Purpose
To provide guidance in routine Gastrostomy tube care and use of Gastrostomy tubes (G-tubes) for infant feeding.

Policy Statement
1. Malecot or Foley G-tube is secured and stabilized using bridge-tape technique and bottle nipple stabilizer or a commercial fixation device.
   - The gastrocutaneous tract is developed around the G-tube. Any lateral pressure on the side of the tract, such as when the tube is parallel to the skin instead of perpendicular, will tend to enlarge the tract and can contribute to leakage around the tube. The bottle nipple is used to stabilize the tube in a perpendicular alignment.
   - The tip of the G-tube is usually larger to prevent dislodgement but the tube can come out with traction. The bridge-tape technique is used to prevent dislodgement or advancement of the tube through the gastrostomy.
   - A suture may secure the tube in position following placement. This suture usually dislodges after a few weeks. It might also cause redness and irritation as the skin reacts to foreign material.

2. A MIckey G-tube is secured with a balloon device and an upper collar. The tube should be rotated on the skin daily to prevent skin damage from pressure from the collar. The extension piece is secured to the skin during continuous feeds to reduce pressure on the lateral walls of the gastrostomy site. This tubing stiffens with time and needs to be replaced about every 2 weeks. The balloon of G-tubes with same is filled with sterile water. The volume of water in the balloon should be noted and is checked weekly.

3. Keep appropriate size Foley catheter at bedside for replacement tube. If the G-tube dislodges, lubricate the Foley tip with water and insert into the stoma. The gastrostomy tract may close quickly if not cannulated.
4. Clean G-tube insertion site every 8 hours and prn with sterile water or normal saline. Observe for redness, discharge, and leaking at and around site. If there is leaking around the gastrostomy tube, a foam collar dressing is applied to absorb fluid. Continuous moisture of the peritubular skin can cause development of hypergranulation tissue which can exacerbate leaking problems.

5. G-tubes inserted for decompression following gastrointestinal surgery may be attached to a syringe and suspended for a period of time before feeds are initiated. Suspension of the G-tube allows for reflux of gastric fluid and gentle distending pressure to the distal intestine.

6. Clamp the G-tube after intermittent feeds to prevent reflux of the feed and air into the tube. If there are problems tolerating bolus feeds, the tube attached to a syringe may be suspended and clamping delayed after feeds.

7. Cover the open end of the G-tube when not in use to protect from contamination.

8. When administering medications through a G-tube, completely dissolve the medication in water and flush the G-tube before and after with water. Medications may block the lumen of the tube especially when mixed with other medications or milk.

**Applicability**
All Covenant Health Neonatal Nursery staff.

**Equipment**
- Warmed milk
- Oral syringe
- DEHP free enteral feeding extension tubing for continuous feed
- Sterile water for rinsing
- Enteral feeding pump or syringe pump

**Procedure**

**Bolus Feeds**

<table>
<thead>
<tr>
<th>ACTION</th>
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<tbody>
<tr>
<td>1. Perform hand hygiene and gather equipment.</td>
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</tr>
<tr>
<td>2. Perform Two Patient Identifier</td>
<td>Ensure correct patient</td>
</tr>
<tr>
<td>3. Elevate head of bed. Infants on continuous feeds may be repositioned as necessary.</td>
<td>Elevation of the head of the bed to 30° may help prevent reflux of feed through cardiac sphincter.</td>
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<td>4. Perform verification of match between human milk and infant identification band including two Health Services Providers or one Health Service Provider and family/guardian involved in bedside verification</td>
<td>Ensuring correct human milk is being given to correct infant (Prevention of Misappropriation of Human Milk policy and Human Milk Handling policy)</td>
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<tr>
<td>5. Clamp G-tube and attach syringe. Attach syringe and tubing with milk using aseptic technique and body fluid precautions for expressed mother’s milk.</td>
<td>Clamping G-tube helps to prevent air in the stomach.</td>
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</tbody>
</table>
6. Unclamp tube and allow feed to drain in slowly by gravity. Regulate the speed of the feed by lowering or raising the level of the syringe or by partially clamping the tube. Infusing the feed too quickly may cause regurgitation. Controlling the rate of feed may prevent accidental introduction of air into the stomach.

7. Add additional milk as necessary into the syringe before it empties. To prevent air from entering the stomach and intestine.

8. Throughout the feed, observe for infant’s tolerance:
   - Respiration
   - Colour and heart rate
   - Abdominal distention
   - Gag and / regurgitation – If the infant begins to gag or regurgitate, stop the feed. If colour and heart rate remain good and no further regurgitation occurs, resume feed. If infant is dusky, bradycardic, or continues to regurgitate hold feed and notify charge nurse. Aspiration of feed into the lungs may cause respiratory distress, cyanosis, and bradycardia. Abdominal distention may result from introduction of air or overfeeding.

9. When the milk is infused, rinse the G-tube with sterile water. Rinsing the tube helps to prevent tube occlusion.

10. Clamp G-tube. Prevents reflux of the feed into the G-tube and air from entering the stomach.


Intermittent Feeds

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<td>4. Perform verification of match between human milk and infant identification band including two Health Services Providers or one Health Service Provider and family/guardian involved in bedside verification</td>
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<td>5. Attach syringe and tubing with milk using</td>
<td>Clamping helps to prevent air</td>
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aseptic technique and body fluid precautions for expressed mother’s milk to clamped G-tube.

6. Unclamp tube and start infusion pump.

7. Throughout the feed, observe for infant’s tolerance:
   - Respirations
   - Colour and heart rate
   - Abdominal distention
   Gag and/or regurgitation – If the infant begins to gag or regurgitate, stop the feed. If colour and heart rate remain good and no further regurgitation occurs, resume feed. If infant is dusky, bradycardic, or continues to regurgitate, hold feed and notify charge nurse. Aspiration of feed into the lungs may cause respiratory distress, cyanosis, and bradycardia. Abdominal distention may result from introduction of air or overfeeding.

8. Clamp G-tube when feeding is complete. Prevents reflux of the feed into the G-tube and air from entering the stomach.

9. Disconnect tubing and attach syringe with sterile water to flush G-tube. Rinsing the tube helps to prevent tube occlusion.

10. Clamp G-tube after rinsing with sterile water and in between feeds. Prevents reflux of the feed into the G-tube and air from entering the stomach.

11. Rinse feeding set with sterile water in between use.


Continuous Feeds

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5. Attach syringe and tubing with milk using aseptic technique and body fluid precautions for expressed mother’s milk to the clamped G-tube. Clamping helps to prevent air introduction into the stomach.

6. Unclamp tube and start infusion pump.

7. Throughout the feed, observe for infant’s tolerance:
   • Respirations
   • Colour and heart rate
   • Abdominal distention
   Gag and/or regurgitation – If the infant begins to gag or regurgitate, stop the feed. If colour and heart rate remain good and no further regurgitation occurs, resume feed. If infant is dusky, bradycardic, or continues to regurgitate hold feed and notify charge nurse. Aspiration of feed into the lungs may cause respiratory distress, cyanosis, and bradycardia. Abdominal distention may result from introduction of air or overfeeding.


Related Documents

RELATED POLICIES AND PROCEDURES
Enteral Feeding
IPC Guidelines for Handling of Expressed Breast Milk
Mothers Milk Safe Handling and Administration
Human Milk
Human Milk Misappropriation

Corporate policy, Identification of Patient Resident or Client Using Two Identifiers VII-B-25

References


Revisions
July 2005
October 2015
Signing

Original Signed

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