Outpatient Guidelines: Gastrostomy Tube Pulled Out

1. Place foley catheter or NG tube in to open tract. Some children’s sites close up very rapidly, it is important to place available tube in the tract to keep it open to prevent the tract from closing.

2. Contact pediatric surgery for patients with gastrostomy tube placed within two months for replacement.

3. Gastrostomy Tube with a bolster or mushroom at the end need to go to the Emergency Department or pediatric surgery for replacement.

4. Gastrostomy tube with a balloon button can be replaced at site if the integrity of the tube is not compromised.

4.1. If the balloon is broken replace with spare tube or visit emergency department if a spare tube is not available.

Gastrostomy-jejunostomy Tube Pulled out:

5. Family must arrive before 4pm to avoid an ED visit. If GJT must be replaced after hours, must access via ED

6. Place tube in stoma or tract. Some children’s sites close up very rapidly, it is important to place something in the tract to keep it open so the tract will not close.

7. Look in electronic health records and see what French, diameter and length the existing GJ tube was

8. Call Randy or Renee at DCMC radiology 512-324-0000 (ext 86498) to see availability of time for replacement

9. Fax order for replacement of GJT in radiology (include GJT size in order) AND demographic sheet to 324-0733

10. Inform family of time and location of procedure. Located next to SCC in DCMC; the signs next to SCC state Radiology. Park on the South side of the hospital (off Philomena street)
Outpatient Guidelines: Gastrostomy Tube Bleeding:

1. Assess for signs of serious life threatening event.
   - Cardio-respiratory compromise: Tachycardia, Cold/Clammy, change in mentation or thread pulse.
     ➢ Call 911 for emergency assistance

2. Determine location of bleeding.
   - Inside of Gastrostomy Tube
   - Around Gastrostomy Tube

Instructions for bleeding around tube:

Tissue Management:

<table>
<thead>
<tr>
<th>Cause</th>
<th>Solution</th>
</tr>
</thead>
</table>
| Hypergranulation Tissue | **Not-Disruptive to G-tube function**<br>• Use Calcium Alginate dressing (such as Algisite M by Smith and Nephew) fenestrate a 2” x 2” piece and place around G-tube. Change daily w/site care. If tube is loose, apply fenestrated gauze on top of the Calcium Alginate dressing to assure it is in contact with the hypergranulation tissue.<br>• **DO NOT USE CREAMS OR OINTMENTS WHEN USING CALCIUM ALGINATE DRESSING!**<br><br>**Disruptive to G-tube function** (ie. Leakage, bleeding of hypergranulation tissue from friction of the tube, etc)<br>• Apply Silver nitrate sticks –every other day.<br><br>**Alternative Treatment**<br>• Consider using triamcinolone acetonide ointment around the stoma 2-3 times per day. Use plain gauze dressing fenestrated over the ointment.<br><br>**How to apply silver nitrate**<br>1. Wear gloves (or else it will stain your fingers brown)<br>2. Clean and dry the area<br>3. Apply a thin layer of zinc oxide containing barrier such as desitin, A&D or calmoseptin to the normal skin around the hypergranulation tissue<br>4. Apply the stick to hypergranulation tissue (may need to wet either the stick or the hypergranulation tissue with NS, Sterile Water, or distilled water if hypergranulation tissue is too dry). Application involves very quick tap with the stick or gently rolling tip to the entire tissue. Do not apply prolonged pressure.<br>5. If accidental contact is with normal skin is made with silver nitrate stick cleanse with saline or water. Any demarcation should resolve in 1-2 days.
Skin infection/breakdown

**Anti-infective regimen**

- Need cream, ointment or silicone-based dressing to be effective at G-tube site
- Citric Aid Clear Antifungal Cream (Obtain online at Sweentsote.com)
  
  Apply q8hr and PRN
- Silicone-based adhesive foam dressing (such as Mepilex Ag) 2” x 2” fenestrated
- Triple antibiotic
- Medihoney Paste (100%), Gel (80%) or hydrocolloid dressing (HCS)
  
  Use Gauze dressing over paste or gel and apply 3-4x/day
  
  HCS: change q 2-3 days based on drainage

**Excessive Irritation/Skin Breakdown**

**Minor skin irritation**

1. Apply a **barrier ointment** such as Calmoseptin (zinc oxide and menthol) or plain zinc oxide (as in Desitin) or Critic Aid Clear Antifungal Cream.
2. Cover with a slit 2” x 2” gauze to stabilize tube.
3. Clean skin and re-apply when gauze is saturated.

**Significant irritation around G-tube**

- Apply a thicker **barrier paste** such as Ilex mixed with Critic Aid Clear AF.
  
  ▪ Consider applying pectin-based powder such as Adapt Stoma Powder on top of the barrier cream mix. It will help form a “crust” on the barrier cream when the powder comes into contact with liquid gastric secretions or tube feeding leaking from tube site.
  
  ▪ If the protective barrier cream is ineffective in resolving skin irritation, consult physician/mid-level regarding replacement of G-tube.
  
  ▪ Consider pouching around tube to protect skin from leaking gastric fluids.
  
  ▪ Consult WOC for other alternatives.

**Use appropriate SINGLE treatment. Application of dressings (Mepilex or hydrocolloid) on top of ANY ointment or cream is ineffective.**

**Danger Signs:**

- Redness around the site, skin intact but erythema that is spreading, especially if skin is indurated (hard) and tender (painful). Suspect cellulitis and report immediately.
- Leakage or skin irritation/erosion worsens despite regiment for 24-48 hours. Report immediately.
Instructions for bleeding inside of tube:

1. Assess for clotting abnormalities and stop medication if appropriate.
   - Aspirin
   - Warfarin

2. Assess for Systemic illness/Sepsis (fever) – Contact physician

3. Assess appearance of blood in gastrostomy tube

   Bright red or maroon/coffee ground appearance:
   1. Irrigate with 20cc room temperature water
   2. If blood does not clear from gastrostomy tube patient should immediately visit their physician or the emergency department.
   3. If blood clears from gastrostomy tube:
      1. Start usual dose of Carafate
      2. Start H2 blockers
      3. Withhold subsequent feeding for 2-4 hours
      4. Reassess in 4 hours for general appearance, blood in gastrostomy tube, and abdominal discomfort. If all symptoms have been resolved resume feedings.

   Maroon/coffee ground appearance:
   1. Irrigate with 20cc room temperature
   2. Start usual dose of Carafate
   3. Start H2 blockers
   4. Withhold subsequent feeding for 2-4 hours
   5. Reassess in 4 hours for general appearance, blood in gastrostomy tube, and abdominal discomfort. If all symptoms have been resolved resume feedings.

4. If symptoms persist for 2-4 hours counsel caregiver to call physician or go to the Emergency Department.
Gastrostomy Tube Bleeding Care Process

**G-tube Bleeding**

- **Location of Bleeding**
  - Inside of G-tube
  - Bleeding around tube (No blood inside of tube)

**Asses for serious life threatening event**

- **Cardio-respiratory compromise:**
  - Tachycardia
  - Cold/Clammy
  - Change in mentation
  - Thread pulse

- **Clotting Abnormalities**

- **Blood Appearance**
  - Bright Red/Coffee Ground
  - Maroon/Coffee Ground

**Stop medications that affect clotting:**
- Aspirin
- Warfarin

**Treatment Steps:**
1. Irrigate with 20cc of room temperature water.
2. Start Carafate (Usual Dose)
3. Start H2 Blockers
4. Withhold feeding 2-4 hours

**Remains Symptomatic for 2-4 hours**

- **Office Visit or Emergency Department**
- **Resume Feedings**

**Hypergranulation Tissue:**
- See Tissue Management

**Skin irritation/breakdown:**
- See Tissue Management

**Tissue Management**

**Asses in 4 hours – Check For:**
- General appearance
- Blood in tube
- Abdominal discomfort

**NO**

**CALL 911**

**YES**

**NO**

**YES**
Outpatient Guidelines: Gastrostomy Tube Leakage

Instructions for non-significant leakage:

Small amounts of leakage/discharge that keep a 2” x 2” gauze damp over the course of a day are common and do not need any intervention except skin barrier protection.

1. Apply a barrier ointment such as Calmoseptin (zinc oxide and menthol) or plain zinc oxide (A&D) and apply a slit 2” by 2” gauze to stabilize tube.

Instructions for significant leakage:

Assess whether balloon is intact:

1. Button placed greater than eight weeks ago:
   - Check integrity of balloon - pull back and make sure there is about 3-4ml of water; or remove tube, check balloon for leak and put back.
2. Button placed less than eight weeks ago:
   - Stop feeding, apply gauze and discuss with Pediatric surgery (fresh G-tube or PEG).

Care instructions for leakage with intact balloon:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Description</th>
<th>Solution</th>
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</thead>
<tbody>
<tr>
<td>Hypergranulation tissue</td>
<td>Overgrowth of capillaries and looks red, raw, and “beefy.”</td>
<td>Hypergranulation tissue management procedure.*</td>
</tr>
<tr>
<td>Skin Infection</td>
<td>Discharge and purulent appearing area around the stoma.</td>
<td>Stoma site infection/breakdown management procedure.**</td>
</tr>
<tr>
<td>Excessive length of tube above skin</td>
<td>Allowing too much mechanical movement of tube.</td>
<td>Stabilize tube by inserting layers of slit gauze until snug.</td>
</tr>
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<td>Tight external bands used to hold tube in place</td>
<td>May push the balloon away from the anterior abdominal wall.</td>
<td>Remove tight external bands.</td>
</tr>
<tr>
<td>Significant gaseous distension</td>
<td>Accumulation of gas in the abdomen causing outward expansion.</td>
<td>Vent if necessary.</td>
</tr>
<tr>
<td>Excessive gastric filling</td>
<td>Too much bolus or too slow gastric emptying.</td>
<td>Consider slowing rate of infusion.</td>
</tr>
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<td>Improperly sized tube</td>
<td>Child may have gained weight or leakage is persistent despite above measures.</td>
<td>Consider a longer tube. (Wider diameter tube is rarely needed.)</td>
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Excessive Irritation/Skin Breakdown

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• Leakage or skin irritation/erosion worsens despite regiment for 24-48 hours. Report immediately.
Gastrostomy Tube Leaking Care Process

G-Tube Leaking

Routine Care
- Check and fix balloon integrity
- Stabilize tube
- Address internal/external pressure factors

Asses for Skin excoriation w/o Hypergranulation & Hypergranulation

Neither

Apply Barrier: A&D, Calmoseptin, or Critic Aid AF

Refer to Tissue Management

Skin Barrier Options:
- Zinc Oxide
- Calmoseptin
- Critic Aid Clear Antifungal Cream
- Ilex

Anti-infective Options:
- Critic Aid Clear Antifungal Cream
- Mepilex AG
- Triple antibiotics
- Medihoney Paste
- Medihoney HCS

Use appropriate single treatment. Application of dressings (Mepilex of Hydrocolloid) on top of any ointment or cream is ineffective.

Non-disruptive to G-tube Function:
- Calcium Alginate dressing – Change daily
  If tube is loose apply fenestrated gauze on top.

Disruptive to G-tube Function:
- Silver nitrate stick – Every other day

Alternative:
- Consider Triamcinolone acetonide ointment with plain gauze over ointment
Outpatient Guidelines: Gastrostomy Tube Declogging:

1. Determine if the location of the clog is in the tube itself not the extension set.

2. Initially attempt declogging with warm water:
   a) Put the end of a 10 cc syringe into the cup full of warm water, and completely fill syringe with warm water by pulling the plunger back to draw the water up into the syringe.
   b) Insert the syringe into the end of the feeding tube.
   c) Push the plunger in gently to release the warm water into the feeding tube and to flush out the clog. Avoid forcing the water into the tube.
   d) Prevent future clogs in the feeding tube by using a syringe to flush water through the feeding tube before and after every feeding.
   e) If tube remains clogged continue to step 3.

3. Use a pancreatic enzyme (ex: Viokase) crushed with one tablet of NaHCO3 (324 mg) dissolved in 5 ml of water immediately prior to injection into blocked tube. Clamp tube (5-15) minutes after instillation.

4. Use 1/8 teaspoon baking soda dissolved in 5 ml warm water if pancreatic enzyme is not available

5. Consider prophylactic pancreatic enzyme/sodium bicarbonate suspension

6. Use the pressure of a small syringe (1-3 ml) to push and pull on the tube to dislodge the clog.

7. If it is a button with a balloon (and it has been in place more than 2 months), deflate balloon- remove tube and try to flush the clog out this way. If ineffective- replace button.

8. If unable to replace gastrostomy tube or resolve clog stop feedings and make an appointment with the clinic.