

Gastrostomy Tubes

What are gastrostomy tubes?

- A gastrostomy tube, or “G-tube,” is a small tube placed directly into a child’s stomach for providing food, fluid, or medications without having to go through the mouth.
- Gastrostomy tubes look like a small cap on the outside of a child’s belly.

How common are they?

Gastrostomy tubes are placed into children for many reasons, including preterm birth, feeding problems, and brain disorders, and they have become more prevalent as lifesaving medical treatments for children have improved.

Who might be on the treatment team?

- Primary care provider in the medical home.
- A child with a G-tube may be under the care of a pediatric gastroenterologist or surgeon.
- Often, a nurse or dietitian is available at the specialist’s office to answer questions related to the G-tube.

What are some elements of a Care Plan for children with gastrostomy tubes?

The child’s Care Plan will include flushing the G-tube, administering feedings and medications, and venting the G-tube.

- **Flushing the G-tube:** It is important to flush the G-tube before and after any tube feedings and before and after administering any medications, or at least every 8 hours. Flushing involves putting water into a syringe and injecting it into the G-tube.
- **Administering feedings and medications**
 - To administer feedings through a G-tube, you will need
 - A catheter-tipped syringe (35 or 60 mL)
 - Formula
 - A measuring cup or baby bottle
 - An extension set if desired
 - Use the following procedure to administer feedings:
 - 1 Explain the procedure to the child.
 - 2 Wash your hands with soap and water.
 - 3 Assemble all the supplies.
 - 4 Pour the correct amount of formula into a clean measuring cup or clean baby bottle.
 - 5 Place the child in a comfortable position. If possible, place the child in a high chair at the table during mealtimes.
 - 6 Insert the syringe tip into the G-tube.



Child with gastrostomy tube

- 7 Flush the tubing with 3 to 5 mL of tap water or as directed by the child’s health care professional before starting the formula feeding.
 - 8 Slowly pour the formula into the syringe.
 - 9 Unclamp the G-tube. The feeding rate can be controlled by raising or lowering the syringe. The feeding should take about the same amount of time as it would take a child to drink the formula, that is, about 15 to 20 minutes. Stop the feeding if the child becomes nauseated, shows signs of abdominal discomfort, is vomiting, or has difficulty breathing.
 - 10 If the child cannot be fed by mouth, oral stimulation with a pacifier can be provided during the G-tube feeding.
 - 11 When all the formula has been given, flush the tubing with water as directed by the child’s health care professional, recap the G-tube or disconnect all the tubing, and close the cap on the G-tube button.
 - 12 Try burping the child after each feeding, if appropriate.
 - 13 Medications can be pushed directly into the G-tube through a syringe.
 - 14 Rinse the feeding supplies with warm water after each feeding and allow them to air-dry. Replace syringes and extension sets every 2 weeks.
- If the formula is backing up, try
 - Changing the position of the tubing to slow the feeding rate
 - Changing the child’s position
 - Flushing the G-tube with 3 to 5 mL of tap water
 - Venting the G-tube
 - You may need to vent the child’s G-tube to remove excess air or fluid from the child’s stomach.
 - Open the G-tube port and attach the button to a drainage device (eg, mucous trap, drainage bag). You may be asked to measure and record the amount of drained fluid.

Gastrostomy Tubes *(continued)*

What adaptations may be needed?

Dietary Considerations

- Children in school or child care who have G-tubes will often require feedings or medications through the G-tube.
- Discuss ways to develop the child's oral-motor skills if the G-tube is for feeding problems. Often, using a pacifier during feedings promotes oral-motor skills.

Physical Environment and Other Considerations

- Staff should be trained in how to open a G-tube so extra gas in the stomach can escape.
- Do not allow the child to pull on the G-tube. A one-piece, snappable T-shirt works best for infants and toddlers. Keep the G-tube secured beneath the child's clothing.
- It is important to know what size and type G-tube the child has.
- Designate at least one teacher or caregiver per shift as the G-tube captain. Plan an in-service training for all staff to promote comfort with this device.

What should be considered an emergency?

- Call emergency medical services (911) if
 - The child's stomach is hard and bloated, and the G-tube cannot be vented.
 - The child develops forceful vomiting.
- Notify parents/guardians if
 - The G-tube is pulled out. The area can be covered with a small, clean dressing and tape. The G-tube needs to be replaced within 4 hours.
 - Redness, irritation, or foul odor is noticeable around the stomach.
 - The G-tube is leaking.
 - Skin or excess tissue seems to be growing around the G-tube opening.
 - The G-tube is clogged, and flushing does not help.

What types of training or policies are advised?

- Medication administration
- G-tube feeding
- Standard precautions

What are some resources?

- Cincinnati Children's: Family Resource Center (Web site), www.cincinnatichildrens.org/service/family-resource, 1-888-894-1374
- New York State Department of Health Emergency Medical Services: "Children With Special Health Care Needs" (reference card), www.health.state.ny.us/nysdoh/ems/pdf/referencecard.pdf
- St. Louis Children's Hospital: *Caring for My Child With a Gastrostomy* (video), www.stlouischildrens.org/our-services/general-surgery/video-caring-my-child-with-gastrostomy

