



MODIFIED ON: MARCH 2024

DIGESTIVE HEALTH INSTITUTE

# Care of a Feeding Tube

## Caregiver handbook

Compiled and approved by  
Children's Hospital Colorado Surgery and GI  
departments



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# Feeding Tube Information Sheet



# Feeding Tube Information Sheet

## My child's feeding tube is a (circle one)

Mini One \ BARD \ MIC-Key \ Nutriport \ MIC \ EG \ Foley \ Pessar \ Malecot \ AMT G-Jet \ MIC-Key GJ tube

## Size

French (diameter): \_\_\_\_\_ Length: \_\_\_\_\_

Foley or red rubber tube size needed for emergency replacement: \_\_\_\_\_

My child's feeding tube care team is \_\_\_\_\_ from Pediatric Surgery / GI (circle one)

Home Care Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

- All your feeding tube supplies (enteral supplies) will be provided by a home care agency. A case manager will help you get setup with a home care agency before your child is sent home from the hospital.

## Important phone numbers

- **Pediatric Surgery:** 720-777-6571/ Colorado Springs: 719-305-9035 (schedule an appointment or reach a nurse)
- **Gastroenterology (GI):** Anschutz Medical Campus 720-777-6669/Colorado Springs 719-305-9030 (schedule an appointment or reach a nurse)
- **Nutrition:** Anschutz Medical Campus 720-777-2691/Colorado Springs 719-305-9691 (schedule an appointment or reach a Dietitian)
- **Interventional Radiology (IR):** Anschutz Medical Campus 720-777-8671/Colorado Springs Radiology 719-305-6233 (schedule an appointment for GJ-tube replacement)
- **Parent Smart Nurse Line: 720-777-0123**

## Emergency trips to the hospital

If your child needs to go to the hospital or the emergency room, take your extension tubes, emergency kit and this handbook which describes the type of feeding tube placed and the contact information for your care team.

You should always bring your feeding tube supplies with you so you don't get charged for extra supplies or if the same size supplies are not available. If the feeding tube has accidentally been pulled out, bring it with you.

**Emergency/Travel kit includes:**

- Back up balloon G-tube, supplied by homecare company
- 2 Silicone Foley catheters or red rubber tubes, (same size as g-tube and one size smaller)
- 5-10 ml slip tip syringe to deflate balloon
- K-Y/water soluble jelly
- Paper towels
- Container for tap water
- Tape measure (only if using Foley or Red Rubber Catheter)
- Tape
- Vertical tube attachment device (only if using Foley)
- Emergency phone numbers

**Follow-up appointments**

- 2-3 weeks after surgery, with your child’s doctor/surgeon (by phone or in-person).
- 8 weeks after surgery for the first G-tube change in the Surgery Clinic.
  - 6-8 weeks after surgery for patients in Colorado Springs.
  - Your child’s follow-up appointment is scheduled for: \_\_\_\_\_
- If your child has a GJ-tube, it will need to be replaced every 3 months. Call Radiology to schedule the appointment.

**Nutrition plan**

My child’s formula is: \_\_\_\_\_

My child’s feeding schedule is:

- Bolus \_\_\_\_\_ ml every \_\_\_\_\_ hours over \_\_\_\_\_ minutes
- Night feeds \_\_\_\_\_ ml/hr for \_\_\_\_\_ hours; total amount \_\_\_\_\_ ml
- Continuous feeds \_\_\_\_\_ ml/hr for \_\_\_\_\_ hours
- Date updated \_\_\_\_\_

**Notes**

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**Watch the G-tube videos**

Scan the QR code below to watch the videos on YouTube:



# General Information



# General Information

A great source of information for parents about gastric tubes and support is found at from the Feeding Tube Awareness Organization at: [feedingtubeawareness.org/ParentGuide.pdf](http://feedingtubeawareness.org/ParentGuide.pdf)

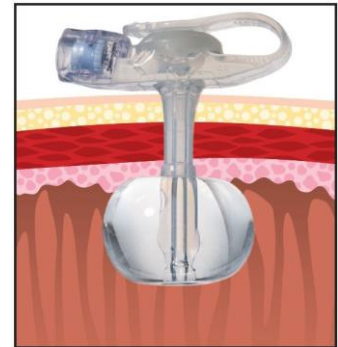
## What is a gastrostomy?

A gastrostomy is a small opening that is surgically made from the outside of the belly into the stomach. The opening is sometimes called a “stoma.”

- For the gastrostomy surgery, your child will be put to sleep using general anesthesia.
- A gastrostomy tube (G-tube) is a small tube inserted into the gastrostomy stoma.
- Most G-tubes placed in children are low profile (skin level) tubes.

## Low profile or skin-level device

- A skin level device is inserted into the stomach and held in place by a balloon inflated with water or an internal bolster.
- A skin level tube lays flat against the skin, is more discrete and allows the child to move more freely.
- In order to use a skin-level tube, an extension tube must be attached.
  - Note: If your child has the AMT G-Jet, the extension tubes are different for the G and J ports. Make sure you are using the correct extension tube.
- The size of the tube is noted with two measurements (i.e. “14 Fr 1.2 cm”)
  - The diameter of the tube is the “French” or “Fr” number. The diameter of the tube is not usually changed.
  - The length of the tube is the “cm” number. This length is meant to fit your child and will change as your child grows.



Low profile (skin level) device

## Uses of the G-tube

- A G-tube can be used to deliver nutrition and medicine into the stomach.
- Some children require all their food to be given through the G-tube.
- The G-tube can also be used for additional calories/supplements when your child is unable to take enough nutrition through their mouth.
- The G-tube may also be used for getting rid of gas or fluid in the stomach, this is referred to as “venting.” This is often used if a child has had a stomach wrap procedure such as a Nissen fundoplication (a “wrap” procedure that helps keep the food from coming back up) or not tolerating feedings.

## Is a gastrostomy tube permanent?

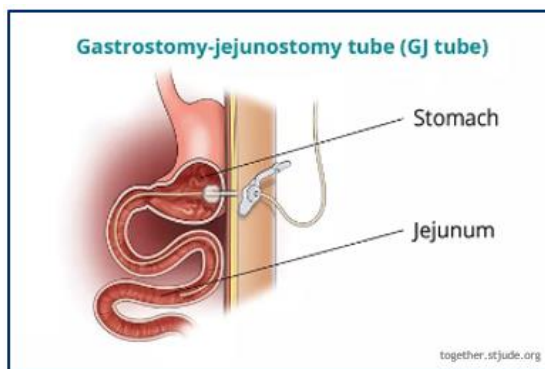
- No, if a feeding tube is no longer needed it can be removed. This can be done in clinic without anesthesia or may require a procedure with sedation or general anesthesia.
- Sometimes surgery is needed to close the opening (stoma). This depends on the length of time the tube has been in place, how old the child was when they got the tube, and the condition of the feeding tube site.



# Other Types of Feeding Tubes

## Gastrojejunal tubes (GJ-tubes)

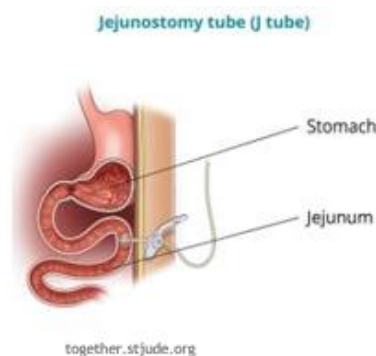
- GJ-tubes go into both the stomach and jejunum (first part of the small intestine)
- They have a gastric port, a jejunal port and a balloon port. **Your doctor will tell you which port to use for feedings and medicine.**
  - The gastric port ends in the stomach and can be used for feedings, medicine, or venting (burping).
  - The jejunal port ends in the small intestine. It goes past the stomach to allow feedings and medicine to go directly into the small intestine.
  - **Never give bolus feeds through the jejunal port, you can only give slow, continuous feeds through this tube.**
- A GJ-tube should never be turned.
- GJ-tubes should be routinely changed every 3 months. This will have to be done in radiology. Call to schedule an appointment (phone numbers on page 5).



Skin-level GJ-tube

## Jejunostomy Tubes (J-Tubes)

- J-tubes go directly into the jejunum.
- Most J-tubes placed in children are low profile (skin level) devices.
- Most of the instructions and care are the same as they are for a skin level G-tube.
- **Never give a bolus feed through a J-tube, only slow continuous feeds.**



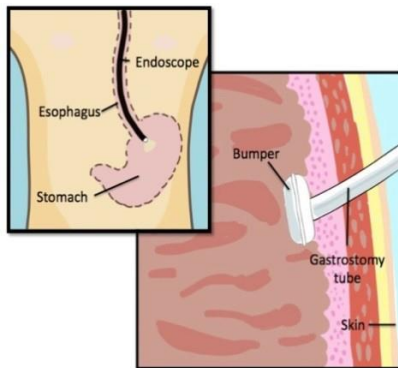
Skin-level G-tube or J-tube

## Long G-tube or PEG tube

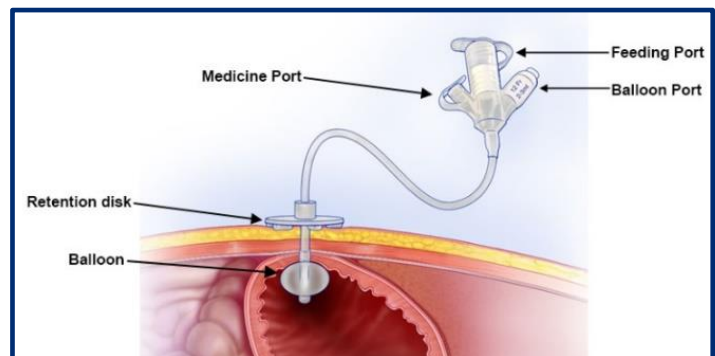
- A long tube is inserted into the stomach and held in place by a balloon inflated with water or an internal bolster. A portion of this tube hangs outside the body.



- A PEG tube (percutaneous endoscopic gastrostomy tube) is a type of long G-tube that is put in using an endoscope and stitches.
- **The only difference between a PEG and a long G-tube is how it is placed. The care of a PEG is the same as a long G-tube.**



PEG tube



Long G-tube

- Long G-tubes are replaced every 3 months and may be exchanged for a low-profile balloon G-tube after the tract heals.
- The feeding bag or syringe is connected directly to the feeding port of a long G-tube. **An extension tube is not needed.**
- Some GJ-tubes are long tubes as well. You can tell the tube is a GJ-tube because the end of the tube has a gastric port, a jejunal port and a balloon port.

# **Routine Tube Change and Accidental Dislodgement**



# What to Do if the Tube Falls Out or Breaks

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If the G-tube or J-tube is accidentally pulled out or falls out, a tube must be put back in the opening in the stomach, also called the stoma, immediately to keep it open. Otherwise, it will start to close within one hour, and surgery may be necessary.

## Equipment needed:

- Correct size G-tube or J-tube balloon device
  - Stilet (if available)
- 5-10 ml slip tip syringe
- Water soluble lubricant
- Foley catheter or red rubber tube, same size as G-tube and one size smaller
- Tape

1. Wash your hands with soap and water.
2. Attach the slip tip syringe to the balloon port and make sure the balloon is deflated.
3. If available apply K-Y jelly or water-soluble lubricant to the G-tube or J-tube (**balloon deflated**), Foley catheter or red rubber tube.
4. Gently insert the G-tube or J-tube, Foley catheter, or red rubber tube into the stoma – **DO NOT INFLATE THE BALLOON!**
  - a. If using a Foley catheter or red rubber tube, insert about 1 to 2 inches.
  - b. Tape the tube to the skin.
5. If using a Foley or red rubber tube, clamp or fold the tube over and tape it closed to prevent leakage of stomach contents.
6. **DO NOT USE** the tube until correct placement is verified and use of the tube/catheter is approved by your doctor.
7. Take your child to the Emergency Room to have their G-tube or J-tube safely replaced.

## What to do if the GJ-tube falls out or breaks

If the GJ-tube balloon pops or the tube breaks, **tape the tube in place** to keep in the right position. If the GJ-tube is accidentally pulled out or removed, you need to get a tube be put back in the stoma immediately to keep it open, otherwise it will start to close within 1 hour.

**\*\*Note: Do not attempt to replace the GJ-tube and use it at home.** The GJ-Tube will have to be replaced in Radiology.

### Equipment needed:

- The GJ-tube that fell out
- A back-up G-tube, if you have one and it's the same size as the GJ-tube
- Water soluble lubricant
- Foley catheter or red rubber tube, same size as GJ-tube and one size smaller
- Tape

1. Wash your hands with soap and water.
2. If available, apply lubricating jelly to the tip of the GJ-tube, Foley catheter or red rubber tube.
  - If your child previously had a G-tube, you can use an extra G-tube.
3. Gently insert the G-tube or the tip of the GJ-tube, Foley catheter, or red rubber tube into the stoma about 1-2 inches and tape it to the skin.
  - If using your child's extra G-tube, do not inflate the balloon unless you were already trained to change your child's G-tube yourself.
  - If using a Foley or red rubber tube, clamp or fold the tube over and tape it closed to prevent leakage of stomach contents.
4. Do not inflate the balloon or use the tube.
5. **Call Radiology (phone number on pg. 6) to have the tube replaced.** If Radiology is closed, take your child to the Emergency Room.

# Routine Tube Change

Around 8-12 weeks after surgery, you will be taught how to change your child's G-tube or J-tube by a member of the surgery team. The tube will need to be changed routinely **about every 3 months** at home, or if the tube falls out or breaks. After you use your back-up G-tube or J-tube, you should call your homecare company to get a replacement.

**Do not routinely change your child's G-tube or J-tube until you have been trained how to do so (8-12 weeks after surgery)!**

## Equipment needed:

- Correct size G-tube or J-tube
    - Stylet (if available)
  - 5-10 ml slip tip syringe
  - Water soluble lubricant
  - Foley Catheter - only use this if instructed to by your child's care team.
1. Wash your hands with soap and water.
  2. Check the balloon function by using a syringe to inflate the balloon with the correct amount of water for your specific tube (the amount of water should be listed on the balloon port or in the manual). Check to see if the balloon is leaking. Deflate the balloon before putting it into the G-tube or J-tube site.
  3. If available, insert the stylet into the center of the new G-tube or J-tube.
  4. If available, apply K-Y jelly or water-soluble lubricant to the G-tube, J-tube, or Foley catheter.
  5. Gently insert the tube into the stoma. If using a Foley catheter insert it into the stoma 1-2 inches.
    - **A Foley catheter should never be used to give feeds or medicine in a J-tube site!**
  6. Fill the syringe with the correct amount of water for you G-tube, J-tube, or Foley catheter.
    - Look at the balloon port on the G-tube or J-tube, or the instructions in the tube kit for the correct amount.
  7. Attach syringe to balloon port of G-tube, J-tube or Foley catheter. Slowly instill the water into the balloon.
  8. While holding the plunger of the syringe in, twist it and remove it. The balloon will stay inflated.
  9. Remove the stylet and close the cap on the tube.
  10. If using a Foley catheter:
    - Gently pull back on the tube until you meet resistance. The Foley balloon should now be resting against the inside wall of stomach.
    - Tape the Foley to the skin so that it does not move in or out of the stoma.
    - Using a permanent marker, mark the Foley where it exits the skin.
    - Measure the length of tube from opening to end of tube and note it on front page of this booklet.
  11. You must check placement of the tube before using it:
    - G-tube – attach the extension tube to the G-tube. With a large ENFit syringe pull back. If you pull back stomach contents, the tube is in the right place. Gently flush the G-tube with 5- 10 ml water.
    - J-tube- attach the extension tube to the J-tube. With a large **open** ENFit syringe allow 5-

10mls of water to drain into the J-tube by gravity.

- Make sure there is no redness, swelling, pain, or leaking from the site while the water is going in.
- Foley catheter– attach a large syringe to main port and gently pull back. If you pull back stomach contents, the tube is in the right place. Gently flush the Foley with 5- 15 ml water.
  - Clamp or fold over the tubing to prevent leakage of stomach contents.

**\*Note: If unable to see stomach contents when pulling back on the tube, try again. If you are still unable to see stomach contents, leave the tube in place, but do not use it, and call the Surgery Clinic. If the Surgery Clinic is closed, take your child to the Emergency Room.**

**Remember:**

- A small amount of bleeding from the G-tube or J-tube site is normal.
- Always carry the travel kit supplies for emergency reinsertion.

# Site Care and Fit





# Care of the Site

## Care of the feeding tube site

- Wash your hands with soap and water.
- Starting the day after surgery, clean around the site daily or more frequently if it is wet or dirty.
- Clean the site using a cotton swab, warm water, and mild soap.
- Make sure all crusted drainage is removed from the skin around the tube.
- After cleaning, rinse around the area with water and pat dry.
- Slightly turn the tube once a day to prevent skin irritation. **Never turn a GJ-tube.**

- If your child has stay sutures (large stitches near the tube) **do not rotate the tube until these are removed.**
- If your child has T-Fasteners (see picture) and they are not too close to the G-tube you may be able to rotate it.
- The T-fasteners or stay sutures are typically removed a few days after surgery, be sure to ask your child's nurse about this before you go home.



T-Fasteners

- During the first 8 weeks use one layer of split 2x2 gauze and tape to skin using the tic-tac-toe method (see picture).
- After the first 8 weeks you can leave the site open to air without a dressing.
  - **Note:** If your child has a GJ-tube, you should continue using the tic-tac-toe method to keep the tube from turning or moving too much.



Tic-tac-toe dressing

- If the skin around the tube is red or irritated, you can apply diaper cream, a mixture of Aquaphor/Maalox, EPC Cream, Calmoseptine Cream, or other similar skin barrier product with dressing changes.
- Your child may take a shower or have a sponge bath starting 24 hours after surgery. Your child may take a regular bath (allowing the belly to soak under water) 1-2 weeks after surgery. Follow your child's "Discharge Instructions" for when they are allowed to take a regular bath.
- **When not in use, remove the extension tube(s) and close the tube safety cap(s).**

**\*Note: If your child has a separate skin-level balloon J-tube, the site care is the same as listed above.**

## Long G-tube or PEG tube

- Secure the tube to the abdomen with tape and gauze or a Vertical Tube Attachment Device to prevent the tube from moving too far into the stomach. PEG tubes have a securing device such a crossbar which is located next to the skin to hold the tube in place and prevent tube from moving into the stomach.
- While holding the external bolster against the skin, gently pull up on the tube to make sure the balloon is snug against the inside of the stomach wall. After doing this, check the marking at the top of the external bolster (see picture below).
- Check that marking every day to make sure the tube has not moved further into the stomach.
- If the tube moves into the stomach, gently pull it up. If unable to move it, do not pull forcefully, secure it with tape and call the Surgery Clinic.



# Tube Fit

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## How to check the fit

Your child's feeding tube length will need to be increased from time to time for weight gain. It is important to check the fit of the tube each day when you clean around the site to make sure it is not getting too tight or too loose. When gently pulling up on the tube, you should be able to fit the width of a quarter between the stomach and the tube.

If the feeding tube seems to be too tight (pressing into the skin, no room between the tube and the skin or the area is sore), your child may need a longer size. Please call the Surgery Clinic for an evaluation.

If the feeding tube seems to be too loose (extra room between the tube and the skin when gently lifting up, leaking, needing more gauze under the tube than usual), your child may need a shorter size. Please call the Surgery Clinic for an evaluation.

## How to maintain the fit

To maintain the correct fit of the tube it is important to check the water level in the balloon once a month, since it can decrease over time. **Do not do this until you have been trained by a member of your child's feeding tube care team and it has been at least 8 weeks since the surgery.**

To do this, follow these steps:

1. Wash your hands with soap and water.
2. Attach the slip tip syringe to the balloon fill valve (port) on the side of the tube.
3. While holding the tube in place, pullback all the water from the balloon.
4. Check that the amount of water matches the recommended amount for the balloon- this should be noted on the balloon port or in the tube instruction manual.
5. If necessary, take the syringe off and draw up more water to reach the recommended amount.
6. Reinflate the balloon with the correct amount of water.
7. While holding the plunger of the syringe in, twist it and remove it. The balloon will stay inflated.

**\*Note: If your child has a separate skin-level balloon J-tube or GJ-tube, please follow these same instructions for assessing and maintaining the fit.**

# Feeding, Venting, and Giving Medicine



# Feeding, Venting, and Giving Medicines

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Feeding through a G-tube, J-tube, or GJ-tube can be done in different ways. The method for feeding will be decided by your child's doctor and will depend on which tube they have and how your child tolerates the feedings. One method is to give a bolus feeding using a syringe, a bag by gravity, or with a feeding pump. Continuous feedings are always given with pump.

## Bolus feedings

- Given over a short period of time.
- Spread out throughout the day like regular meals.
- Given with an ENFit syringe, a gravity bag, or using a feeding pump.
- **Never give bolus feeds through a J-tube!**
- **Always flush the tube with 3-5mL (3mL for babies) of water after each feed.**
- **Always use a 5mL syringe or larger to flush.**

## Continuous feedings:

- Given slowly over a longer period of time.
- Given using a feeding pump.
- Used when bolus feedings are not tolerated well by your child.
- Used for feedings through a jejunostomy (J-tube) or the J-tube port a GJ-Tube.
- **Be sure to flush the tube 3-5mL (1-2mL for babies) of water every 6 hours during the day while your child is getting a continuous feed.**
- **Always use a 5mL syringe or larger to flush.**

## How to give a bolus feeding by syringe or gravity bag

### Equipment needed:

- Formula or breast milk
- Large ENFit syringe, gravity bag, or pump bag
- Extension tube (for skin level device)
- Water

### Feeding using a syringe (G-tubes only):

1. Measure amount of formula your child needs for the feeding.
2. For a skin level device open G-tube safety cap and attach the primed extension tube.
3. Remove the plunger on the syringe and attach the open syringe to the clamped extension tube or long tube connection port.
4. Pour feeding into syringe.
5. Open the clamp on the extension tube and allow the formula to flow in.
6. Add more formula as it empties until the recommended volume is given.
7. The flow of the formula is based on the height of the syringe, the higher the faster. If a slow rate is needed lower the syringe.
8. After the feeding is done, flush the G-tube with 3-5mL (3mL for babies).
9. Remove the extension tube and replace the safety cap.
10. Rinse the extension tube thoroughly and allow it to air dry.



### Feeding using a gravity bag (G-tubes only):

1. Measure amount of formula your child needs for the feeding.
2. For a skin level device open G-tube safety cap and attach the primed extension tube.
3. The bag and tubing should be primed to eliminate air in the tubing prior to connecting to your child's G-tube.
4. Pour desired amount of formula into the bag and allow it to flow through the tubing and then clamp.
5. Attach primed tubing to the extension tube or long tube connection port.
6. Open the clamps on the bag and extension tube and allow the formula to flow in.
7. The flow of the formula is based on the height of the bag – the higher it is hung, the faster it will flow. Also, you can slow the rate using the clamp on the bag tubing.
8. After the feeding is done, flush the tube with 3-5mL (3mL for babies).
9. Remove the extension tube and replace the safety cap.
10. Rinse gravity bag well with water.
11. Rinse the extension tube thoroughly and allow it to air dry.

## How to give a feeding with a pump



### Equipment needed:

- Feeding Pump
- Feeding Pump bag
- Extension tube for a skin level device
- Formula or breast milk
- Water

## Feeding using pump

1. Measure amount of formula your child needs for the feeding.
2. For a skin level device open the feeding tube safety cap and attach the extension tube.
3. Attach the tubing to the pump.
4. Set the pump with the appropriate rate and volume (amount of formula) as directed by doctor.
5. Pour the desired amount of formula into the bag. For continuous feeds only add 4 hours of formula/breastmilk at a time.
  - For liquid ready to feed formula or formula prepared from liquid concentrate adding 4 hours of formula to the bag is ideal.
6. The bag and tubing should be primed to eliminate air in the tubing prior to connecting to your child's feeding tube.
  - This is done through the feeding pump "prime" option before it is connected to your child's feeding tube.
7. When giving a continuous feed, once the feeding bag is empty, but tubing is not, add 4 more hours of formula as needed. Feeding bag and tubing should be changed every 24 hours unless directed otherwise.
8. Be sure to flush the tube after the feed with 5mL (3mL for babies) of water.
9. - **If giving a continuous feed**, flush the tube 3-5mL (1-2mL for babies) of water every 6 hours during the day.
10. The following techniques can help prevent your child from getting tangled up in the tubing during nighttime feeds:
  - a. Place the pump at the foot of the bed
  - b. Secure the tubing through the leg of the sleeper/pajamas

## How to vent through a G-tube

Sometimes a child needs to have the G-tube vented either between feedings or during feedings to let gas or secretions out of the stomach. This may have to be done frequently during the day for bloating, discomfort, or gagging/retching.

### Equipment needed:

- An extension tube for skin-level G-tubes
    - Bard G-tubes use the special decompression extension tube for venting
  - Large ENFit syringe
  - Farrell Valve Bag (if not venting well with syringe)
1. Open the safety cap of the G-tube.
  2. Attach the G-tube extension tube or decompression tube
  3. Attach the open large syringe to the extension tube or directly to end of a long G-tube.
  4. Open the clamp until gas or stomach bloating is relieved.
  5. Gently press on stomach around the G-tube to help gas to escape from the stomach.
  6. It is ok if you see stomach contents come up into the tube. Allow it to drain back into the stomach unless instructed to do otherwise by your child's care team.
  7. Disconnect the syringe and flush the tube with 3-5mL (3mL for babies) of water.
  8. Disconnect the extension tube if no longer needed.
  9. Close the G-tube safety cap.
- \*Note: Sometimes a special venting bag (Farrell Valve Bag) is needed for continuous venting. If you think your child needs this, talk to their G-tube care team.



## How to give medicine through the feeding tube

Do not mix medicines with formula because it might cause the formula to curdle and lead to blockages in the extension tubing.

### Equipment needed:

- Medicine in liquid form
- ENFit compatible syringe
- Extension tube for skin level device
- Water

1. Prepare the medicine as directed and draw up into an ENFit compatible syringe.

2. Prime the extension tube with water and attach it to the feeding tube.

3. Make sure the extension tube or long tube is clamped and then attach the medicine syringe to the medicine port.

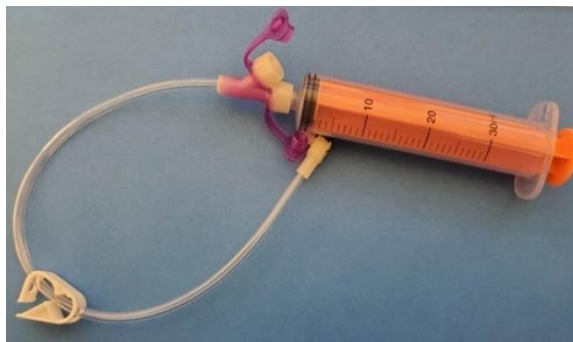
- Be sure to ask your child's care team to give you the right size ENFit syringes for the medicine you will be giving at home.

4. Unclamp the tube and slowly push 1 medicine at a time through the tubing. Be sure to clamp and unclamp the tube between each medicine.

5. After all the medicine has been given, flush the tube with 3-5mL (3mL for babies) of water.

6. Remove the extension tube and close the safety cap.

7. Rinse the extension tube thoroughly and allow it to air dry.



### Giving medicine during continuous feedings:

1. Stop the feeding pump and clamp the extension tube.

2. Connect the medicine syringe to the medicine port.

3. Unclamp the tube and push the medicine through the tubing slowly. Clamp the tube before removing the syringe.

4. After all medicine has been given, flush the tube with enough water to clear the medicine in the extension tube or long G-tube and then clamp the tube.

- If instructed by your child's care team, you can also let the continuous feed flush the medicine through the tube.

5. Unclamp the tube and restart the pump.



## ENFit Medicine Syringes

- With the ENFit tube feeding system, regular oral syringes will not fit into the end of the tubing. You will need ENFit syringes to be able to give your child medicines through the tube.
- First, check with your local pharmacies to see if they have ENFit syringes available. If you can't get them from your pharmacy or homecare company, please visit the sites below to buy more syringes.

### Children's Hospital Colorado Outpatient Pharmacy

Located inside Children's Hospital Colorado at the Anschutz location.

13123 E 16th Ave Aurora, Co 80045

720-777-8550

1mL, 3mL, 6mL, 12mL available (NeoMed)

### Children's Hospital Colorado Specialty Pharmacy

860 North Potomac Circle, Aurora, Co 80011

720-777-1234

0.5mL, 1mL, 3mL, 6mL, 12mL available (NeoMed)

### Amazon

[www.Amazon.com](http://www.Amazon.com)

3mL, 6mL, 12mL, 35mL, 60mL available (NeoMed)

### MediDose

<https://www.medidose.com/enfit.aspx>

1mL, 3mL, 6mL, 12mL, 20mL, 35mL, 60mL available (NeoMed)

### U Deliver Medical

<https://www.udelivermedical.com/>

3mL, 6mL, 12mL, 60mL available (NeoMed)

**A prescription is not needed. All NeoMed syringes are reusable if the markings are easy to read. Please wash syringes with soap and water. Do not put in a dishwasher as markings will fade.**

## Care of the extension tubes

1. Extension tubes should be washed after use with warm water (do not use hot or boiling water) and soap if necessary.
2. Rinse thoroughly and allow it to air dry.
3. Once clean and dry, store the extension tube in a dry place until the next use.
4. If used for a continuous feeding, flush the extension at least once throughout the day with enough water to clear the tube.
5. The extension tube should be changed every 2 weeks or more often if unable to be cleaned.

## How to clean an ENFit tube port

This should be done every day and as needed when the port is dirty.

To clean the tube port, you will need the following:

- ENFit Cleaning Brush
- ENFit syringe
- Water
- Gauze

1. Wash your hands with soap and water for 15 seconds
2. Rinse the ENFit cleaning brush with water



3. Using the ENFit cleaning brush, scrub around the tube port to remove fluid.



Repeat for both tube ports. If unable to get clean, soak in water for one minute.

4. Rinse the tube ports with water.



5. Dry the tube ports and cap using gauze.



# Common Problems



# Common Problems

## Leaking around the tube

A small amount of leaking around the feeding tube site is normal and sometimes unavoidable, especially soon after the tube is placed. It is also common to have more drainage with colds, constipation, and teething. This drainage is fluid from your child's stomach leaking around the tube and it may be yellow, green, or brown.

To help prevent skin irritation, clean the skin around it **at least** every day and more often if you see drainage. When cleaning, be sure to remove all crusted drainage from the skin and the tube.

To help reduce leakage around the tube, limit tube movement by taping it to your child's belly using the tic-tac-toe method as shown in the photo. Call the Surgery Clinic if the leakage does not improve.



Tic-tac-toe dressing

**Once you have been trained**, you can check the water in the balloon and add water if needed to make sure the tube is fit correctly.

## Leaking from opening of a skin-level tube

Persistent leakage from the center of the device indicates a faulty valve and requires tube replacement (not urgent). You may change the tube at home **if you have been trained** how to do so. In the meantime, keep the safety plug closed between uses or you may attach the feeding extension tube to the tube and clamp it shut until the tube can be replaced.

## Skin redness/irritation – skin looks red, raw, and is sore

- Often caused by leakage around the tube and burning of the skin from stomach acid.
- Prevent leakage as described above.
- Apply diaper cream, Aquaphor/Maalox mixture, Calmoseptine, or other skin barrier product to the skin around the tube site, and cover area with gauze using the tic-tac-toe method. This will help protect the skin from stomach acid that may leak out around the G-tube.

## Infection

Redness that is spreading, painful, hard, warm to the touch, and appears swollen (may or may not have drainage/pus and/or fever) – call your doctor or seek medical care.

## Granulation tissue around the gastrostomy

A small amount of red, shiny, moist tissue may develop around the stoma. This is called a granuloma and it may bleed easily or ooze. Do not be alarmed. If the tissue is excessive, painful, or interferes with care, call the Surgery Clinic. Medicine may be needed to treat the granuloma.



# Troubleshooting



# Troubleshooting

## Clogged feeding tube

A blockage can be caused by a build-up of food or medicine in the feeding tube. To unclog the tube, follow these steps:

1. Prime the extension tube with warm water and attach it to the feeding tube.
2. Using a 30mL-60mL syringe, flush the tube with 5-10 mL (5mL for babies) of warm water to clear the tube of any blockage. **Do not use significant force** to flush the tube.
3. If the tube is still blocked, you may change the tube at home, but **only if you have been trained how to do so**. If not, please call the Surgery Clinic.
  - **If your child has a GJ-tube** and you can't get it unclogged, call Radiology or the Parent Smart Nurse Line (after normal business hours).

## Vomiting

If your child has a long G-tube or is using a Foley catheter and your child is vomiting, call your child's doctor. The tube may have moved too far into the stomach and may be blocking the stomach outlet. Otherwise, treat vomiting as you usually would and call your child's doctor if needed.

## Venting

A lot of gas and overfeeding can cause stomach bloating, gagging, and retching. Attach a large open syringe to the extension tube to allow excess air to escape from the stomach. If stomach contents come into the syringe, allow it all to drain back into the stomach unless instructed to do otherwise by your child's care team.

For persistent problems with gagging and retching, consider using a venting bag or call your child's doctor for additional recommendations.

\*Note: You can only vent through a G-tube or the gastric port of a GJ-tube.

## Flushing

Flush the tube with 3-5 mL of water (3mL for babies) after each feeding or medicine to prevent clogging of the tube, unless instructed otherwise by your child's care team. Always flush with a 5mL syringe or larger.

\*Note: **If at any point, it feels difficult to flush, stop and use a large (30mL-60mL) syringe to flush.**

# Living with a Feeding Tube



# Living with a Feeding Tube

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## Bathing/showering

Your child may take a shower or have a sponge bath starting 24 hours after surgery. Your child may take a regular bath (allowing the belly to soak under water) **1-2 weeks** after surgery. Follow your child's "Discharge Instructions" for when they are allowed to take a regular bath.

## Activity/positioning

Infants and children with feeding tubes can participate in all normal activities such as crawling, walking, jumping, and swimming. Make sure the feeding tube is carefully secured under clothing. A cloth, bandnet (a net-like material), an elastic vest or girdle can help to secure the feeding tube. A Tummy Tunnel or similar product can be used to secure the tubing.

A feeding tube should not limit your child's ability to be on their stomach. If your child complains it's hurting, you can use a foam donut around the feeding tube to keep pressure off the site.

## Clothing

Your child can wear most anything, for young children one-piece outfits are recommended. Overalls, "onesies", or sleepers are ideal for active children and help protect the feeding tube site.

Specialized clothing for children with a feeding tube can be found on the internet

## School

Your child may return to school after surgery as soon as they feel able and are no longer taking narcotic pain medicine. Tell your child's teacher and school nurse about your child's feeding tube and feeding needs. You will want to tell them what to do and who to call in an emergency. It may be helpful to request a 504 plan to address their medical and feeding needs at school.

## Swimming

Your child may swim in a pool, lake, river or ocean with a feeding tube in place **2 weeks** after surgery. Scuba diving is not allowed with a feeding tube.



## Travel

A feeding tube should not limit your child's opportunity to travel, but you should always have your travel kit with emergency supplies for your child's tube.

### Travel kit includes:

- Back up balloon G-tube,, supplied by homecare company
- 2 Silicone Foley catheters or red rubber tubes, (same size as g-tube and one size smaller)
- 5-10 ml slip tip syringe to deflate balloon
- K-Y/water soluble jelly
- Paper towels
- Container for tap water
- Tape measure (only if using Foley or Red Rubber Catheter)
- Tape
- Vertical tube attachment device (only if using Foley)
- Emergency phone numbers