

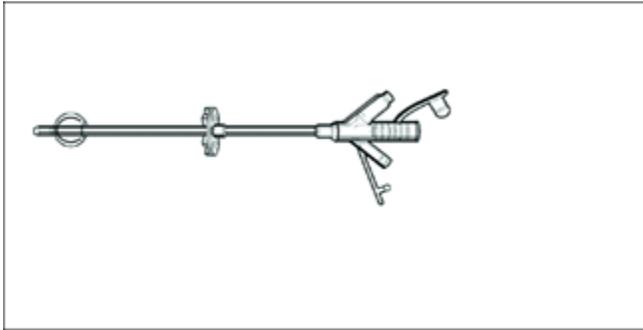
GASTROSTOMY TUBES

A Gastrostomy tube provides a direct route for nutrition and/or medication administration for clients with:

- Intestinal Obstructions
- Swallowing and Respiratory difficulties

A procedure is performed which results in a tube passing through the abdominal wall directly into the stomach.

Numerous types of tubes may be used ranging from simple "Foley" type tube to a MIC tube or button.



MIC-Gastrostomy Tube

1. Tube itself
2. Balloon or retention disc which holds tube securely against wall of stomach
3. Ring or disc which holds tube securely against skin (may or may not be present)
4. Balloon port – used to inflate and deflate balloon
5. Gastric port – if multiple ports, this will be the largest port. Feeding pump tubing or large syringe used to access.
6. Medication port – (on some types) allows medication administration without having to disconnect feeding.

Ongoing assessment of the child receiving tube feeding include:

- Nutritional status – weight
- Feeding intolerance – diarrhea, constipation, emesis
- Respiratory status
- Fluid status – dehydration, electrolyte imbalance

Unless problems arise, tubes are usually replaced approximately every 3-6 months.



GASTROSTOMY AND JEJUNOSTOMY STOMA CARE

PURPOSES:

1. To cleanse and protect skin area around the gastrostomy or jejunostomy
2. To reduce the risk of irritation or infection (or both)

RESPONSIBLE PARTY:

RN, LPN or other responsible person competent to perform this procedure

FREQUENCY:

Daily (preferably BID) or as needed if dressing becomes soiled, wet, or if no longer intact

GENERAL INFORMATION:

Clean technique should be followed with this procedure.

EQUIPMENT:

- Gloves
- Water
- ½ strength hydrogen peroxide, boiled/sterile water, or soap and water
- Gauze sponge (optional)
- 2" tape (optional)
- Scissors (optional)
- Clean supplies

PROCEDURE:

1. Identify client, and inform client or caregiver of rationale for procedure
2. Prepare clean work area and wash hands with soap and water
3. Open all packages, and cut tape
4. Don gloves
5. Carefully cleanse area around tube with soap and water or ½ strength of hydrogen peroxide once daily using one gauze sponge or other clean cloth
6. Rinse area with tap water or sterile H₂O
7. Observe skin integrity and tube position, noting any changes since previous assessment
8. Apply dressing (optional)
 - A.) Using a split 2x2" or 4x4" gauze sponge, place sponge around feeding tube, and cover exit site
 - B.) Tape around edges of gauze sponge
 - C.) Secure feeding tube to patient's abdominal wall with piece of tape

DOCUMENTATION:

1. Document on client flow sheet and/or nurse's notes a description of stoma site.
2. Report any signs/symptoms of infection to nursing supervisor.



MIC GASTROSTOMY – REPLACEMENT

POLICY:

A Gastrostomy tube, whether MIC or Foley, may be replaced by an RN, LPN, or trained caregiver after the tract is well formed. First time replacement should be done by a Physician. No nurse is permitted to change a tube which requires a stylet of any kind.

PURPOSE:

Gastrostomy tube replacement

EQUIPMENT:

- MIC gastrostomy tube in ordered size
- Luer-tip syringe
- Water, saline, or water-based lubricant

PROCEDURE:

1. Check the tube prior to placement. The ring should slide up and down the tube easily. Check the balloon by filling it with water or saline. The balloon should not leak. Silicone material has the tendency to adhere to itself. If necessary, roll the inflated balloon gently between the thumb and index finger to achieve symmetry. Deflate after checking.
2. To replace the tube:
 - A.) Deflate the balloon using a luer-tip syringe.
 - B.) Gently pull on the tube until it comes out.
 - C.) Moisten the tip of the replacement tube with water or lubricate it with any water-based lubricant. **NOTE: DO NOT USE OIL OR PETROLEUM JELLY!**
 - D.) Gently slide the tube through the stoma and into the stomach - about 1 to 1 ½ inches on infants and children, and 2 to 4 inches on adults, or until the entire balloon has passed through the tract.
 - E.) Inflate balloon with water or saline. **NOTE: NEVER FILL THE BALLOON WITH AIR!**

<p>LOW VOLUME BALLOON INFLATION:</p> <p>Inflates the balloon with approximately 2 to 3 cc of water or saline using a standard luer syringe. *DO NOT USE AIR *DO NOT EXCEED 5 CC</p>	<p>STANDARD VOLUME BALLOON INFLATION:</p> <p>Inflates the balloon with approximately 7 to 10 cc of water or saline using a standard luer syringe. *DO NOT USE AIR *DO NOT EXCEED 28 CC</p>
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- F.) Grasp the body of the tube and withdraw it until slight tension is felt from the balloon coming up against the stomach wall. Gently slide the Secur-Lok into position. Allow a space of 1 to 2 mm between the stoma site and the ring. **DO NOT APPLY EXCESSIVE TENSION**
- G.) Verify tube placement. Fluid should be easily instilled into and aspirated from the stomach when the tube is properly placed. Deflate the balloon and reposition if necessary.