Feeding Tube Management and Considerations in PALS

Presented By:

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Conflicts of Interest

Employed with Providence Infusion and Pharmacy Services

Objectives

- Understanding of tube placement and replacement protocol
- Recognize different types of feeding tubes and their adapters
- Identify different types of feeding tube connections (ENFit vs legacy)
- Discuss the importance of G tube assessment during the nutrition assessment of PALS
- Understand the common issues with feeding tubes and best practice for troubleshooting (clogs, site care, and granulation tissue)

Our day to day job as a home infusion dietitian

- Provide in person teaching on how to do tube feeding at home
  - Includes patient, family member, and/or caregivers that may be hands on with administering feedings
- Continued follow up by phone or home visits
- Monitor tolerance and compliance to tube feeding regimen
- Adjust tube feeding regimen as needed
- Transition to or from an oral diet, if appropriate
- Monitor growth and weight trends
- Troubleshoot pump/equipment errors
- Feeding tube or equipment assistance such as replacement of NG or balloon G tube

Types of Feeding Tubes

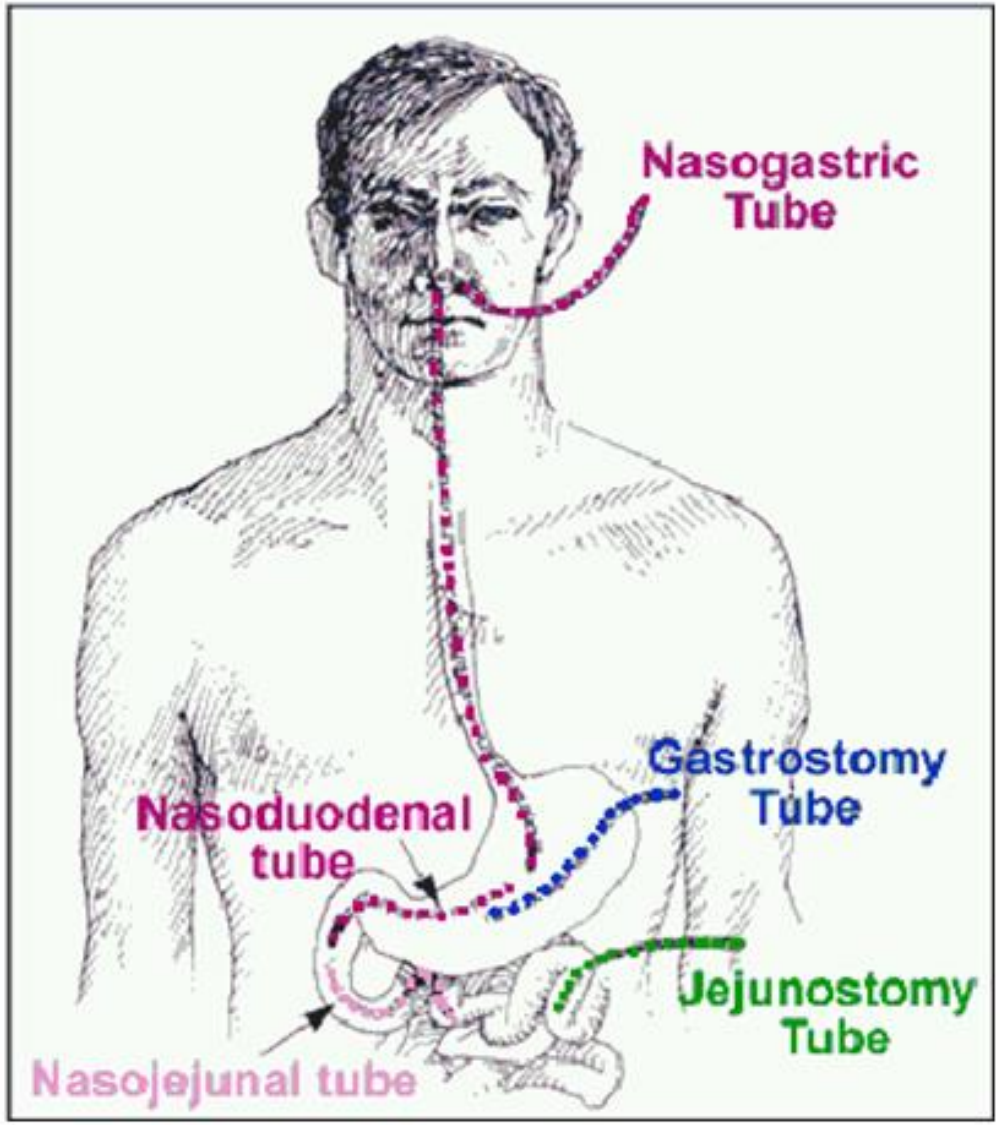
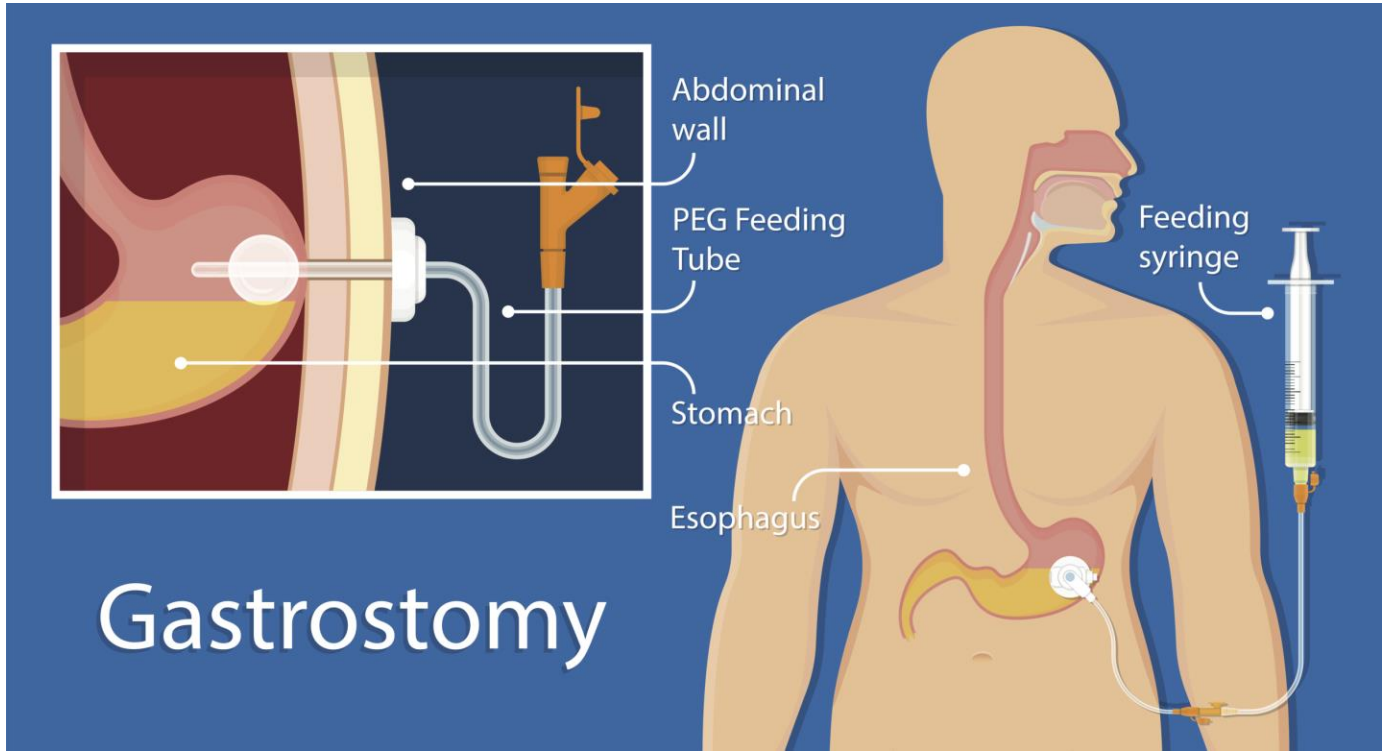


Figure 1 Enteral Feeding Tube Placement

Gastrostomy and Jejunostomy Tubes



G tube placement video

Understanding the different types of tubes

G-tube

- Long or low-profile button
- Balloon or non-balloon tube

Understanding the different types of tubes

Non-balloon G-tube or J-tube

- removable y-port can be replaced
- confirm french size for appropriate fit

Understanding the different types of tubes

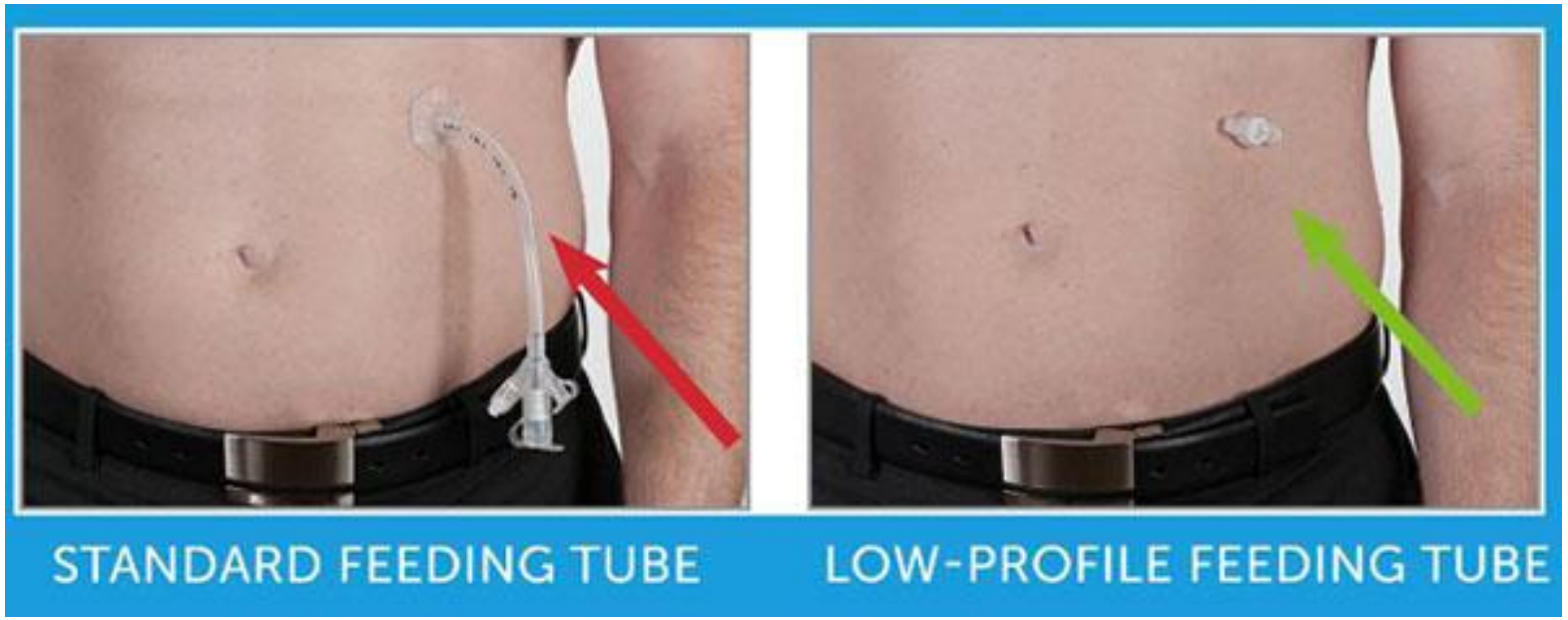
J- tube

- Long or low-profile button
- Balloon or non-balloon

GJ-tube

- Long or low-profile button
- Gastric port for venting and/or draining
- Jejunal port for continuous feeds using pump

Gastrostomy and Jejunostomy Tubes



Understanding the different types of tubes: **Connection**

Legacy

- Straight "cath tip" connection
- Not as common now that ENFit is best practice

Understanding the different types of tubes: **Connection**

ENFit

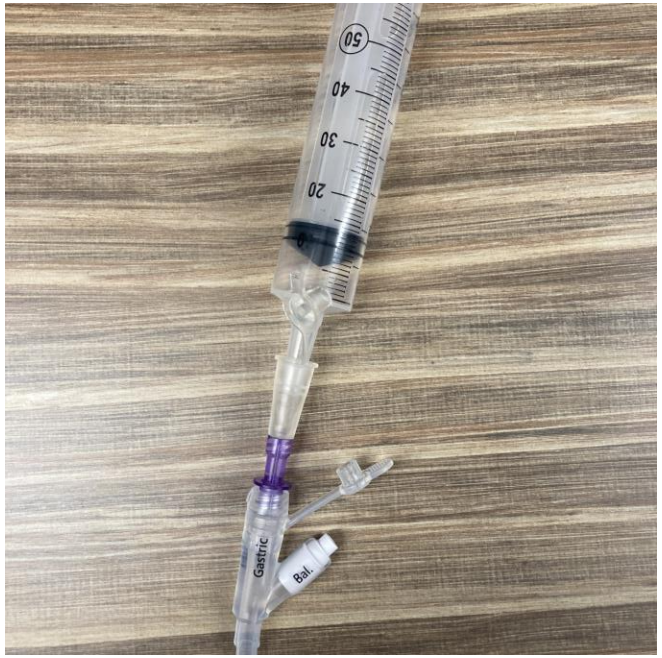
- To reduce risk of misconnection and patient injury
- Global implementation for safer small-bore medical tubing connectors
- "No more feeding the bed"
- Screw on connection

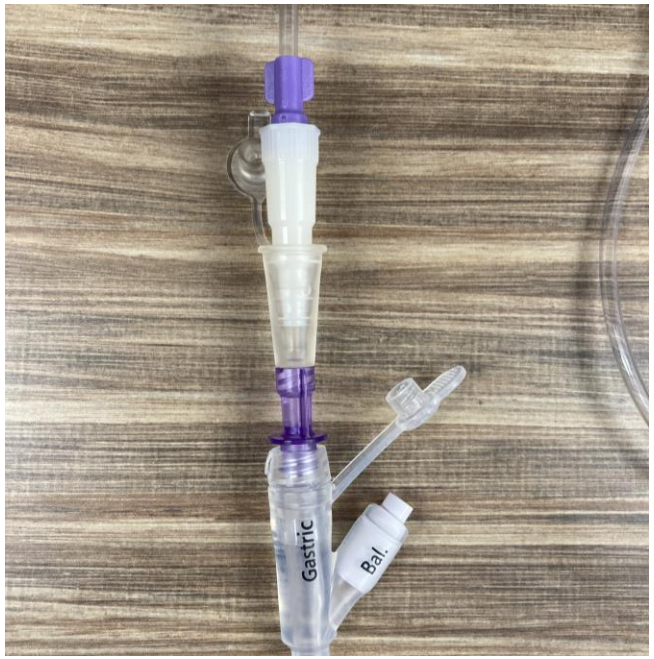
Avoid over tightening!

Understanding the different types of **connections**

Adapters

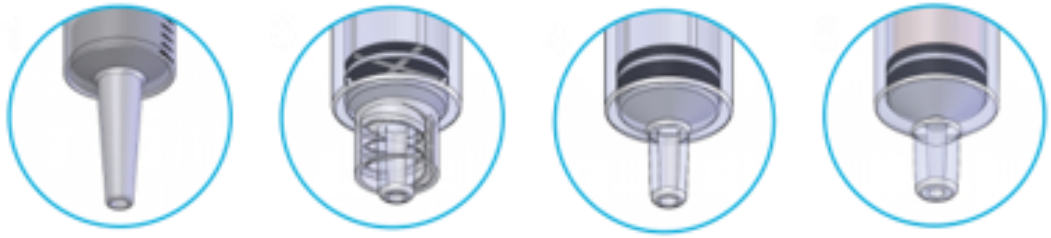
- Easing the patient's way
- Minimize the use of transition adapters when possible

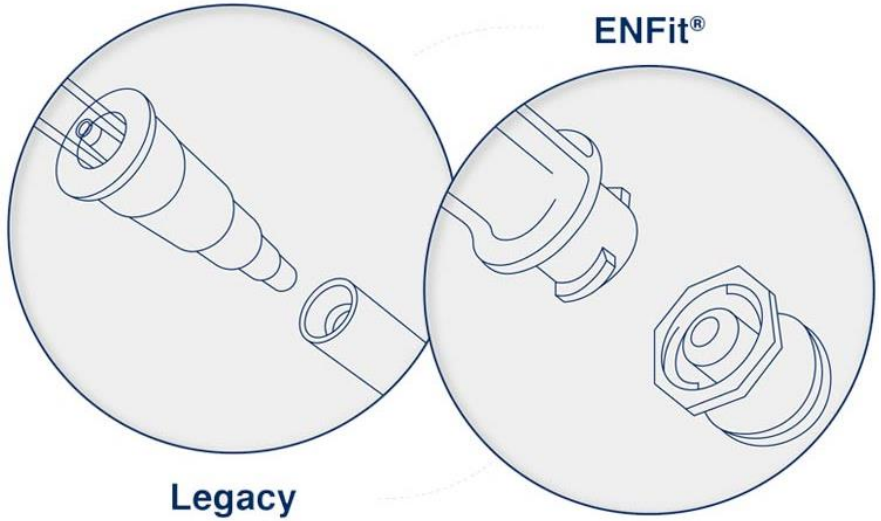


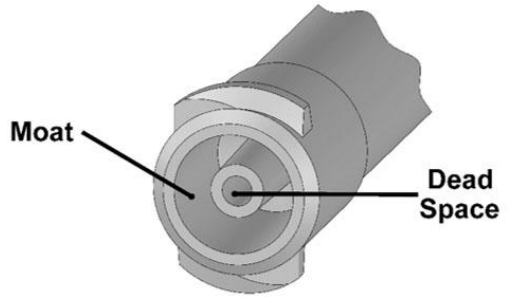


Understanding the different types of **connections**

- Legacy aka "cath tip" or "straight tip"
- Luer lock
  - typically used for IV connections
  - balloon port to deflate or inflate retention balloon
- Slip tip
  - balloon port to deflate or inflate retention balloon
  - Liquid medicine bottles
- Neomed – oral syringe
  - Not compatible with G tubes







Understanding the different types of tubes:

Low-profile button

- Attach extension for feeds
  - Clean between feeds
  - Replace weekly
- Y-port extension
  - Best for continuous feeds
  - Second port to flush water and medications
- Single port extension
  - Larger tubing
  - Good for bolus feeds

Incorporating a G-tube Assessment into the Nutrition Assessment of PALS

- Eyes on the tube site
  - Leakage (normal vs abnormal)
  - Review tube site care if needed
- Bolster position
  - How to adjust a tight or loose bolster
- Integrity of the tube
- Check balloon if appropriate
- Ensure proper tube use/maintenance
  - Flush with water daily
  - Clean ports
  - Prevent clogs

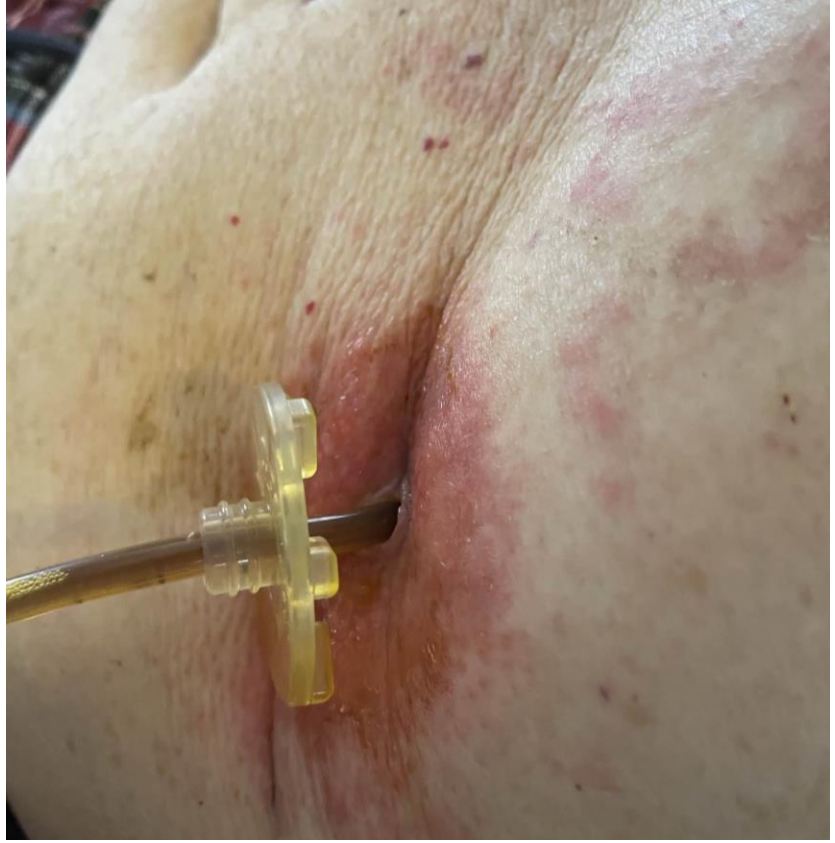
Incorporating a G-tube Assessment into the Nutrition Assessment of PALS

Enterostomy Tube 12/20/24 1518 gastrostomy tube with balloon LUQ

Placement date	12/20/24	Removal date	—
Placement time	1518	Removal time	—
Days	95		
Enterostomy Tube Type:	gastrostomy tube with balloon	Location:	LUQ
Size (Fr):	14	Additional Comments:	Mic Gastrostomy feeding tube 14 FR 5 ml in the balloon
Removal:	tip intact		

Site Care

- Use cotton swabs, mild soap, and water to clean skin around tube
- Avoid too much gauze and tape
- Allow air flow to tube site
- Leakage if normal and expected; keep clean and dry
- T-fastener stitches: remove after 10-14 days



Nasty skin stuff

- Severe leakage, gastric fluid
- Yeast infection
- Cellulitis
- Interventions: defer to MD

Tube site complications *Granulation tissue*

Signs/Symptoms: small or large tissue granules at stoma**,** light bleeding**,** stingy pain

Causes: can be part of normal healing at the stoma, frequent movement of tube

Intervention: silver nitrate or steroid cream to manage. Keep tube stabilized to prevent movement and further irritation

Prevention: keep tube stable, appropriate size and fit of tube

Tube site complications *Pressure Injury*

Signs/Symptoms: Pain**,** Pressure injury from "feet" of bolster

Causes: external bolster too tight, poor wound healing

Intervention: Loosen bolster, hemostats can be useful to secure the tube underneath the bolster and then pull bolster away from skin.

Prevention: can keep split gauze under bolster as 'padding' to protect skin. Must be replaced daily.

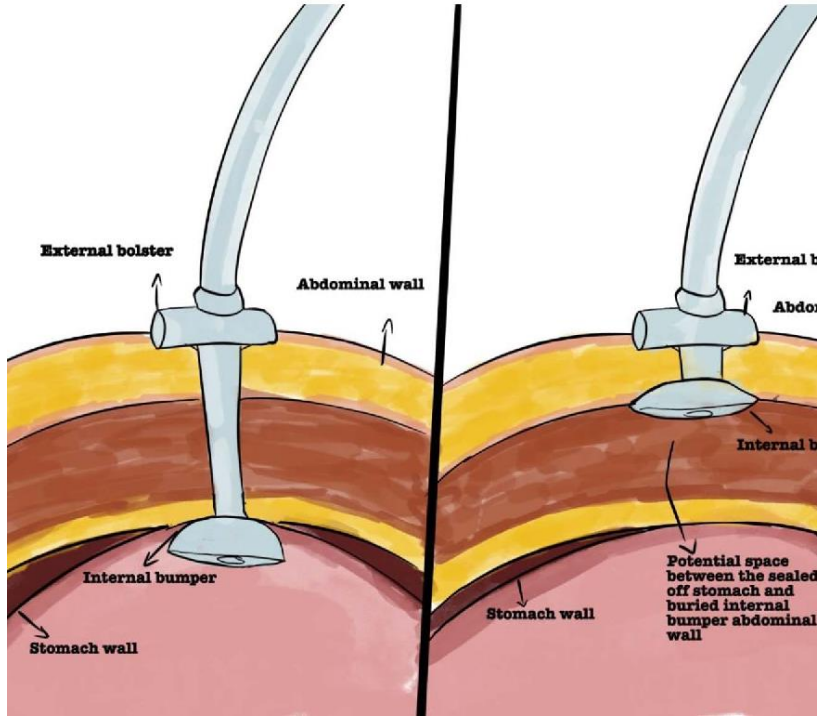
Tube site complications *Buried Bumper Syndrome*

Signs/Symptoms: pain, leakage, location of bolster

Causes: **external** bolster **too tight**, internal bolster or balloon migrating into abdominal wall

Risk Factors: rapid weight gain, patient pulling tube, placement of multiple gauze beneath bolster

Intervention: Do NOT feed or flush tube. Direct patient to the Emergency Department for further evaluation.



Integrity of tube

Tube Clogs

- Prevent with frequent flushing of warm-room temp water
- Most common causes = medications
- Massage tube
- Plunger method
  - Warm water and 10ml syringe
  - Let sit for up to 20 minutes
  - Repeat several times

Tube Replacement
(timeline, when to change)

PEG

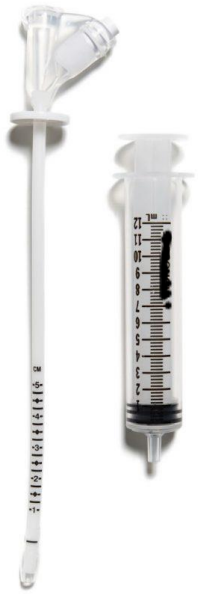
- PEG removal
- Typically replaced after 1 year
  - May develop mold over time
- Often replaced with a balloon tube
- Y-port can be replaced routinely

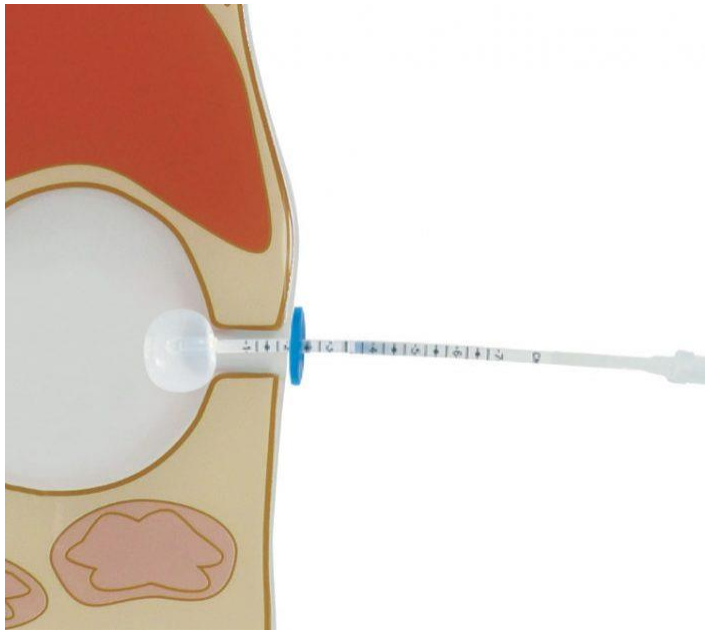
Balloon G tube

- G tube balloon replacement
- Replaced every 3-6 months
- Can be replaced in the home by a trained health professional (home health RN or RD), caregiver, or family member

Tube Replacement

Balloon G tube to a low-profile G tube button





- After ~ 6 weeks from initial tube placement, to allow stoma to heal
- Use a stoma measuring device to ensure button is appropriate length (cm)
- Can be replaced in the home by a trained health professional (home health RN or RD), caregiver, or family member

Questions?

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