A Gastrostomy (G-Tube) is a safe and simple way of giving nutrition, medication and fluids directly into the stomach. It is necessary when a student is unable to take food by mouth, or unable to get enough nourishment by mouth. Gastrostomy feeding may be given by pump or gravity.

The gastrostomy is a surgical opening in the stomach. A flexible rubber tube (the gastrostomy tube) is inserted into the surgical opening. It is held in place from the inside of the abdomen (with a fluid filled balloon). The tube is clamped or capped between feedings to prevent leakage.

There are many different types of G-tubes; some have a long tube coming from the student’s abdomen and others are nearly flush against the skin, called buttons. They all look slightly different but all have the same purpose: to provide nutrition, medications, and fluids directly into the stomach.

G-tube feedings are considered a special health procedure and type of feeding/amount/time is ordered by student’s health care provider. An assistant may be trained to administer feedings and competency is determined by the school RN.

G-Tube feeding Procedure:

1. Gather equipment:
   a. Feeding bag and tubing
   b. Pump, if used
   c. Syringe, if fed by syringe
   d. Formula – room temperature
2. Wash hands
3. Prepare formula – usually will be provided as a ready-to-feed formula, make sure to shake well to mix the formula
4. Position student – will depend on student, physician orders, and how the feeding is given. Most student’s will tolerate the feeding well when sitting at a 45 degree angle and some will do better when laid slightly on their right side.
5. Check residual, if ordered by physician – make sure not to create too much pressure with the syringe, as the tip of the g-tube can stick to the side of the stomach causing irritation.
6. Connect the feeding tube to the g-tube, making sure to flush tubing with formula prior to attaching to student to avoid excess air in the stomach. Depending on the tubing you may need to clamp the tubing once you have flushed it to avoid spilling any.
7. If using a pump to deliver the formula – connect to pump and set rate of delivery as ordered by the physician. If giving by gravity – monitor the flow of the formula. The higher the bag is the faster the flow will be if you do not have a flow-regulating clamp.
8. Make sure there is some slack in the tubing to avoid being pulled out or irritation to the
gastrostomy site.
9. Monitor the student throughout the feeding.
10. When near the end of the feeding, you may flush with water to assure all the formula is
given as well as make sure no formula is left in the g-tube, which may cause a blockage.
11. Once complete remove feeding tube and close g-tube or button.
12. Allow student to rest approximately 20-30 minutes in an upright/reclined position after
feeding to allow time for digestion and to help prevent vomiting or aspiration.
13. Document in the student’s permanent record how they tolerated the feeding.
14. If tubing is to be used again, rinse entirely with tap water and place in storage bag. Most
disposable feeding bags can be used for 24 hours.

**Problem 1:** Risk for Injury r/t depressed laryngeal and glottic reflexes secondary to
gastrostomy tube feedings

**Goal 1:** Provide nutrition in a manner to decrease potential for aspiration

**Problem 2:** Possible interruption of nutrition / hydration / medications

**Goal 2:** Early recognition and intervention of G-tube problems

<table>
<thead>
<tr>
<th>Problems</th>
<th>Actions</th>
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<tbody>
<tr>
<td>Redness at g-tube insertion site</td>
<td>Check for any drainage and make sure area is dry. May be due to irritation for the tube, suggest to parents about using 2x2 gauze between g-tube and skin. Student may have grown or lost weight cause the g-tube to rub against the skin, ask the parents to discuss options with the student’s pediatrician.</td>
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<tr>
<td>Bleeding and/or drainage.</td>
<td>Check to be sure the tube is not being pulled on. Check that cap or clamp is properly secured. Check for leaking at incision site. Check skin around stoma; if leakage of food/fluid/medication comes in contact with skin, dry the site well. Keeping the area open to air will facilitate drying. If leaking or bleeding continues, contact parents.</td>
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<tr>
<td>Improper positioning of student.</td>
<td>Position student in a sitting upright or semi-reclining position. Some student’s may tolerate feeding better when lying semi-reclined on right side.</td>
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<tr>
<td>Improper placement of the tube.</td>
<td>Placement of tube can usually be verified by presence of gastric contents when aspirated.</td>
</tr>
</tbody>
</table>
Coughing, laughing, or crying during the feeding can cause the feeding or stomach contents to be forced back into the tubing.

Clamp the tubing until the child stops the behavior and then proceed with the feeding.

Nausea, cramping, discomfort, hiccoughs

Can be the result of the feeding being too fast, too cold, too hot, or the volume is too large. Stop the feeding and check the temperature of the feeding. Proceed, if temperature is correct, at a slower rate. The volume of the feeding may need to be evaluated. If problem continues, notify nurse and parent.

Vomiting

Can result from any of the above problems. If vomiting occurs, stop the feeding. Notify the parents that the feeding was interrupted, how much food was given, and approximately how much the student vomited.

Blocked tube

The tube may have been clogged with dry or thick feeding. If this occurs, contact parent or school nurse immediately. Only RN may squeeze or roll Gastrostomy tubing with fingers moving slowly down toward child’s stomach to try to unclog it. Try a catheter-tipped syringe filled with warm water; held high to facilitate movement of fluid. Try to draw back plunger of syringe. If blockage remains, call parents.

G-tube falls out or is pulled out.

Cover the site with a dry dressing or bandage. Save the button, give to parents. Call parent immediately. The surgical opening may close quickly. The G-tube must be reinserted by parents or physician. School personnel (even RN’s) MUST NOT attempt to reinsert the tube. Parents may direct school staff to call EMS if they not available to come to the school and stoma will close in a short time period.

Color changes/breathing difficulties

This may be due to aspiration of feeding into lungs. Stop feeding immediately. Call for emergency help.

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NASN