through the feeding tube:	By mouth:

Thank you...

This book is adapted from “When you have a Gastrostomy Tube” (©2003, St. Joseph’s Healthcare, Hamilton). We would like to thank the staff of St. Joseph’s Healthcare for allowing us to use this information.

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Patient Education

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