Cute as a Button

Excuse me! I need to vent...

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Objectives:

Participants will be able to:

- Identify different types of feeding tubes
- Demonstrate how to perform gastric tube care and how to monitor tube sites.
- Identify potential issues related to the skill.
- Identify resources available to assist school personnel.
And which type of tube should it be?

That is the question....
Tubes and Extension Sets
Gastric Site Care:

- Follow student’s IHP
- Monitor site daily
- Keep clean and dry
- Use only soap and water
- Apply dressing, if ordered
- Contact parent and/or prescriber if issues arise (drainage, granuloma, etc.)
- Document everything
Ain't Nothing But a G-Tube Baby!
Possible Issues to Report: vomiting, coughing, drainage, granuloma
Possible Issues to Report: difficulty breathing, gagging

Thick, yellow pus or S/S infection

Pulled out G-tube
If you find an Issue... Stay Calm!
VDOE Website - resources center

http://www.doe.virginia.gov/

- Student & Health Support
- Health & Medical
- School Health Manuals and Guidance

GUIDELINES FOR HEALTHCARE PROCEDURES IN SCHOOLS

VIRGINIA DEPARTMENT OF HEALTH

2017
Procedure for Gastrostomy Tube Feeding—Bolus Method

1. Wash hands.

2. Gather and assemble equipment:
   - Note: Equipment and feeding supplies are provided by facility.
   - Liquid formula or feeding solution, at room temperature
   - 60 ml catheter-tipped syringe or other feeding container for feeding
   - Clamp or plug for end of tube
   - Water (to flush tubing before and after feeding)
   - Rubber bands and safety pins (to secure G-tube to clothing)
   - Gloves

   Identify size and type of G-tube. Shake well to mix formula and note expiration date. It is recommended that students receive a ready-to-feed commercial formula. Potential problems with a homemade blended diet include inaccurate mixing, which may alter the nutrients and calorie content; separation of solids and liquids in the solution, which may clog the tube; and increased risk of contamination due to improper handling, preparation, or storage. Usually, a blended formula must be used within 24 hours. Check student IEP for storage instructions.

   Tube feedings should be administered at room temperature. Some students get cramps if the feeding solution is too cold. If a blended formula is brought to school, it should be refrigerated until muslin and warmed to room temperature. This may be achieved by holding the container with the formula under warm water for several minutes. A microwave should not be used for this procedure due to its uneven heat distribution.

3. Shake formula (to mix) and measure prescribed amount of formula to be infused.

4. Explain procedure using explanations the student can understand. Encourage the student to do as much of the procedure as is capable, so as to achieve maximum self-care skills.

5. Position student upright or as specified in student’s individualized health plan (IEP).

6. Inspect skin at gastrostomy site for redness, tenderness, swelling or irritation, or presence of drainage or gastric leakage.

   Report abnormal findings to school nurse and family.

7. Wash hands and put on gloves.

8. Remove plug (cap) from G-tube and insert a catheter-tipped syringe into the end of feeding tube.

   G-tube is still clamped. Do not pull on gastrostomy tubing as this can cause pain and injury to the site or dislodgement.

9. Check residual prior to feeding, if ordered. Checking residuals is typically not needed if gastrostomy is well established (over 6 weeks old). Unclamp the tubing and gently draw back on the plunger to remove any liquid or medication that may be left in the stomach (i.e., residuals). Return residuals to stomach.

   Most students do not need to have residuals checked. If they do, note the amount that was withdrawn from the feeding tube and return the contents of the syringe to the stomach because stomach contents contain electrolytes and digestive enzymes. Removing them can result in electrolyte imbalance. Adjust the feeding volume according to health care provider’s orders; if a residual is present, if the residual is greater than recommended, hold feeding, wait 10-45 minutes, and check again.

10. Clamp the gastrostomy tubing, disconnect the syringe, and remove plunger from syringe.

11. Reinsert catheter tip of syringe into tubing.

   Syringe should be held 6 inches above level of stomach or at prescribed height.

12. Unclamp tube, and allow bubbles to escape.

13. G-tubes should be flushed with 15-30 ml tap water before feeding or medication.

   Follow guidelines in student’s IEP.

14. Administer medication, if prescribed, either before or after a feeding, as specified in student’s IEP. Use an oral medication, if possible. Flush with water between each medication and not mixing the medications can help to prevent clogging of tube. If the liquid is thick, it might need to be diluted with a little water to prevent clogging.

15. Slowly pour feeding fluid into syringe and allow to flow in by gravity.

   If a container other than a syringe is used for the feeding, unclamp tubing and allow it to flow in by gravity, using the same procedure. The flow of feeding may need to be initiated.
## Skills Checklist: Gastrostomy Feeding Bolus Method

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<thead>
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<th>Explanation/Return Demonstration</th>
<th>Training Date</th>
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<td>3. Mentions student’s ability to participate in procedure</td>
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<td>4. Mentions whose procedure is done (e.g., provider, nurse, patient assistant)</td>
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<td>5. Mentions possible problems and appropriate actions</td>
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<td>6. Mentions type and route of G-tube</td>
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<td>7. Mentions student-specific instructions for guidelines on:</td>
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<td>9. Any other items needed</td>
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### Precautions
- G-tube should be stored at room temperature.
- 40 ml of antibiotic solution or other feeding solution for feeding.
- Clamp or plug the end of tube.
- Water or flush tubing before and after feeding.
- Both hands and safety pin (to secure G-tube to clothing).

### Procedure
- Grasps the G-tube

### Notes
- Parent/Guardian signature: Date

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VDH Guidelines for Healthcare Procedures in Schools 573
Common Supplies: IHP, MD orders, meds, pill crusher, gauze pads, stethoscope, extra G-tube, documentation method, blue pen, etc.
It's not a party until someone's feeding tube falls out...