PEDIATRIC EMERGENCY DEPARTMENT CLINICAL GUIDELINE:
REPLACING THE GASTROSTOMY TUBE

(Revised March 2016)

The process will require two people. One individual will provide distraction and support for
the child while the 2nd person places the tube.

I. Standard Gastrostomy Tube Change

1. Wash your hands. Relax the child and caregiver.
2. Place a small tube into the stoma using sterile lubricant to keep it patent/open.
   (This should be placed early…in triage if necessary)
3. Remove the g-tube from the package. Check the balloon by filling and then removing
   the water/normal saline.
4. Lubricate tube with a non-petroleum based jelly.
5. If the present tube is still in place:
   a. Turn the tube 360°
   b. Attach syringe and remove all fluid from the balloon
   c. Remove tube gently-using an upward twisting motion
6. Insert the new tube into the stoma
7. Fill the balloon with the appropriate amount of sterile or tap water (do not use saline as
   it can cause breakdown of the balloon) as indicated on the tube balloon port or as follows:
   12Fr AMT mini-One button= 2.5ml, 14Fr AMT mini-One button= 4ml, 12Fr Mic-key button=
   3ml; 14Fr Mic-key button= 5ml
8. Check placement of tube by attaching the extension device (for button tube) and
   checking for the return of gastric contents. If gastric contents do not return
   immediately inject air through the tube which clears away the lubricant, and
   reattempt to withdraw contents. If still unable to withdraw contents, try
   repositioning the patient.
9. **DO NOT** feed through the tube until confirmation of placement (by aspiration of
   gastric contents or by fluoroscopy study)
10. Flush water through the tube after placement confirmed.

II. Gastrostomy Tube Placement When Tube Has Been Out for Extended
    Periods of Time

**START SMALL AND DILATE UP!**

1. Wash your hands. Relax the child and caregiver.
2. Apply **4% LMX cream** and introduce a small bore tube (feeding tube, red
   rubber, or Foley catheter) into the stoma to keep it patent/open (Apply early/in
   triage if necessary). Place a large tegaderm over the stoma and the tube.
3. Wait approximately 20 – 30 min.
4. Start small and **GENTLY** dilate up the site one size at a time: 6fr→ 8fr→ 10fr→ 12fr
   (only dilate to 14fr if original tube size was 14 or greater)
5. The child can be maintained with a Foley catheter and Hollister Attachment
(emergency only) or MIC-G tube (preferred) with the flange down to skin.

***If placing a Mic-G tube, be careful not to put the tube in too far when filling the balloon. Tube should typically be inserted no further than the “4” marking when balloon is inflated.

6. If unable to dilate gastrostomy up to a 12Fr, keep the highest French foley catheter in place secured with a Hollister vertical drain stabilizer dressing.
III. Points to Consider When Caring for a Gastrostomy Tube Patient

- New gastrostomies that have been placed within the past 6 weeks should be managed by the Pediatric Surgery team.

- If you need assistance, please page the Pediatric Surgery Nurse Practitioners first (Pager #4156). If they are not available, the Pediatric Surgery residents should then be paged.

- It is important to be aware that the stomach can be pushed away from the abdominal wall easily when changing the g-tube on new gastrostomies; even by experienced surgery personnel. ***(A g-tube study should be obtained anytime a g-tube becomes dislodged and needs to be replaced less than 3-4 weeks post-operatively)*

- If there is ever any doubt as to the location of a gastrostomy tube, **ALWAYS** obtain a fluoroscopic gastrostomy tube study (order as an UGI w/KUB).

- If tube placement on an established gastrostomy (6 weeks or greater) is too difficult or there is a concern about the placement, call Pediatric Surgery for consultation.

- Patients getting a Mic G gastrostomy tube placed in the Comer ED should be instructed to follow-up in the Pediatric Surgery Gastrostomy Tube at the next available appointment. (Mic G gastrostomy tubes can stay in for extended periods of time if necessary). Families can call 773-702-6175 for an appointment.

- If a new button or temporary g-tube is placed in the ED, please email or staff message via EPIC one of the surgery NP’s to notify that the patient was seen so that appropriate follow-up can be arranged if needed.

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**EMERGENCY SUPPLIES FOR G-TUBES**

- LMX cream, tegaderm
- 2 or 3 each of 6-8 (with stylets)-10-12 french Foley catheters
- 2 or 3 each of: 12-14 french MIC-G tubes
- Surgiube
- Lyofoam-T and Ex-U-Dry dressings: 2 or 3 each
- 12 cc syringes
- 4x4 gauze (not the split IV gauze)
- Blue pads
- Antibiotic ointment
- Hollister Vertical Attachment device (in case of Foley)

**DISCLAIMER:**
This clinical guideline has been developed for the purpose of unifying the general emergency care of children with g-tubes. It is intended to aid, rather than substitute for, professional judgment. It is not intended to serve as a rigid protocol or a written proxy for the standard of care. Failure to comply with this guideline does not represent a breach of the standard of care.