Gastrostomy Tube Feeding

A guide and competency pack
for Patients, Parents and Carers
Teaching Program for Gastrostomy Tube (GT) Feeding

The teaching program aims are:

- To give you information about your child’s Gastrostomy Tube
- To teach you to care safely for a child with a Gastrostomy Tube
- To teach you about the problems that can arise and how to deal with these
- To ensure that you fully understand about the type of tube, the role you will be taking on, and the role of the Nurse

This teaching program will cover the following subjects:

- Reasons for needing a gastrostomy
- Type of gastrostomy tube
- Infection control measures and oral hygiene
- Early complications after gastrostomy insertion
- Care of gastrostomy tubes
- Storing and handling of feeds
- Giving flushes and medications
- Giving bolus feeds
- Giving pump feeds
- Using a CORSTOP a.c.e. stopper in displaced tubes (balloon tubes only)
- Troubleshooting guide and contact numbers
- Assessment checklist

NURSE’S SECTION

- DISCHARGE FLOWCHART FOR GASTROSTOMY TUBE FEEDING
- ENTERAL FEEDING EQUIPMENT DISCHARGE CHECKLIST
- COMPETENCY SUMMARY FORM

Extended until September 2020
Starting the Teaching Program

Learning to care for a child with a gastrostomy at home is a joint commitment between the hospital, the Child and the Parent and/or Carers. Some people will need more opportunity and time to practice than others.

Each section and the final checklist should only be completed when both you and your Child, and the nurse or dietitian feel happy that the learning outcomes have been met.

**The Practitioner may need to supplement this pack with the following documents:

- **Instructions for Flocare Infinity Feeding Pump**
Reasons for Needing a Gastrostomy Tube

What is a Gastrostomy tube?
A gastrostomy tube is a soft, silicone tube that is placed directly through the skin into the stomach. This is usually done under a general anaesthetic.

Why is a Gastrostomy tube needed?
If your child is unable to meet all their nutritional needs orally, they may need a gastrostomy tube to provide nutrition for them. It may also be used for giving medications and/or fluids.

How will my child be fed with the Gastrostomy tube?
A special liquid feed will be given to your child to give them all the nutrients they require. Your Dietitian will discuss and agree a feeding plan that is suitable for your child's needs. Some children will be able to continue taking oral diet regularly and will use the gastrostomy tube to ‘top up’ nutrients or fluids.

How long will my child have a Gastrostomy tube for?
This will depend on the reason that the tube is needed and your child's medical condition. Your doctor or dietitian may be able to give you an idea of how long the tube is needed for.
Types of Gastrostomy Tube

**Percutaneous Endoscopic Gastrostomy (PEG)**
A PEG is inserted into the stomach and held in place by a retention disc on the inside and a fixation device on the skin surface. 4 weeks after insertion, a PEG will need to be pushed into the stoma tract and rotated a full 360°. This is to prevent the disc burying in the stomach wall.

**Balloon Gastrostomy**
A balloon gastrostomy is held in place by a small water-filled balloon on the inside and a fixation device on the skin surface (which is sometimes stitched in place). A ‘Y’ extension set may be needed to give feeds. The balloon is inflated and deflated by removing the water so the tube can easily be replaced or removed when necessary. The water volume is first checked 4 weeks after insertion and then this should be done weekly at home.

**Low Profile Button Device (balloon-retained and non-balloon)**
A low profile button device is normally inserted into a formed stoma tract (after six weeks or longer). The devices in use are the "MINI" and "MIC-KEY" buttons. These are held in situ by a small water-filled balloon on the inside. Buttons are shorter in length and sit flush on the skin. They also need extension sets to give feeds. The care is similar to balloon gastrostomy tubes. Some button devices do not have a balloon, although these are uncommon. Your Surgeon will give you more instructions if a non-balloon device is placed.

**Malecot Catheter**
A Malecot is not a long term feeding tube, but may be stitched into the stomach for a minimum of six weeks whilst the stoma tract forms, in preparation for a low profile button device to be inserted in its place. An extension set is needed to use this tube for feeding.

**‘CORSTOP’ Ace Stopper**
An ACE stopper is a silicone plug used to prevent closure of a stoma following accidental displacement of a balloon retained gastrostomy tube. This should only be used in a fully formed stoma site (normally from 6 weeks after initial tube insertion).
The type and make of tube / button your child has is ..........................................

The width of the tube is ................. Fr and length is ............... cm

Balloon volume (for a balloon-retained tube / button) is ............. ml

Date of insertion ...............................................................

Extended until September 2020
**Infection Control**

The Nurse will discuss and demonstrate the importance of a "clean technique" including hand washing, handling and storage of equipment.

**Oral Hygiene**

The Nurse will discuss the importance of attention to oral hygiene.

- Continue to brush your child's teeth, even if they are not eating or drinking
- For babies, soothers or teething toys can encourage saliva production
- Your Nurse may discuss alternative methods of oral hygiene if necessary

The Child/Parent/Carer will be able to:

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss and understand the importance of infection control</td>
<td>To understand the implications of acquired infection</td>
</tr>
<tr>
<td>Discuss and understand the importance of good oral hygiene</td>
<td>To understand the implications of acquired infection</td>
</tr>
<tr>
<td>Wash hands with soap and water and thoroughly dry with a clean towel</td>
<td>To minimise the risk of infection</td>
</tr>
<tr>
<td>Identify a clean area for storage of equipment and a clean area to prepare/ set up feeds</td>
<td>To minimise the risk of infection Allow safety equipment to be easily accessible in an emergency</td>
</tr>
</tbody>
</table>

**NURSE**

Signature………………………………………………………Date ………………………………..
Name ………………………………………………………… Position ……………………………..

**PARENT/CARER (1)**

Signature………………………………………………………Date ………………………………..

**PARENT/CARER (2)**

Signature………………………………………………………Date ………………………………..

Any comments ………………………………………………………………………………………
Care of Different Gastrostomy Tubes

**PEG**

- Daily care of the stoma site helps to reduce the possibility of infections
- Always wash hands with soap and water before and after handling the tube
- Use fresh drinking water and gauze to clean around the stoma site (use cooled boiled water if under 1 year or immune compromised)
- Clean carefully around and under the triangle flange and dry well
- **This must be done daily and more often if there is any oozing onto the skin**
- The flange must sit snug about 2mm above the skin, neither too tight or too loose
- Observe the skin around the stoma site for redness, swelling, tenderness, or unresolving leakage. Contact your Community Nurse or GP if any of these occur
- If necessary, tape the tube to the skin to reduce accidental pulling. A small amount of natural rotation of the tube in the stoma site is not a concern
- Before each use of the tube, check the length of tubing from the exit site to the cap is the same. If you are worried about the tube position of the PEG do not feed. Contact your Community Nurse or GP.
- **After 4 weeks (not before) the PEG tube must be pushed into the stoma site by 3 – 4cm and rotated a full 360 degrees. This must be done at least weekly and no more than daily. Your Community Nurse will instruct you.**
- The PEG has an end called a ‘Corport Y adaptor’. This attaches to the giving set or syringe for feeding or flushing the tube. A repair kit will be provided by your community team to replace this adaptor and your Community Nurse will show you how to do this
- Showers and shallow baths can usually be taken 3 – 4 days after insertion
- Ensure any clamps are closed and the cap is securely fastened on the tube
- Dry the skin carefully and thoroughly after bathing
- Swimming may be allowed at the discretion of the Surgical Team
Balloon Gastrostomy

- Daily care of the stoma site will reduce the possibility of infections
- Always wash hands with soap and water before and after handling the gastrostomy
- Use fresh drinking water (cooled boiled water if < 1 year or immune compromised) and gauze to clean around the stoma site
- Clean carefully around and under the retention device and dry well
- **This must be done daily and more often if there is any oozing onto the skin**
- Observe the skin around the stoma site for redness, swelling or tenderness, or un-resolving leakage. Contact your Community Nurse / GP if any of these occur
- If the Balloon Gastrostomy is stitched into place it must not be turned. Observe the sutures for any loose ones and report to the Community Nurse or GP. If you have concerns about the position of the tube do not feed. Contact Community Nurse or GP
- **After 4 weeks (not before) the tube must be pushed into the stoma site 3 – 4 cm and rotated a full 360 degrees at least weekly and no more than daily (do not move the tube if it is stitched in place).** Your Community Nurse will instruct you.
- The retention disc must then be returned to a snug position 2mm above the skin surface, neither too tight or too loose to minimise leakage
- You will be given an extension set to use if your child is having ‘bolus’ feeds
- The extension set must be replaced weekly
- Once a week (maximum once daily) remove and clean the set with warm soapy water, rinse and air-dry on a clean surface (if removed too frequently it may stretch or leak)
- If your child is under 1 year or immune compromised, wash the set in hot soapy water, sterilize in cold water sterilisation solution, rinse with cooled boiled water and leave to air dry in a clean container ready for the next feed
- Between each use make sure the tube is flushed well
- If the balloon tube is the first gastrostomy tube into the stoma tract, the Community Nurse will show you how to change the balloon water and check balloon condition 4 weeks post-insertion (at the same time as the first rotation if necessary). The recommended amount of water is printed on top of the balloon valve
- **The balloon water will need to be checked and changed weekly thereafter**
• Do not insert the ENfit enteral syringes in the balloon port (coloured valve) as it may break. You will have 5ml non-enteral (luer slip) syringes to inflate/deflate the balloon
• If the balloon is starting to perish, this will be shown by pulling back less water than the expected volume in the balloon and/or the water may be discoloured
• If either sign is observed, contact the Community Nurse within 24 hours
• If the balloon tube is a replacement tube into an existing tract, you should be taught how to checked and change the water as per the advice for low profile button device (below)

Low Profile Button Device (balloon retained)
• Daily care of the stoma site will reduce the possibility of infections
• Always wash hands with soap and water before and after handling the button
• Use fresh drinking water and gauze to clean the stoma site (cooled boiled water if < 1 year or immune compromised)
• Clean carefully around and under the button device and dry thoroughly
• **This must be done daily and more often if there is any oozing onto the skin**
• Observe the skin around the stoma site for redness, swelling or tenderness, or leakage on the skin that does not resolve. Contact your Community Nurse or GP immediately if you observe any of these signs
• The button device must be rotated 360 degrees daily to allow for air circulation
• An extension set will be needed to give feeds, flushes or to ‘vent’ the tube
• A right angled extension set is normally recommended, which can swivel to allow feeding position to be changed and can be used for continuous pump or bolus feeding
• The extension set must be changed weekly and cleaned after every feed or at least once daily on continuous feeds. Rinse the set with warm soapy water. Leave the clamp open and air-dry on a clean surface
• If your child is under 1 year or immune compromised, wash the set after each use in warm soapy water, sterilize in cold water sterilisation solution, rinse with cooled boiled water and leave to air dry in a clean container ready for the next feed
• The balloon water should be first checked and changed at 4 weeks post tube placement.
• **The balloon water will need to be checked and changed weekly thereafter**
How to check and change balloon water volume in a balloon gastrostomy or low profile button device:

- Wash hands carefully before and after
- Prefill a 5ml non-luer lock IV syringe with sterile water
- The volume of water needed should be written on the gastrostomy tube
- **Hold the GT in place during the procedure to ensure that it remains in the stomach**
- Attach an empty 5ml non-ental (luer slip) syringe onto the balloon inflation valve
- Do not insert ENfit enteral syringes in the balloon port (coloured valve) as it may break.
- Gently draw back on the plunger until no more water comes out of the internal balloon
- Measure the volume withdrawn and compare with advised volume for inflation (written on top of the balloon port)
- If the volume of water withdrawn is the same as the advised volume, re-inflate the balloon using the pre-filled syringe with the correct volume of fresh sterile water
- If the balloon is starting to perish, this will be shown by pulling back less water than the expected volume in the balloon and/or the water may be discoloured
- If either sign is observed, contact the Community Nurse within 24 hours
- Always check and confirm pH of gastric aspirate using pH indicator paper afterwards before using the tube to ensure it is still in the stomach (must test pH 1 – 5.5).

**Malecot Catheter**

- Daily care of the stoma site will reduce the possibility of infections
- Always wash hands with soap and water before and after handling the tube. Use fresh drinking water and gauze to clean around the stoma site and plastic flange and dry well (cooled boiled water if child < 1 year or immune compromised)
- **This must be done daily and more often if there is any oozing onto the skin**
- Observe the sutures for any loose ones and report to the Community Nurse or GP
- Before each use of the tube, check it is stitched securely still. If you are worried about the position of the tube do not feed. Contact your Community Nurse or GP
- Observe the skin around the stoma site for redness, swelling or tenderness, or leakage that does not resolve. Contact your Community Nurse or GP immediately if you observe any of these signs
- An extension set is needed to give feeds, flushes or to ‘vent’ the tube
The extension set must be replaced weekly. 6 extension sets must be given on discharge as your home feeding team will not provide these for you.

Once a week (maximum once daily) remove and clean the set with warm soapy water, rinse and air-dry on a clean surface (if removed too frequently it may stretch or leak).

If your child is under 1 year or immune compromised, wash the set after each use in warm soapy water, sterilize in cold water sterilisation solution, rinse with cooled boiled water and leave to air dry in a clean container ready for the next feed.

Use the clamp on the extension set to prevent fluid leaking out of the tube. You may be given white ‘spigots’ to leave in the end of the Malecot to prevent this happening (these must be washed and reused as for the extension sets).

Showers and shallow baths can usually be taken 3 – 4 days post-insertion.

Dry the skin carefully and thoroughly after bathing.

Swimming may be allowed at the discretion of the Surgical team.

How to ‘vent’ a gastrostomy tube

- “Venting” the stomach helps relieve pressure and wind in your child’s stomach, which is particularly important if your child has had an anti-reflux operation.
- Remove the barrel from a new syringe and attach the empty syringe to the gastrostomy tube or extension set.
- Raise the syringe 6” above the stomach so gas can pass freely up and down the tube. Do this as directed by your Community Nurse or Health Care Professional.

The extension sets your child needs are .................................................................

Your child will need ............ extension sets / week

Your child will need ............ white spigots / week

Your child will need a ............ Fr CORSTOP a.c.e stopper and some tape to plug the stoma hole in case your child’s GT falls out

Your child will need ............ ENfit tube adaptors / week (only if gastrostomy tube placed is non-ENfit adapted)
Storage and Handling of Enteral Feeds

The Healthcare Professional will show you how to make up feeds correctly and will discuss safe storage. This may be done in the ‘Special Feed Unit’ / Feed Room (NICU)

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>State the name of the feed and the recipe your child requires, and the reasons for this</td>
<td>To confirm the right feed is being used and ensure correct nutrition is given</td>
</tr>
<tr>
<td>Demonstrate how to make up the feed (with any additives) and explain the consequences if it is made up wrong</td>
<td>To meet the nutritional needs of the child and ensure the feed is safe to give</td>
</tr>
<tr>
<td>Explain how often feeds should be made up and when to discard feeds</td>
<td>To minimise infection risk</td>
</tr>
<tr>
<td>Explain the importance of storing feeds and additives correctly and a clean area for making up feeds</td>
<td>To minimise infection risk</td>
</tr>
<tr>
<td>Explain how to obtain further supplies</td>
<td>To ensure enough feed is available</td>
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</tbody>
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NURSE
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PARENT/CARER (1)
Signature……………………………………………………………… Date ………………………

PARENT/CARER (2)
Signature……………………………………………………………… Date ………………………

Any comments ………………………………………………………………………………………
How to Flush the Gastrostomy Tube

A Nurse will explain the correct technique and demonstrate how to flush your child’s tube.

- A 60ml ENfit enteral syringe must be used to flush the tube at home, unless advised differently by your Dietitian or Community Nurse (small syringes can damage the tube)
- A single-use syringe is used for each episode of flushing in hospital. You are given re-useable syringes at home unless child is under 1 year or immune compromised
- Fresh drinking water may be used to flush the tube at home (cooled, boiled water for infants under 1 year of age or immune-suppressed)
- The amount will be advised by your Dietitian or Nurse (usually at least 5 – 10ml, but this may be less for very small infants)
- Use a ‘push pause’ technique to create turbulence and help minimise tube blockage
- Flush the tube before and after each feed, and flush well at least once daily when the tube is not in routine use to minimise blockages
- Do not use too much pressure or force

How to Give Medications

A Nurse will explain the correct technique and demonstrate how to give medications (if required) through your child’s tube.

- Liquid medicines will be given, which are less likely to block the tube
- Some medications may react with the tube or be more prone to blocking the tube
- If tablets have to be used, they must be first crushed and dissolved well in water
- Guidance from a Pharmacist must be sought by the Healthcare Professional as to best practice in administering medicine through a gastrostomy tube
- Flush the tube well before, in between, and after giving each medication with the amount advised by your Dietitian or Nurse (usually 5 - 10ml) as advised above
- Medicines may be given in small syringes if the dose is very small
- Flushes may also be smaller volumes for very small babies
The Child/Parent/Carer will be able to:

<table>
<thead>
<tr>
<th>Action</th>
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<tbody>
<tr>
<td>Explain how to flush the tube correctly, and when to flush, and why this is important</td>
<td>Ensure procedure is carried out safely and effectively</td>
</tr>
<tr>
<td>Explain how to give medications through a gastrostomy tube correctly</td>
<td>Ensure procedure is carried out safely and effectively</td>
</tr>
<tr>
<td>Explain factors to consider before giving flushes or medicines e.g. vomiting</td>
<td>To ensure safety of child</td>
</tr>
<tr>
<td>Identify all the relevant equipment for the procedure</td>
<td>To ensure procedure is carried out safely and effectively</td>
</tr>
<tr>
<td>Demonstrate how to flush the tube correctly and administer medications (if applicable)</td>
<td>To ensure procedure is carried out safely and effectively</td>
</tr>
</tbody>
</table>

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Name ......................................................................................................Position ........................................

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PARENT/CARER (2)
Signature....................................................................................Date ........................................

Any comments ..................................................................................
How to Feed Your Child through a Gastrostomy Tube - ‘Bolus’ Feeding

Children may require ‘bolus’ feeds. A feeding plan will be provided by your Dietitian before discharge. Prior to discharge, you should be familiar with your child’s feeding regime, type of feed, and the method to give the feed (by syringe or enteral feeding pump).

Equipment required for syringe bolus feeds
Correct feed
60ml enteral ENfit syringe
Water for flushing

Procedure

- Ensure hands are clean before handling feeds or equipment
- Position your child comfortably and securely, either sitting or lying with the head of the cot or bed ideally raised at a 30 – 45° angle during feeding and for 30 – 60 minutes after feeding has finished to minimise nausea
- If venting is required before feeding, remove the plunger from the syringe. Attach the syringe securely to the tube or extension set and unclamp the tube. Allow any wind to escape from the stomach first
- If no venting is required, flush the gastrostomy tube as advised above before feed and then disconnect the syringe.
- Remove plunger from syringe then re-attach syringe to the tube. Pour feed into the syringe and allow it to flow into the stomach by gravity, holding the syringe about 10cm above your child’s stomach
- If feed does not start to flow, gently replace the plunger into the top of syringe and remove it again to encourage flow
- Continue to top up until the required feed amount is given (do not allow the syringe to empty until feeding is complete)
- Once feeding is complete, disconnect the syringe (and/or extension set if applicable)
- Flush the tube well again
- Remove the extension set (if necessary) and replace the cap on the tube and clamp
- Dispose of any equipment safely and clean equipment if required for the next feed

Note: If using an enteral feeding pump to bolus feed, refer to the section below
Pump Feeding

Children may require ‘pump’ feeding. A feeding plan will be provided by your Dietitian before discharge.

A Healthcare Professional will demonstrate and explain the correct technique for setting up and using a feeding pump, and provide a copy of the user manual.

Link: Flocare Infinity Pump Manual

The feeding pump you have been given is a ……………………………………………………

Equipment required for pump feeds

Correct feed
Feeding pump and stand (and a rucksack / Go frame if mobile with the pump)
Giving set
60ml ENfit enteral syringe for flushing (smaller syringes can damage the tube)
Water for flushing

Procedure

- Ensure hands are clean before handling feeds or equipment
- Position your child comfortably and securely, either sitting or lying with the head of the cot / bed ideally raised at a 30 – 45° angle during feeding and for 30 – 60 minutes after feeding has finished to minimise nausea
- Keep any tubing away from the infant/child’s hands by threading the tube down a pyjama leg or baby-gro
- Attach the giving set to the feed container or bag (already placed in the stand)
- Follow manufacturer’s instructions to fill feeding set, and set volume and feeding rate
- Flush the tube using the syringe (as advised) after opening any clamps
- Attach the giving set to the GT or extension set. Press start on the pump
- Once feeding is complete, disconnect the giving set from the GT and flush again with water as instructed
- Remove the extension set (if necessary) and replace the tube cap and clamp
- Dispose of any equipment safely and clean equipment if required for the next feed
**IMPORTANT!**

- If your child shows signs of retching, vomiting, or coughing spasms that do not resolve, stop feeding
- If your child does not settle down again, or you have concerns around your child’s condition e.g. vomiting, do not use the tube. Contact your Community Nurse

The Child/Parent/Carer will be able to:

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain how to give feeds continuously and/or as boluses, through the gastrostomy tube</td>
<td>Ensure procedure is carried out safely and effectively</td>
</tr>
<tr>
<td>Demonstrate knowledge of how to position the child safely in preparation for feeding</td>
<td>To ensure safety of child and that feed will be tolerated</td>
</tr>
<tr>
<td>Explain factors to consider before undertaking administration of feeds e.g. vomiting, diarrhoea</td>
<td>To ensure safety of child and that feed will be tolerated</td>
</tr>
<tr>
<td>Identify all the relevant equipment for the procedure</td>
<td>To ensure procedure is carried out safely and effectively</td>
</tr>
<tr>
<td>Demonstrate how to feed their child continuously and/or with bolus feeds, including starting and stopping feeds, venting and flushing</td>
<td>To ensure procedure is carried out safely and effectively</td>
</tr>
<tr>
<td>Demonstrate correct method of disposing of equipment</td>
<td>To minimise infection risk</td>
</tr>
<tr>
<td>Demonstrate knowledge of what to do if tube comes out</td>
<td>To ensure minimal delay in replacing tube and that tube replaced correctly</td>
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</tbody>
</table>

**NURSE**

Signature..................................................Date ........................................
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**PARENT/CARER (1)**

Signature .................................................. Date ........................................

**PARENT/CARER (2)**

Signature .................................................. Date ........................................

Any comments........................................................................................................

Extended until September 2020
Emergency tube replacement using a CORSTOP a.c.e stopper device
(Balloon retained tubes only)

A CORSTOP a.c.e. stopper (Corpak UK) is designed to maintain a stoma in the intestinal tract. If you are not trained insert a new balloon retained enteral feeding tube (or do not wish to be trained), the use of a CORSTOP device can maintain stoma patency until a trained person can insert a new feeding tube (either in the community or hospital).

When to use a CORSTOP a.c.e. stopper
- After simple displacement of a balloon retained enteral feeding tube e.g. Mickey or Mini Button, Corflo Balloon Gastrostomy

The CORSTOP should not be used if:
- Your child’s tubes was retained by a non-balloon method or placed in other parts of the gastrointestinal tract e.g. jejunum
- The tube has fallen out with the balloon still inflated
- The stoma tract is less than 6 weeks old
- Infection is present
- There is trauma to stoma after displacement
- The tube has been displaced for longer than 2 hours

In these instances you should cover the stoma tract with gauze and take your child to your nearest emergency department for assessment and tube replacement.

How to insert the CORSTOP a.c.e stopper
- Lie your child down
- Wash your hands
- Check for signs of trauma to the stoma site – if this is noted do not insert the CORSTOP
- Check the expiry date on packaging
- Check the CORSTOP is longer than the length of the button, or the skin level marker on a balloon gastrostomy tube.
  o If the tube length/skin level marker is <2.5cm, use a 30mm CORSTOP
  o If the tube length/skin level marker is >2.5cm, use a 60mm CORSTOP
- Clean and dry the stoma site
- Remove the CORSTOP from its packaging
- Gently insert the CORSTOP into the stoma tract
- Put the supplied plaster over the top to secure the stopper.

You will not be able to feed or give medicines through the ACE stopper.

**What to do after a CORSTOP a.c.e. stopper is inserted**

- Contact your tube feeding nurse or managing healthcare professional between 9am and 5pm Monday to Thursday, and 9am to 4pm on Friday
- Outside these hours, visit your local emergency department (A&E) and let them know in advance that you are coming.
- If you have to attend A&E, take your spare feeding tube or button with you.

**CORSTOP a.c.e. stopper patient information leaflet should also be provided**

**NURSE**
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Any comments……………………………………………………………………………………
# Troubleshooting Guide

<table>
<thead>
<tr>
<th>Complication</th>
<th>Possible causes</th>
<th>Possible actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tube blocks</strong></td>
<td>• Medications</td>
<td>• Flush the tube using a push-pause technique (no force) with warm water as advised</td>
</tr>
<tr>
<td></td>
<td>• Not enough water flushes</td>
<td>• Gently squeeze (do not roll) any visible blockage in the tube between your fingers to break it up. Attempt to gently flush again</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Contact your Community Nurse if unable to unblock the tube</td>
</tr>
<tr>
<td><strong>Leakages around tube</strong></td>
<td>• An ill-fitting gastrostomy</td>
<td>• The external fixation device must lie 2mm from the skin surface. If it is not stable, there will be leakage during feeding</td>
</tr>
<tr>
<td></td>
<td>• Feed given too fast</td>
<td>• Clean stoma area daily and dry well. A dressing is not necessary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If skin becomes red/broken, contact your Community Nurse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reduce the feeding rate temporarily and contact your Community Nurse or Dietitian</td>
</tr>
<tr>
<td><strong>Overgranulation</strong></td>
<td>• Excessive tube movement</td>
<td>• It is important to keep the fixation device secured to the skin using tape</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Contact your Community Nurse for advice</td>
</tr>
<tr>
<td><strong>Diarrhoea</strong></td>
<td>• Medication related e.g. antibiotics</td>
<td>• Review medications with your GP</td>
</tr>
<tr>
<td></td>
<td>• Infection</td>
<td>• If stools are offensive or excessive, contact your GP. A stool sample may be required</td>
</tr>
<tr>
<td></td>
<td>• Feed given too fast</td>
<td>• Reduce to the previous rate at which the feed was tolerated, and then try to increase again.</td>
</tr>
<tr>
<td></td>
<td>• Feed stored incorrectly</td>
<td>• Check the feed expiry date and throw away any leftover made up feeds after 24 hours</td>
</tr>
<tr>
<td></td>
<td>• Type of feed</td>
<td>• Contact your child’s GP or Dietitian if none of these solutions help</td>
</tr>
<tr>
<td><strong>Vomiting and/or nausea</strong></td>
<td>• Child laid too flat</td>
<td>• Prop your child more upright during/after feeds</td>
</tr>
<tr>
<td></td>
<td>• Feeding too quickly</td>
<td>• Halve the feeding rate or volume for 2 – 4 hours or until nausea settles. Try to increase again.</td>
</tr>
<tr>
<td></td>
<td>• Constipation</td>
<td>• Ensure your child is taking enough fluids. Discuss with your GP / Dietitian</td>
</tr>
<tr>
<td></td>
<td>• Cold feeds may cause nausea</td>
<td>• Let feeds warm up out of the fridge for 30 mins</td>
</tr>
<tr>
<td></td>
<td>• Slow gastric emptying /gastric obstruction</td>
<td>• Stop feeding if vomiting continues. Contact your Community Nurse or GP for advice</td>
</tr>
<tr>
<td><strong>Pump malfunction</strong></td>
<td>• Several causes</td>
<td>• Refer to the pump instruction manual or contact your community nurse or helpline</td>
</tr>
<tr>
<td><strong>Tube falls out</strong></td>
<td>• Balloon retained devices</td>
<td>• If the stoma tract is less than 6 weeks old place gauze over it and tape down. Do not attempt to push the tube back in – contact community nurse or hospital immediately.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the stoma tract is over 6 weeks old, insert the CORSTOP a.c.e stopper you were given at discharge into the tract to keep the hole open</td>
</tr>
<tr>
<td></td>
<td>• Other types of gastrostomy tube</td>
<td>• If given a nasogastric tube, insert only 3 – 4cm Do not use this tube to feed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Contact your Community Nurse or hospital emergency department immediately</td>
</tr>
</tbody>
</table>
Enteral feeding tube change advice for parents and carers

If your child has their enteral feeding tube changed, they may need a change in equipment. This may include:

- Feeding extension sets to use a tube for feeding/medications/fluids
- 2 x 5ml non-luer lock IV syringes (to check and refill the balloon water)
- pH indicator paper (to check safe positioning of a balloon tube after changing the water)
- A correct size 'CORSTOP a.c.e. stopper' to plug the stoma hole in the event your child’s balloon retained tube or button accidentally falls out at home.

If your child has a new type of feeding tube:

You will need information and written guidance on how to use and maintain the tube and equipment. This will be provided by the ward staff. Detailed training should then be provided by your child’s community enteral feeding nurse.

It is important to contact your community enteral feeding nurse immediately if your child has a new feeding tube placed. Please consult hospital staff if you are unsure who this nurse is.

If the tube is an exact replacement of your child's usual feeding tube:

Please ensure ward staff have given you an CORSTOP a.c.e. stopper to fit your child’s current stoma size to go home with if you do not have one already. A fixed tube (e.g. a PEG or jejunostomy tube) does not require a spare tube at home.

CHECKLIST

Before going home, ensure you have:

- Been shown how to care for your child’s new feeding tube
- Contacted your community enteral feeding nurse
- Been given enough spare equipment for the new tube (at least seven days’ supply) including:
  - One spare extension set (for a button or balloon gastrostomy)
  - 2 x 5ml non-
  - for home, if necessary
  - Written information on how to use and care for the new tube

If you have any questions or need further information, please ask the ward staff to contact the paediatric dieticians on 0117 3428802, or extension 28802.
<table>
<thead>
<tr>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioner</td>
</tr>
<tr>
<td>Bristol Royal Hospital for Children</td>
</tr>
<tr>
<td>Surgical Team on Call</td>
</tr>
<tr>
<td>(bleep via Hospital Switchboard)</td>
</tr>
<tr>
<td>Discharging Ward Number</td>
</tr>
<tr>
<td>Hospital Dietitian</td>
</tr>
<tr>
<td>Community Nurse</td>
</tr>
<tr>
<td>Clinical Nurse Specialist (if applicable)</td>
</tr>
<tr>
<td>Out of Hours Nutricia Nurse Helpline (if registered with Nutricia Homeward service)</td>
</tr>
<tr>
<td>Community Dietitian</td>
</tr>
<tr>
<td>Home Management Services</td>
</tr>
<tr>
<td>Community Children’s Nursing Team</td>
</tr>
<tr>
<td>Community Neonatal Nursing Team</td>
</tr>
<tr>
<td>Lifetime Service</td>
</tr>
<tr>
<td>Jesse May Trust</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>_____________________________________________________</td>
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<td>_____________________________________________________</td>
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<td>_____________________________________________________</td>
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<td>_____________________________________________________</td>
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<tr>
<td>_____________________________________________________</td>
</tr>
</tbody>
</table>

Extended until September 2020
### Assessment Checklist

<table>
<thead>
<tr>
<th>Competency</th>
<th>Parent/Carer Initials</th>
<th>Practitioner Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons for needing a gastrostomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Types of gastrostomy tube</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection control and oral hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early complications to check for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care of different gastrostomy tubes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage and handling of feeds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to give flushes and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to feed your child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Troubleshooting and contact numbers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please sign to indicate that you have worked through this program thoroughly, have had as much opportunity to practice as you would like, and feel both confident and competent to carry out home Gastrostomy tube care. Please ensure that all your questions or concerns have been thoroughly discussed before signing this form.

**Parent/Carer (1)**

Signature ................................................................. Date ..................
Name ..............................................................
Relationship to Child ..........................................

**Parent/Carer (2)**

Signature ................................................................. Date ..................
Name ..............................................................
Relationship to Child ..........................................

**Practitioner**: Sign to indicate that the parents/carers above have been assessed and are competent on all areas of the teaching pack to care for a gastrostomy tube.

Signature ................................................................. Date ..................
Name ..............................................................

*THE TEACHING PACK AND CHECKLIST REMAINS WITH THE PARENTS/CARERS*
NURSE SECTION OF THE TEACHING PACK

This section must be completed by Nursing staff prior to discharge in line with the below Gastrostomy Tube Discharge Flowchart

NURSE CHECKLIST:

☐ Complete the ‘Enteral Feeding Equipment Checklist For Discharge’

☐ Ensure Parent/Carers sign the’ Competency Summary Form’ and file in the patient’s medical notes upon discharge

☐ Check the patient is aware of emergency contact numbers to call

☐ Inform Community Nurse of discharge or delayed discharge

☐ If this is a change of GT or an emergency replacement – give the patient an Enteral Feeding Tube Change Advice Sheet and initiate teaching/provide equipment if a different tube has been placed. Check that the Surgical Team have completed an Enteral Feeding Notification Form via Medway for the dietitians
**Gastrostomy Tube Discharge Flowchart**

3 – 5 working days’ notice required to arrange home enteral feeding support
Child must be tolerating prescribed feeding regimen prior to discharge

- **Medical team** confirm plan for discharge on Gastrostomy feeds and expected discharge date

  - **Nurse** informs Dietitian of planned discharge

  - **Dietitian** refers to the Home Feeding Team

  - **Nurse** starts Parent / Carer teaching for home [Gastrostomy Tube Teaching Pack](#)

  - **Dietitian** gives feed recipe for home and arranges teaching in Special Feed Unit /Feed Room (NICU)

- **Parent/Carers must be assessed as competent before discharge**

  - **Nurse** to file signed Competency Summary Form in the medical notes

- **Nurse to organise 7 days* supply of enteral feeding ancillaries** for home prior to discharge

  *Unless advised differently by the Dietitian

**NURSE RESPONSIBILITY**

- CORSTOP (30mm) size 10 – 14Fr (or nasogastric tube and tape) for all balloon retained tubes
- Giving sets (if pump fed)
- Feed containers (if required)
- 60ml syringes (for flushes, medications, +/- bolus feeds)
- Syringes for medications
- Extension set 1 per week (if needed for low profile tubes)
- 6 extension sets for malecot tubes
- Balloon-retained tubes: 2 x 5ml non-luer IV syringes and pH paper
- ENfit adaptor (if non-ENfit feeding tube)
- Nurse completes Enteral Feeding Equipment Checklist for Discharge (together with managing Dietitian)

**DIETITIAN RESPONSIBILITY**

- Refer to Home Feeding Team
- Feeding pump, stand (and rucksack if patient is mobile)
- Feed (TTOs)
- Feeding regimen +/- recipe
- Inform Nurse of quantity of equipment

**ON THE DAY OF DISCHARGE**

- Dietitian to inform local home feeding team
- Nurse to inform community nurse of discharge (or delayed discharge)
- Nurse to check patient is aware what to do if tube is accidentally displaced/ has emergency phone numbers
- Nurse to give feeds and all equipment to the patient (include feeds made in Special Feeds Unit that day)
- Nurse to return hospital pump to equipment library
# ENTERAL FEEDING EQUIPMENT CHECKLIST FOR DISCHARGE

This form is to be completed by a Nurse prior to discharge to ensure the patient is provided with an appropriate equipment stock for home. The managing Dietitian will help to complete the form.

Nurse completing form ..................................................

Dietitian ........................................... Ward ..........................

7 days’ supply must be given for discharge

(Unless advised differently by Dietitian – refer to: Enteral Feeding Equipment Management SOP)

<table>
<thead>
<tr>
<th>Ancillary</th>
<th>Details and quantity</th>
<th>Tick if required</th>
<th>Date given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extension sets</td>
<td>Name / quantity .................................................................................................</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- 1 spare for discharge with low profile tube</td>
<td>pH indicator paper</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- 6 spare sets for malecot</td>
<td>2 x 5ml non-luer lock IV syringes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Balloon-retained tubes only</td>
<td>CORSTOP device. Size ............. Length .........................................................</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Giving sets (if pump fed)</td>
<td>Quantity ..............................................................................................................</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Pump</td>
<td>Serial number ....................................................................................................</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Flocare containers</td>
<td>.................................. x 500ml ........................................................................</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>.................................. x 1000ml ....................................................................</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Feed (s) (ordered by Dietitian via pharmacy distribution)</td>
<td>Name / quantity ...............................................................................................</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name / quantity ...............................................................................................</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name / quantity ...............................................................................................</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Single use syringes (for aspirating and flushing)</td>
<td>.................................. x 60 ml purple syringes ......................................</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Single use small syringes (for medications)</td>
<td>.................................. x 5 ml purple syringes .......................................</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>.................................. x 10 ml purple syringes ....................................</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>.................................. x 20 ml purple syringes ....................................</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>ENfit adaptors</td>
<td>If a non-ENfit feeding tube is in situ, ENfit adaptors are needed to make the tube compatible with ENfit ancillaries. 1 per feed/medication.</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Affix Patient Label**

Name:

DOB.

Trust Number:

Extended until September 2020
COMPETENCY SUMMARY FORM
GASTROSTOMY TUBE CARE

'I confirm that I, the Parent/Carer, have received full teaching and education, and have had as much opportunity to practice as I would like, and feel both confident and competent to carry out home Gastrostomy Tube care. All my questions and concerns have been thoroughly discussed before going home.'

Parent/Carer (1)
Signature ................................................................. Date .................................
Name ........................................................................
Relationship to Child ........................................

Parent/Carer (2)
Signature ................................................................. Date .................................
Name ........................................................................
Relationship to Child ........................................

Practitioner: Sign to indicate that the Parents/Carers above have been assessed and are competent on all areas of this teaching pack to care for a child with a gastrostomy tube.
Signature ................................................................. Date .................................
Name ........................................................................ Position .................................

*THIS FORM MUST BE FILED IN THE PATIENT’S MEDICAL NOTES *