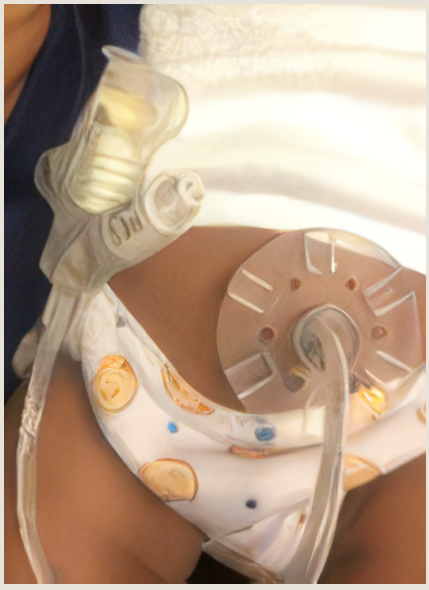
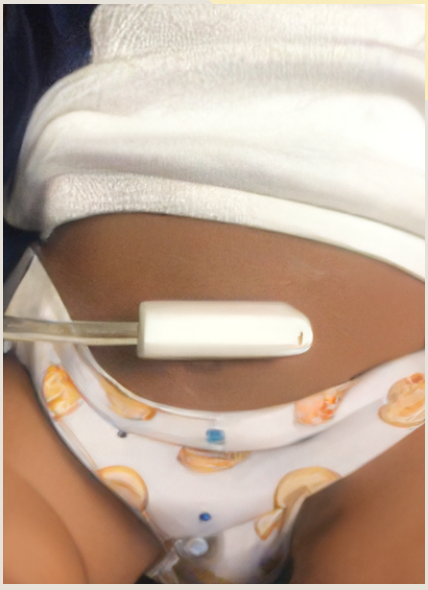
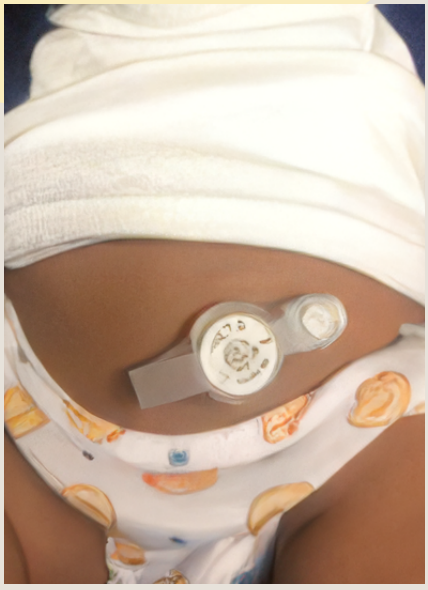
UCLA MATTEL Childrens Hospital

GASTROSTOMY TUBE CARE

How to Care for Your Child's Feeding Tube

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Why Does My Child Need a Gastrostomy Tube (G-Tube)?

There are many reasons why your child may need a G-tube. Most children need a G-tube because they are cannot eat enough food to get the nutrients they need to grow. Your healthcare team will explain why your child needs a feeding tube.

What Is a G-Tube?

A G-tube is a soft, flexible tube placed surgically through the skin into your child's stomach during surgery. There are different types of G-tubes. Some are temporary, while others are permanent. The **stoma** (STOH-muh) is the small opening in the skin where the G-tube enters the body.

What Happens After a G-Tube Is Placed?

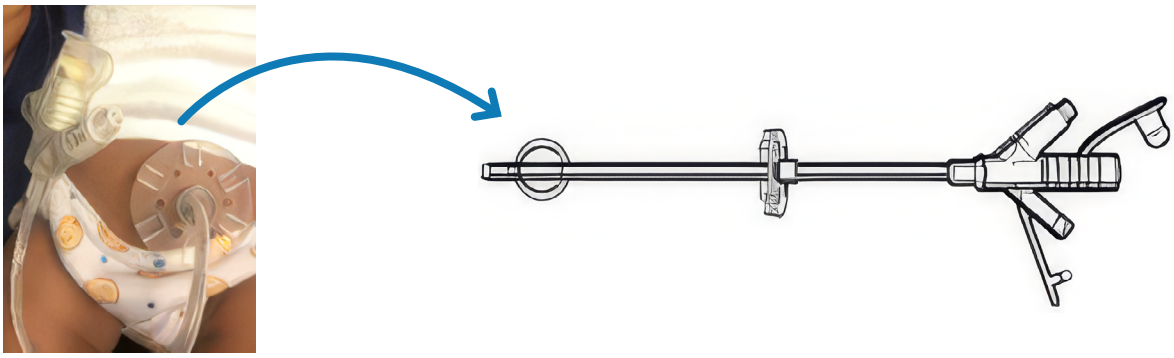
When the G-tube is first placed, it may be held in place with a stitch while the opening heals. Healing usually takes about 6–8 weeks, or until your doctor says it is healed.

Once the area has healed, the G-tube should not cause your child pain. Your child can sleep during feedings if they are comfortable. You can also give medicine through the G-tube. Your nurse will show you how. Some children can still eat by mouth. Ask your healthcare team if this is safe for your child.

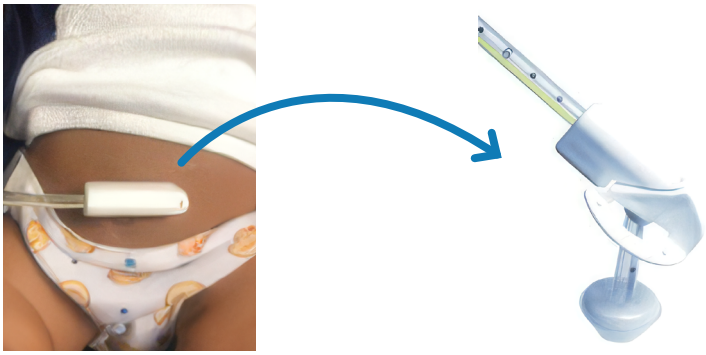
When the G-tube is no longer needed, your doctor can usually remove it in the clinic without surgery. The opening usually closes on its own. In rare cases, a small outpatient procedure is needed to close the opening.

Different Types of G-Tubes

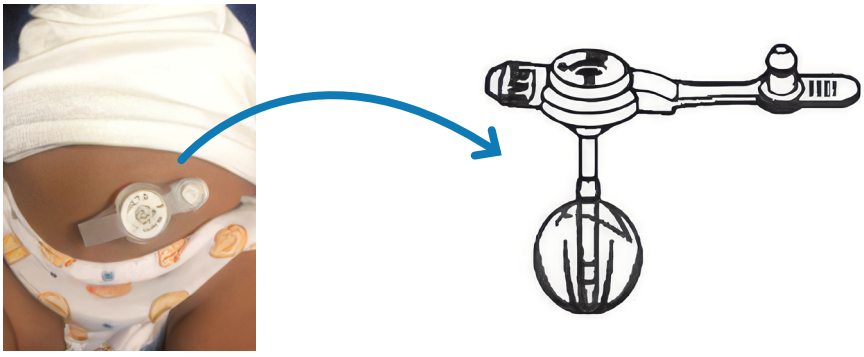
Standard Long G-Tube



Percutaneous Endoscopic Gastrostomy (PEG)



Low-Profile Tube or “Button”



How Do I Care for My Child's G-Tube?

Wash your hands with soap and water before and after touching the G-tube or the skin around it. Clean the G-tube site every day and as needed with mild soap and water.

How Do I Care for the G-Tube Site?

Clean the G-tube site every day and as needed.

You will need:

- Mild soap
- Water
- A soft washcloth

1. Wash your hands with soap and water.
2. Remove any dressing.
3. Look at the skin around the tube.
4. Check for redness, swelling or drainage. A small amount of clear drainage or crusting is normal. Call your doctor if you notice significant redness, swelling or unusual drainage.
5. Clean the area with soap and warm water using a soft washcloth.
6. Gently remove any crusting or drainage.
7. Rinse away all soap.
8. Dry the area well.

Rotate the G-tube once a day by turning it 180°. This helps keep the stoma open and healthy. Your nurse will show you how.

How Do I Know the G-Tube Is Still in Place?

Your nurse will show you how to secure your child's G-tube to ensure it stays in place. If your child's G-tube has a balloon, your nurse will teach you how to check it.

Standard long G-tubes:

1. Gently pull on the tube until you feel resistance.
2. Slide the disk down until it rests against the skin.
3. Before you go home, your nurse will measure the tube.
4. Write down the length of the tube from the stoma to the end of the feeding tube.
5. Check this length regularly to make sure the tube has not moved.
6. Gently remove any crusting or drainage.
7. Rinse away all soap.
8. Dry the area well.

Low-profile G-tubes:

1. Check the balloon once a week.
2. Make sure the balloon has the amount of water recommended by your healthcare team.

Check the balloon sooner if:

- There is more leakage around the G-tube site.
- The tube feels too loose.
- The tube leaves marks or indentations on the skin.

How and Why Do I Flush the G-Tube?

Flushing helps keep the G-tube clean and prevents clogs.
Flush the tube before and after every feeding and every medicine.

If your child receives continuous feedings, your healthcare team will tell you how often to flush the tube, usually every **4–6 hours**.

To flush the tube:

- Use a **10 ml or larger syringe**.
- Slowly flush the tube with **5–10 ml of warm tap water**, or as directed by your healthcare team.

What Is Venting?

Venting lets air out of your child's stomach. Air in the stomach can cause discomfort, bloating or fussiness. Venting can help relieve these symptoms. It is especially helpful for children who have had a fundoplication. Your healthcare team will tell you when your child may need venting.

How Do I Vent My Child's G-Tube?

1. Remove the plunger from a 60 ml syringe.
2. Attach the empty syringe to the end of the G-tube.
3. Hold the syringe upright for 1–2 minutes.
4. Open the clamp to let the air escape.
5. Vent the tube for several minutes, as needed.
6. If stomach contents come up into the syringe, let them flow back into the stomach by gravity.
7. When you have finished venting, flush the tube with water or begin your child's feeding.
8. Clamp the tube, remove the syringe and put the cap back on.

How Do I Give Medications Through the Tube?

1. Flush the G-tube with water.
2. Give the medicine using a clean feeding tube syringe.
3. Flush the tube again with the lowest volume needed to clear tube (3–5 ml).
4. Repeat these steps for each medication.
5. Flush the tube one last time after all medicine has been given.

Helpful Tips

- Ask the pharmacist for liquid medicine instead of pills.
- If liquid medicine is not available, crush pills well and dissolve them completely in warm water before giving them.
- Do not crush enteric-coated tablets, extended-release tablets or capsules.
- Give medicines before feedings.

Are There Different Feeding Methods?

There are two main feeding methods.

Intermittent (Gravity or Bolus) Feeding

Intermittent feeding is given at scheduled times throughout the day. Formula is given with a syringe and flows into the stomach by gravity. The feeding takes about 10–15 minutes.

Continuous (Pump) Feeding

Continuous feeding delivers small amounts of formula over several hours using a feeding pump. Your nurse will tell you how much formula to give and how to use the pump.

How Do I Position My Child for a Feeding?

Keep your child's head raised at least 30° during feedings. This helps prevent aspiration.

Aspiration happens when food or formula enters the lungs. It can make it hard for your child to breathe and may cause a lung infection.

To prevent aspiration:

- Do not feed your child while they are lying flat.
- If possible, hold a baby or young child during feedings as you would when bottle-feeding.
- Older children should sit in a chair or be propped up with pillows.
- If your child is in bed, raise the head of the bed 6–8 inches (30–45°) by placing pillows or rolled blankets under the mattress.
- If your child cries during a feeding, stop the feeding until they are quiet and calm.
- Keep your child upright for at least 1 hour after feeding. Lying flat may cause vomiting.

How Do I Give Bolus (Gravity) Feedings?

Supplies:

- Large syringe (60 ml)
- Formula, breast milk or other liquid food
- Measuring cup or bottle

1. If needed, change your child's diaper or clothing before the feeding. Moving your baby after a feeding may cause them to spit up.
2. Wash your hands with soap and water.
3. Give the feeding at room temperature. If the formula or breast milk was refrigerated, warm it by placing the container in warm water.
4. Measure the amount of formula or breast milk using a measuring cup or bottle.
5. Check the tube placement by drawing stomach contents into the syringe, as taught by your healthcare team.
6. Remove the plunger from the syringe and attach the syringe to the feeding set.
7. Pour the feeding into the syringe and fill the feeding set. This is called priming and helps prevent air from entering the stomach.
8. Connect the feeding set to the G-tube.
9. Slowly open the tubing clamp to begin the feeding. Use the clamp to slow or stop the flow, if needed.
10. If the feeding does not flow at first, place the plunger back into the syringe and gently push a small amount into the tube. Remove the plunger once the feeding begins to flow.
11. Adjust the height of the syringe to control the flow. The feeding should take about **10–15 minutes**, similar to a feeding by mouth.
    - Raise the syringe to make the feeding flow faster.
    - Lower the syringe to make the feeding flow slower.
12. If your child cries during the feeding, the milk may flow back into the syringe. This is normal. It will flow back into the stomach once your child is quiet and calm.
13. If your child starts to choke, **stop the feeding right away** by closing the tubing clamp.
14. If you are feeding an infant, you may offer a pacifier during the feeding. This can help your baby associate sucking with feeling full.
15. When the feeding is finished, clamp the tube and remove the syringe.
16. Flush the tube with **3–5 ml of water** to clear any remaining formula.

How Do I Give Continuous Feeds?

Supplies:

- Feeding bag
  (should be changed every 24 hours)
- Feeding pump
- Formula, breast milk or other liquid food
- Measuring device

1. Change your child's diaper or clothing before feeding, if needed. Extra movement after feeding may cause spit-up.
2. Wash your hands with soap and water.
3. Use food at room temperature. Warm refrigerated food in warm water before feeding.
4. Measure the amount of formula or liquid food to give.
5. Check tube placement by pulling back stomach contents with a syringe, as instructed.
6. Pour formula into the feeding bag.
7. Open the clamp and fill the tubing with formula, or use the pump's "prime" feature. Close the clamp when formula reaches the end of the tubing.
8. Place the tubing into the pump.
9. Set the pump "RATE" and "DOSE" as instructed.
10. Connect the tubing to your child's G-tube.
11. Press "START" or "RUN" on the pump.
12. When feeding is complete, flush the tube with 3–5 ml of water and close the clamp.
13. If feeding runs for 6 hours or longer, flush the G-tube with water every 4 hours to keep it open.

What Do I Do When the Feeding Is Finished?

- If the next feeding is **less than 4 hours away**, you do not need to wash the feeding bag or syringe.
- If the next feeding is **more than 4 hours away**:
  - Wash the syringe and feeding bag with hot, soapy water.
  - Let them air-dry.
  - Store them in a clean, dry place until the next feeding.

Care Tips: What Else Do I Need to Know?

Bathing

Before bathing your child:

- Clamp the G-tube or close the G-tube valve before placing your child in the water.
- Avoid very warm water, which may irritate the skin.
- Use only mild soaps and soft washcloths.
- Your child may take a tub bath after your GI doctor or surgeon says it is safe.

Mouth Care

Even though your child receives food through a G-tube, they still need daily mouth care.

- Brush the teeth, gums and tongue every day.
- Rinse the mouth with water as needed.
- Use lip balm to help prevent dry or chapped lips.
- If your child is an infant, offer a pacifier. Sucking helps comfort babies, even if they are not feeding by mouth.

Activity

Most children can return to normal activities after the stomach and stoma have completely healed.

- Secure the G-tube under your child's clothing.
- Make sure all ports are closed and the tube is sealed against the stomach.
- Remove the extension tubing from low-profile G-tubes when it is not being used.
- Your doctor will tell you when your child can safely return to normal activities.

Clothing

Your child can wear most types of clothing. One-piece outfits, overalls and sleepers help protect the G-tube and are a good choice for active children.

School

If your child goes to school, tell the teacher and school nurse about the G-tube. Make sure they know how to care for it and who to call in an emergency.

Problem-Solving

PROBLEM	WHY THIS HAPPENS	WHAT TO DO
G-tube falls out or is pulled out	The tube is no longer in the stomach.	▪ Cover the opening with clean cloth or dressing. ▪ Go to the nearest emergency room.
Redness around G-tube or pain around the G-tube	There may be an infection.	▪ Call doctor or nurse.
Large amount of fluid leaking around the G-tube	The G-tube balloon may be deflated or may be too loose.	▪ Check the G-tube balloon, if applicable. ▪ Call your doctor or nurse if the leaking continues.
Red, raised tissue around the G-tube	Granulation tissue can form from moisture or rubbing around G-tube.	▪ Call doctor or nurse.
G-tube clogged	Formula or medicine may be blocking the tube.	▪ Try flushing the tube with warm water. ▪ Do not put anything into the tube to clear the clog as this may damage the tube. ▪ Call your doctor if you cannot clear the clog with warm water.

CALL 911 IF YOUR CHILD HAS ANY DIFFICULTY BREATHING.

Contact Information

For questions or concerns about your child's G-tube:

Call Monday – Friday during business hours.

310-267-9574

GI Nurses:

- Alissa Lund, RN
- Pamela Baldivia, FNP

For immediate concerns, or any concern on nights and weekends:

Call UCLA Health page operator and ask for the pediatric GI fellow on call.

310-825-6301

For nonurgent questions or to book an appointment:

Call Monday – Friday, 7 am – 7 pm.

310-825-0867

Additional Support

The Oley Foundation | oley.org

The Oley Foundation is a nonprofit organization that offers education, support and advocacy for people who use tube feeding or home IV nutrition, as well as their caregivers.

It also connects families with others who have shared similar experiences.

UCLA Health

uclahealth.org