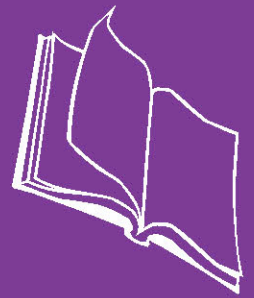


**The
Emily
Center**



How to Feed Your Child Through a G-Tube (Gastrostomy Tube) or J-Tube (Jejunostomy Tube)

#207

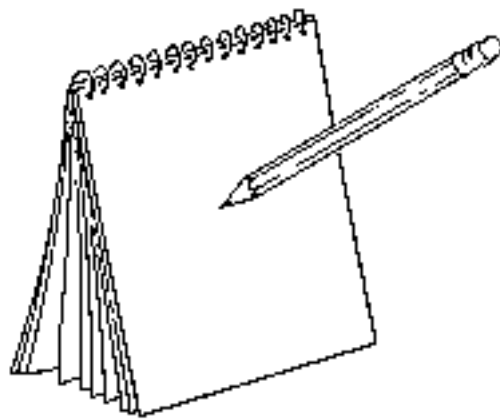
How to Feed Your Child Through a G-Tube (Gastrostomy Tube) or J-Tube (Jejunostomy Tube)

Before you start

Your child needs to be fed through a tube. All the information you are getting may seem overwhelming right now, but don't give up. Many children are fed at home through tubes. Like other families, you, too, will feel comfortable taking care of your child's tube. The Nutrition Team at Phoenix Children's Hospital put together this booklet. It will help you care for and feed your child through a gastrostomy tube. Other parents, caregivers and health care providers told us these tips helped them.

Take your time learning. Get comfortable with each step. Ask questions. As you think of questions, write them down, so you will remember to ask your nurse or doctor. No question is silly or stupid.

When you are ready, a nurse will guide you through each step and watch you feed your child. Your child will not be sent home with a tube until it can be safely cared for.



**As you think of questions,
write them down.**

Your Child's Tube

Your Child's Tube

Tube manufacturer: _____

French size: _____

Length: _____ Date inserted: _____

Feeding

Formula: _____

Feeding schedule: _____

Preparing the formula: _____

Who to Call for Help

Your doctor: _____ Telephone number: _____

Your nurse: _____ Telephone number: _____

Your Home Health Care company: _____

Your Home Health Care nurse: _____

Telephone number: _____

Clinic: _____ Telephone number: _____

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Questions and Answers About Tube Feeding

What is an enteral feeding?

An **enteral feeding** is when food is put through a tube directly into the stomach or small intestine. This food is usually a liquid form of protein, carbohydrate and fat. It has all the nutrients, vitamins, and minerals to help a child grow and be as healthy as possible.

Why does my child need to be fed through a tube?

There are several reasons why children may need to be fed through a tube. Sometimes a child is not able to eat or does not eat enough to stay healthy and grow. We cannot make a child chew and swallow, but we can use a feeding tube to make sure your child gets enough food.

How is tube feeding different from normal eating?

When you eat, you swallow food or liquid. It goes from your mouth, down your throat through the esophagus, into the stomach. A tube takes liquid food directly into the stomach or intestines. Tube feedings are different because the food does not get chewed. It needs to be a liquid to go through the tube.

What kind of liquid food will my child get?

There are many kinds of liquid food available, also called **formula**. Your doctor and the nutrition team will decide which formula is best for your child. The formula provides a complete, balanced diet. It has all the vitamins, minerals, protein, carbohydrates and fat your child needs to be healthy and grow.



The formula provides a complete, balanced diet.

How do I give my child formula?

There are several different ways to put the formula through the tube.

Some children can handle several ounces of formula at one time. When larger amounts are given over a short time, it is called a **bolus feeding**. In a bolus feeding, the whole feeding is usually given over 1 to 15 minutes.

Other children need to get their formula in small amounts over a longer time. They will be given the formula by **continuous feeding** or **drip feeding**. In a continuous feeding, the formula is dripped into the tube slowly, over several hours. There are two ways to give a continuous feeding. A bag or bottle may be hung on a pole, and a special clamp on the tubing can keep the formula dripping slowly. Or a machine called an **infusion pump** can drip the formula in at a steady, slow rate.

Some children are fed with both bolus and continuous feedings. For example, bolus feedings may be given during the day and a continuous feeding through the night.

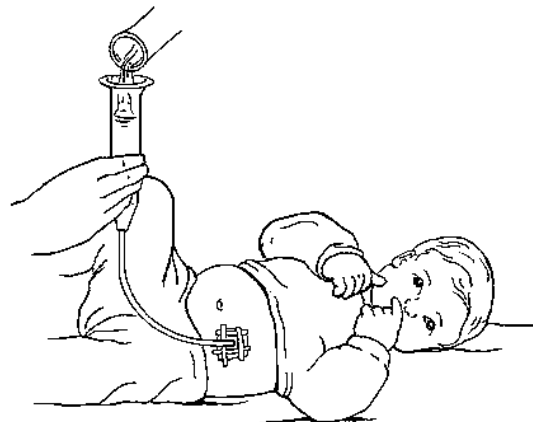
Your doctor and the nutrition team will choose the best way to give your child formula through the tube.

How will I know if the feedings are working?

If your child grows, the feedings are working.

It is very important that you go to each appointment with your child's doctor. Your child's height and weight will be checked at each visit. On pages 21 and 22 of this booklet is a chart where you can write down your child's height and weight changes.

You may not see a big weight gain each time. Be patient. It takes some time to grow. Since scales can be different by several ounces, make sure your child is weighed on the same scale each time.



**If your child grows,
the feedings are working.**

When you think of questions to ask the doctor, write them down. Bring the list with you when you visit the doctor. Ask questions. If you don't understand the

answers, ask the doctor to explain it again, another way. Talk to your doctor about your concerns.

Can my child eat food by mouth in addition to tube feedings?

Some children get all their food through tube feedings. Others get tube feedings to add to what they are able to eat. Your doctor will tell you whether or not your child should eat. Unless your doctor says your child must only have tube feedings, do not stop your child from eating. Talk to your doctor about what and when your child may eat. Tell your doctor if your child starts to eat more or less than usual. The amount of formula you give your child may need to change, too.

If your child is allowed to eat foods by mouth, your child may want to snack or eat a meal while the tube feeding is going in. This is all right, unless your child does not handle getting so much food at one time. If this happens, give meals and snacks when the tube feeding is not going in.

How can I keep feeding time special?

Feeding time is always special for both the child and the parent. Here are some tips to help keep this time special.

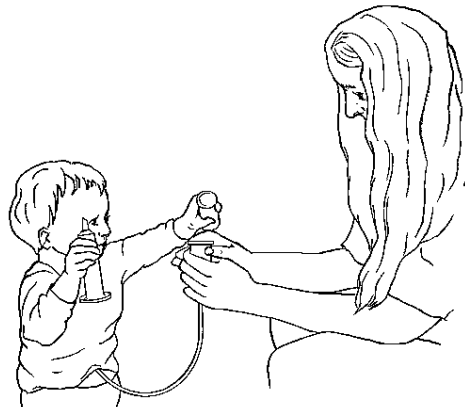
Babies can be held on your lap and cuddled in your arm during feedings. Kissing babies on the face during tube feedings also helps them feel special.

Offer your baby a pacifier. Sucking during feedings is important to help your baby know that the mouth is involved with eating and feeling a full stomach.

After the feeding remember to burp



Feeding time has always been special for both the child and the parent.

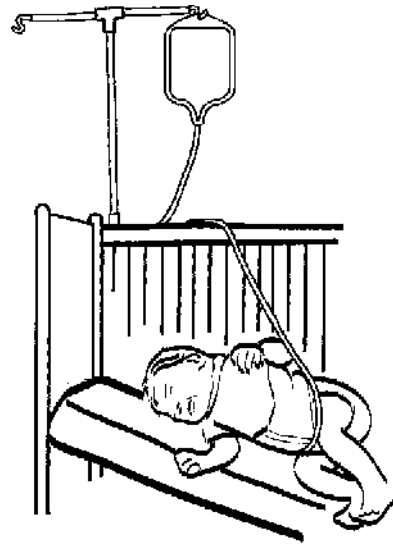


your baby, like you would after a bottle feeding.

An older child who is able may sit at the table or in a high chair. Older children need to know that sitting at the table during meal time and feeling full go together.

A baby who has continuous feedings that are given during the night should sleep on his or her side. Also, prop the head of the bed up a little by putting a pillow under the mattress. If you have any questions about this, ask your nurse or doctor.

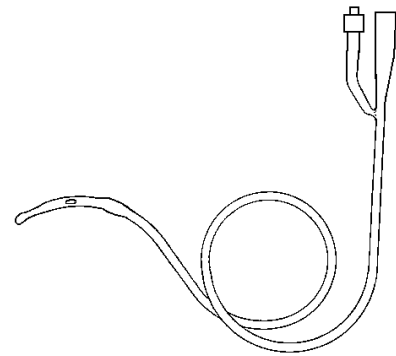
An older child will find the position that is most comfortable.



If your baby has feedings during the night, prop the head of the bed up a little.

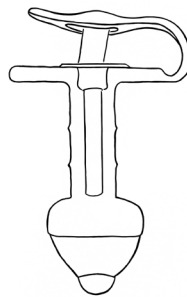
What does the tube look like?

There are many types of tubes, but they all do the same things. The tube is soft, like rubber, and goes through the skin right into the stomach (G-tube) or small intestine (J-tube). A surgeon puts it in. It may be held in place by a few stitches (sutures). The end of the tube is kept closed with a plug or a cap. Liquid food goes through a tube into your child's stomach. Liquid medicine that is usually taken by mouth may also be given through this tube.



The tube is soft, like rubber

outside the body

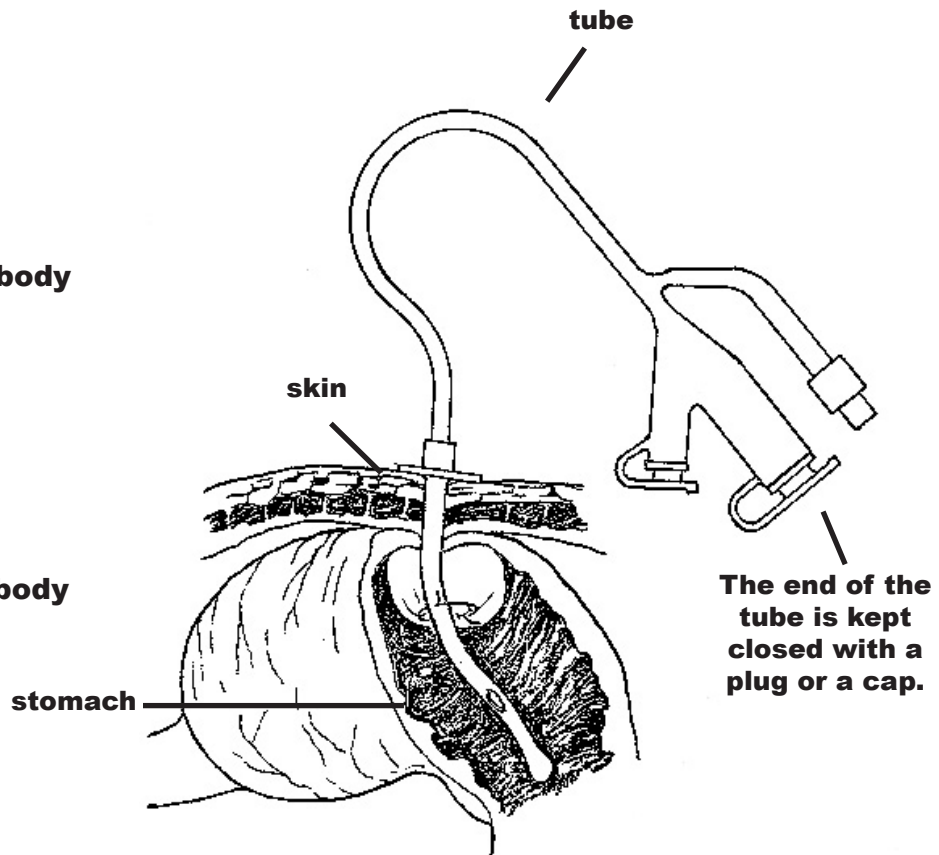


inside the body

A tube may be placed into a button during feedings.

outside the body

inside the body



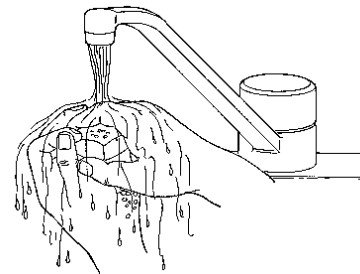
How to Feed Through a Tube

1. Check the expiration date on the formula can or bottle. Do not use formula after the date printed on the can or bottle.
2. Formula can be refrigerated or be at room temperature or slightly warmer before you give it. Drip two or three drops of formula on the inside of your wrist. The formula should not be hot.

3. Clean the area where you will be mixing the formula before you mix or handle the formula. Keep the feeding equipment clean and dry.

4. Wash your hands for twenty seconds with soap and water. Dry them with a clean towel.

5. Find the things you need to start the feeding.



Wash your hands for twenty seconds with soap and water.

yes no **What You Need for a Continuous Feeding**

- prepared formula
- water from the sink
- 60 cc syringe
- feeding pump (infusion pump)
- feeding bag and tubing set
- pole to hold feeding bag and feeding pump

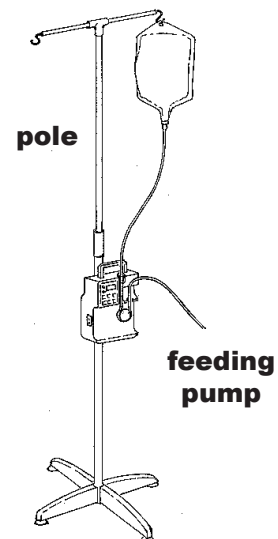
yes no **What You Need for a Bolus Feeding**

- prepared formula
- 60 cc syringe
- water from the sink

syringe



prepared formula

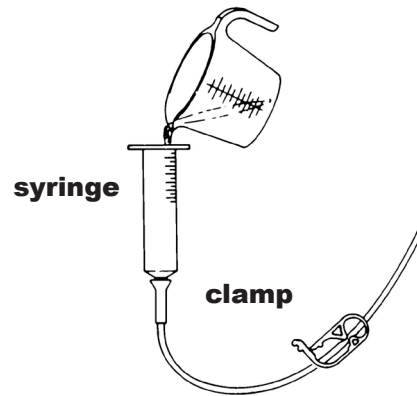


Do not use a microwave to warm the formula.
The formula can get too hot and burn the inside of your child's stomach.

6. Attach a

yes no 60 cc syringe to the feeding tube or

yes no a feeding bag with tubing set to the feeding tube

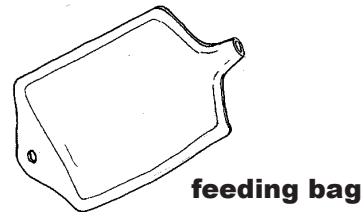


7. Close all the clamps.

8. Fill the

yes no feeding bag or

yes no 60 cc syringe with formula, open the clamps, let the formula fill the tubing and then reclamp.



9. Settle your child in a comfortable position with the head up a little.

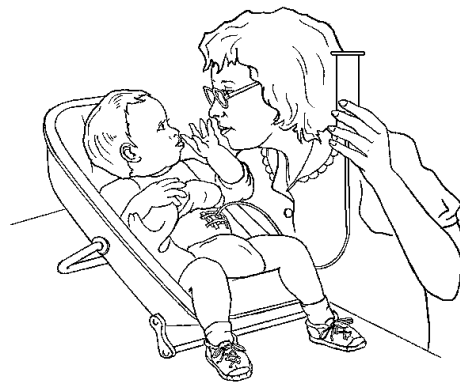
10. Take the plug out of the tube end and attach the tubing set into the feeding tube. If it slips out, you may tape them together.

11. yes no **To give a bolus feeding:**

1. Hold the tip of the syringe higher than the stomach.

2. Open the clamp and let the formula slowly flow in over 15 to 20 minutes.

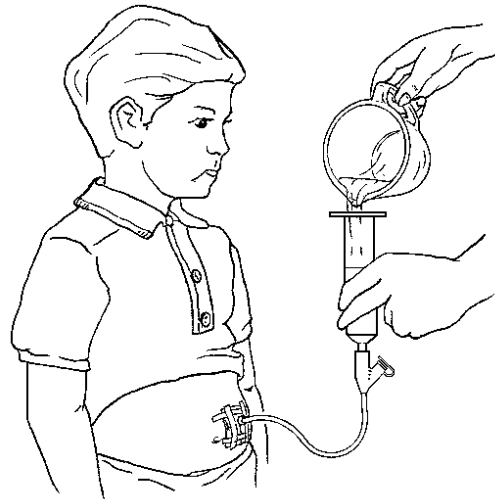
- If you raise the syringe, the formula will flow faster.
- If you lower the syringe, the formula will flow slower.
- Don't force the formula through the syringe by pushing. However, at the beginning, you may need to push



Hold the tip of the syringe higher than the stomach.

a little with the plunger to get the formula to flow.

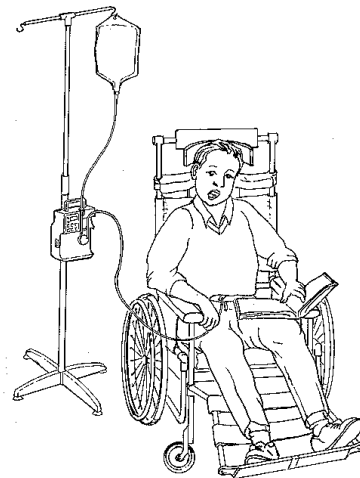
3. Add more formula as the syringe empties until you have finished. Give the amount of formula your doctor said to give. If you refill the syringe before it gets empty, air will not get into the stomach.



Add more formula as the syringe empties until you have finished.

yes no To give a continuous feeding:

- Attach the feeding bag and tubing set to a feeding pump. The formula will flow into the stomach at the rate you program in on the pump. Your doctor decides the rate of the feeding.
- Your child's rate is written on page 2 of this booklet. Follow the manufacturer's instructions to set the pump at the right rate.



The formula will flow into the stomach at the rate you punch in on the pump.

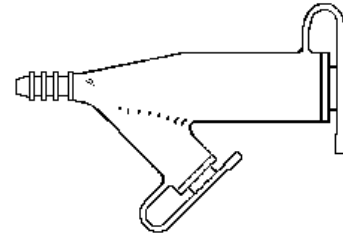
Never change the amount or kind of formula you give. Talk to your doctor if you think it needs to be changed.

If you don't use all the formula in the can, you can store the left over and use it later. The label on the formula should tell you how long the formula can be kept in a refrigerator before it needs to be thrown away. Put the formula in a closed container, write the date and contents on it, and keep it in the refrigerator. Do not keep left over formula in the open can.

- When using a feeding bag with tubing set, keep the bag closed during the feeding. This helps keep germs out of the formula.
- Your nurse will show you how to tape the tubing to the abdomen.

12. Flush the tube with a little warm water from the sink after each feeding. Dried formula can clog the tube, so flushing with water keeps the tube from getting clogged.

- yes no For a baby use 5 to 10 cc (1 measuring teaspoon is 5 cc) of water.
- yes no For a child use 15 to 30 cc (1 measuring tablespoon is 15 cc) of water.



Put the plug or cap back on the feeding tube.

13. Take apart the tubing set from the feeding tube. Put the plug or cap back on the feeding tube.

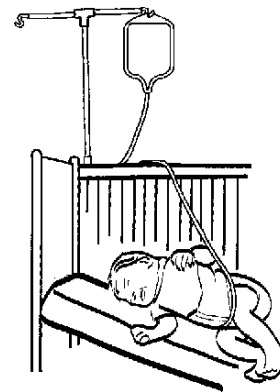
14. After every feeding, rinse the tubing, syringe and bag with warm water. During continuous feeds, flush with warm water every four hours to keep the tube from clogging.

15. Once a day, clean the tubing, syringe and bag with warm soapy water. Then rinse them with water well enough to get all the soap out. Clean the 60 cc syringe with a baby bottle brush. Let them air dry completely.

16. Use a new feeding bag as often as you are taught by your home care nurse.

- yes no Use a new bag every day.
- yes no _____

17. For night drip feedings, plan the feeding so you and your child can have eight hours of sleep. In the summer, start with formula from the refrigerator and hang a bag of ice next to the formula to keep it from getting too warm and spoiling. You do not need to wake up in the middle of the night to add fresh formula.



For night drip feedings, plan the feeding so you and your child can have eight hours of sleep.

How to Give Medicine Through the Feeding Tube

If your child has both NG and CVC tubes, use colored tape to mark each tube. Phoenix Children's Hospital uses blue tape for CVC lines and purple tape for feeding tubes. Make sure you always put medicine in the right tube.

Medicine comes in many forms, such as liquid, tablets, and capsules. Medicine in a liquid form can go through the tube most easily. If your child's medicine is not a liquid, ask your doctor if the medicine can be changed to one that is a liquid.

Your child may have to take a medicine that does not come in a liquid form. If so, ask your doctor or pharmacist to find out how to prepare the medicine to give it through the tube.

Ask your doctor or pharmacist if the medicine can be given with the formula. If it can, try to time the medicine dose around the feeding time. If possible, give medicine before a feeding. Ask your doctor or nurse if your child's medicines can be mixed into the formula.



If possible, give medicine before a feeding.

If the medicine cannot be given near feeding time, give the medicine at least one hour before or 1 hour after a feeding.

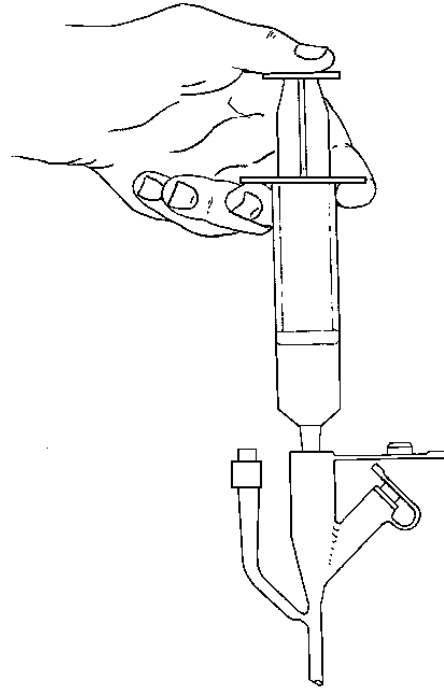
1. Wash your hands with soap and water. Dry them with a clean towel.
2. Find the things you need to give medicine.
 - prepared and measured medicine
 - syringe (3 cc, 5 cc, 10 cc, 20 cc, or 60 cc)
 - a syringe with 5 cc to 15 cc of water from the sink (tap water)
3. Settle your child in a comfortable position with your child's head up a little.
4. Connect the syringe and feeding tube together.
5. Pour medicine into the syringe.

6. Hold the tip of the syringe above the level of the stomach. Open the clamp. Let the medicine flow through the tube into the stomach.

7. After the medicine is in the tube, pour _____ cc of water into the syringe. Flush the water through the tube, making sure all the medicine gets into your child's stomach. This water also rinses the tube so medicine will not clog the tube.

8. Replace the cap on the feeding tube or tighten the feeding tube clamp. If a feeding is due, set up to start the feeding.

9. Rinse the syringes with water.



After the medicine is in the tube, pour water into the syringe. Flush the water through the tube, making sure all the medicine gets into your child's stomach.

Care of the Stoma and Tube

The opening in the skin for the tube is called a **stoma**. The stoma is the opening in your child's skin where the tube comes out.

The stomach makes acid to digest food. The stomach is strong enough to handle this acid, but the skin is not. Keeping the skin around the stoma clean and dry helps the skin stay healthy.

After a new tube is put in, it takes about a week for the stoma to heal. **The stoma should not be covered in water for one week. Your child should not have a tub bath or go swimming for that first week after the tube is placed.**

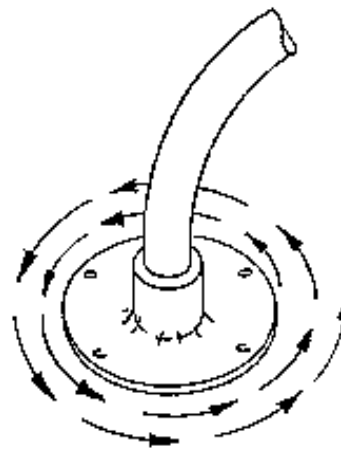
Once the stoma is healed, your child may have a tub bath and go swimming. Before you let your child go under water, make sure the tube is clamped or plugged. When your child comes out of the water, make sure you dry the stoma and tube completely.

After the tube is put in, it may have some clear or yellow-green drainage around the stoma. It may be red or tender. This is normal. In one or two weeks it should look better.

Daily Care of the Stoma

- Clean around the tube with soap and water two or three times a day.
 - It is normal for some crust and drainage to form around the stoma.
 - Clean off this crust every time you clean around the tube, but don't scrub hard. Use a cotton swab or gauze to clean in a circle close to the tube.
 - Dry the stoma completely after each cleaning.

yes no Turn the tube all the way around in the stoma (360 degrees) once a day, every day. This will keep the tube from sticking to the stoma.



Use a cotton swab or gauze to clean in a circle close to the tube.

- Look at the stoma every time you clean it. If the stoma becomes
 - swollen, or
 - red, or
 - sore, or
 - has more drainage than usual,

clean it with soap and water four or five times a day.



— If this does not help and the stoma looks more red and sore, call your doctor.

- If the stoma has drainage that smells bad call your doctor.

Problem Solving

1. Sore Skin Around the Stoma

What it looks like: red, sore, swollen, unusual drainage.

What may cause this:

- There may be more drainage around the tube.
- The skin around the tube is infected.
- Formula or medicines have spilled onto the skin around the tube.
- Stomach fluid is leaking around the tube.
- The stoma may not have dried completely after it got wet.
- The current routine cleaning of the stoma is not enough to keep the skin healthy.

What to do:

- Clean the stoma and skin four or five times a day using soap and water until the area looks better. Use a cotton swab to reach around the tube.
- Dry the stoma and skin well after cleaning, bathing and swimming.
- When formula is spilled on the skin, clean it right away.



Use a cotton swab to reach around the tube.

- The stoma needs to be open to air as much as possible to stay healthy.
Do not cover the stoma with a lot of gauze, tape or cream.
 - If you need to use gauze, take it off when it gets wet or dirty.
 - If your doctor tells you to use cream on the skin around the tube, put on a very thin layer.
 - When using tape, use as little as possible. Do not cover the stoma.
- If these do not help, call your doctor.
 - Your doctor may tell you to use povidone iodine, antacids, or antibiotic creams to help the stoma heal.



Call your doctor

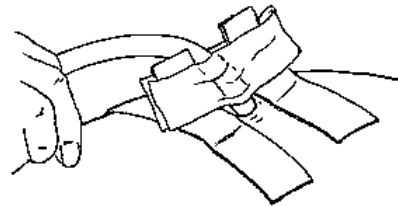
- if the stoma has drainage that smells bad,
- if the tube is leaking.

2. Leaking Around the Stoma

What it looks like: wet skin around the stoma.

What may cause this:

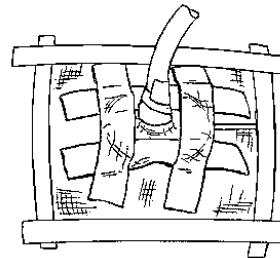
- The tube is too small for the size of the stoma.
- The skin around the tube is infected.
- The tube does not fit snug against the wall of the stomach.
- Scar tissue prevents a tight fit.
- There is a hole in the tube.



Tape the tube in place.

What to do:

- Pull gently on the tube to help it fit more snugly, then tape the tube in place.
- For buttons: Check to make sure the balloon is filled correctly.



- If the tube still leaks, call your doctor.
The tube may need to be changed.

3. Bleeding at the Stoma

What it looks like: blood or dried blood around the stoma.

What may cause this:

- The tube is moving too much and making the stoma sore.
- The stoma is infected.
- The tube is too small and is making the stoma sore.
- A lump of inflamed skin (**granuloma** or **granulation tissue**) is forming around the stoma.

What to do:

- Turn to page 16 and treat the stoma like you would for Sore Skin Around the Stoma.



- If the bleeding continues or gets worse, call your doctor.

4. Clogged Tube

What it looks like: medicine, formula, or water does not pass through the tube into the stomach as easily as it used to, or it cannot pass through at all.

What may cause this: Dried food or medicine is stuck in the tube.

What to do:

- Put 2 or 3 cc of water into a syringe. Flush water through the tube to unclog it. If that doesn't work, try flushing with 5 to 15 cc of warm water.



- If the tube is still clogged, call your doctor.

- Always flush the tube with water after you give medicine or feed your child through the tube.

- Medicine you give through the tube should be liquid or mixed with water so it becomes a liquid. See: How to Give Medicine Through a Tube, on page 13.

5. Throwing up, loose stools, or belly pain

What it looks like: Your child throws up, has belly pain, or has very loose, watery stool.

What may cause this:

- The feeding may have been too large.
- The feeding may have been given too fast.
- The formula may have been too cold.
- Your child may be sick.
- There is something about the feeding your child cannot handle.
- The tube may have moved and is not working the way it should.

What to do:

- Feed formula at room temperature.
- Give the feeding slower.

Your child may need smaller feedings. Call your doctor before changing your child's feeding schedule.

- Check the position of the tube. Gently pull the tube up so it fits against the abdomen.

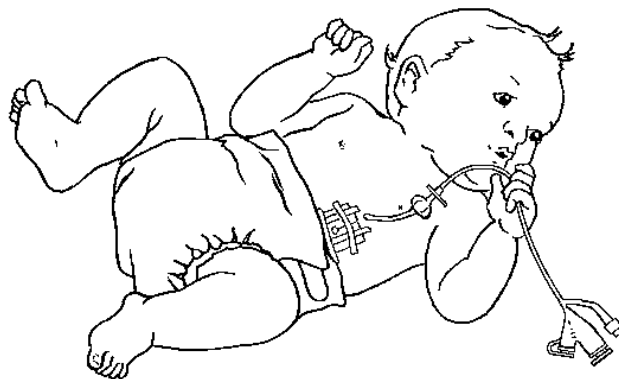


If the throwing up, pain, or loose stool continues, call your doctor.

6. If the Tube is Pulled Out

If the tube is pulled out, the stoma may bleed and your child may cry.

When a tube is put in, it takes four to six weeks for the stoma to heal. If the tube is pulled out during this time, call your doctor



If the tube is pulled out, the stoma may bleed and your child may cry.

right away or go to the emergency room. Another tube will be put in.

Once the stoma is healed, it will stay open for several hours if the tube gets pulled out. Call your doctor right away. In the next few hours you will have to see your doctor or go to the hospital to have a tube put in. If you don't replace the tube in a few hours, the stoma may begin to close. Ask your doctor if your child has a tube that can be replaced at home.

If you tape the tube to the belly, and cover it with clothes, it will help keep the tube in. Clothes that snap closed between the legs cover the g-tube well.

7. Extra Skin

It is normal for a small amount of skin to grow around the tube. This skin is called **granulation tissue**. This is usually not painful.

Granulation tissue can be formed by the tube moving against the stoma. You may prevent it by holding down the extension tubing on the child with tape.



If this skin tissue becomes large, looks sore, or it makes it hard to clean the stoma and button, call your doctor. This tissue often bleeds.

Now that you've read this:

- Show your nurse or doctor how you will feed your child through the g-tube. (Check when done.)
- Show your nurse or doctor how you will give your child medicine through the g-tube. (Check when done.)
- Show your nurse or doctor how you will clean the g-tube site. (Check when done.)
- Tell your nurse or doctor what you will look for when you check the g-tube. (Check when done.)

Is the Tube Feeding Working?

Date	Height	Weight	Comments
------	--------	--------	----------

Is the Tube Feeding Working?

Date	Height	Weight	Comments
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If you have any questions or concerns,
 call your child's doctor or call _____

If you want to know more about child health and illness,
visit our library at **The Emily Center at Phoenix Children's Hospital**
1919 East Thomas Road
Phoenix, AZ 85016
602-933-1400
866-933-6459
www.phoenixchildrens.com
Facebook: [facebook.com/theemilycenter](https://www.facebook.com/theemilycenter)
Twitter: @emilycenter

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The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children's Hospital urges you to contact your physician with any questions you may have about a medical condition.

Friday, March 2, 2012 • DRAFT to family review
#207 • Written by Susan Ohton, RN and Nancy Rayhorn, BSN, RN; revised by Jessica Arvizu, RN
Illustrated by Dennis Swain, Greg Bishop, Irene Takamizu, and Rebekka Takamizu



The Emily Center

How to Feed Your Child Through a G-Tube or J-Tube

Procedure/Treatment/Home Care
Si usted desea esta información en español,
por favor pídasela a su enfermero o doctor.

Name of Health Care Provider: _____ Number: 207
For office use: Date returned: _____ db nb

Family Review of Handout

Health care providers: Please teach families with this handout.

Families: Please let us know what you think of this handout.

Would you say this handout is hard to read? Yes No

easy to read? Yes No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read? Yes No

Why or why not?

Would you do anything differently after reading
this handout? Yes No

If yes, what?

After reading this handout, do you have any
questions about the subject? Yes No

If yes, what?

Is there anything you don't like about the drawings?

Yes No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

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Thank you for helping us!