



# Gastrostomy Care and Problem-Solving Tips

Important tips for caring for your child's gastrostomy

## Daily care of the gastrostomy site

- Check the skin for redness, tenderness, swelling, irritation or thick, yellow- or green-tinged drainage.
- Inspect the tube to make sure it has not moved inward or outward.
- Wash skin with soap and water. Rinse and pat dry.
- If tube is a Bard or Mic-Key, keep tube stable, and avoid extra twisting, turning and movement of tube.
- If tube is a PEG, clean 4 times per day for 2 weeks, and then clean daily.

## Gastrostomy feeding

- Supplies needed: feeding bag with tubing or large syringe, formula and water.
- Place child in feeding position, either sitting or lying with their head higher than their stomach.
- Warm formula to room temperature.
- Pour formula into feeding bag or syringe, and allow formula to flow through tubing.
- Attach feeding tube to gastrostomy, and allow formula to flow slowly over 15 to 30 minutes.
- Flush feeding tube with 10 to 30 cc of water.

## Giving medicine through a gastrostomy or j-tube

- Use the liquid form of medicine whenever you can.
- If using tablets, crush tablets finely and mix with warm water.  
**Note:** Some medicines are not to be crushed; check with your pharmacist first.
- Flush tubing with at least 10 cc of water before and after each dose of medicine.
- Give each medicine by itself.
- Do not mix medicines in with feeding formulas.

## When to call your nurse or doctor

Call your nurse or doctor:

- If tube is a PEG and comes out. Your child will need to be seen immediately at Children's Hospital or your local Emergency Room.

- If the gastrostomy tube comes out and will not go back in easily
- If the gastrostomy cannot be flushed
- If there is bleeding through or around the tube
- If there is thick pus-like drainage, redness, tenderness or skin breakdown around the tube
- If your child's temperature is greater than 101 degrees F (38.5 C)

### **Leakage around the tube**

#### **Causes**

- Improper positioning of the child
- Rate of feeding may be too fast
- Tube is clogged
- Stoma (gastrostomy hole) has become larger than tube
- Tube has moved from proper position

#### **What to do**

- Place your child upright during feeding, either sitting or lying with their head higher than their stomach.
- Slow down the rate with which the formula flows. Allow 15 to 30 minutes for the formula to flow.
- Flush the tube with water.
- Stabilize PEG tube by sliding the disk to skin surface, but **not** tight enough to indent the skin.
- Place a split 2 x 2-inch gauze under the tube, next to the skin, to keep the tube in place.
- If your child is vomiting or has a swollen stomach area, call your doctor.

### **Skin irritation**

#### **Causes**

- Leaking of acidic stomach contents around tube
- Allergic reaction to soap

#### **What to do**

- Correct the cause of the leakage; keep skin dry and clean.
- Use plain water for cleaning the site; change the type of soap.

### To Learn More

- Division of Gastroenterology  
206-987-2521
- Pediatric General Surgery 206-987-2039
- Interventional Radiology  
206-987-2133
- Your child's healthcare provider
- [www.seattlechildrens.org](http://www.seattlechildrens.org)

### Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.
- For Deaf and hard of hearing callers 206-987-2280 (TTY)

## Extra skin tissue (granulation tissue) growth around the stoma

### Causes

- Gastrostomy tube loose, resulting in rubbing
- Use of anti-seizure medicines, such as Dilantin

### What to do

- Keep the area dry and clean.
- Make sure the gastrostomy tube has a snug fit.
- Apply silver nitrate or steroid cream as directed by your doctor or nurse.

## Tube blockage

### Causes

- Not flushing out the tube thoroughly
- Curdled formula
- Giving medicines through the tube

### What to do

- Flush the feeding tube with warm water before and after each feeding and after giving medicine. Flush every 3 to 4 hours if your child is being fed continuously.
- **Do not** mix medicines with formula; use liquid medicine, or crush tablets finely in warm water.

Review the "G-tube: Caring for Your Child's Gastrostomy" handbook. If you have problems or concerns with the following tubes, please call the appropriate nurse.

- **PEG Tube:** Division of Gastroenterology, 206-987-2521
- **Bard or Mic-Key Tube:** Department of Surgery, 206-987-2039
- **Ross/Frederick-Miller Jejunostomy Tube and MIC GJ Tube:** Department of Radiology, 206-987-2133 or 206-987-4599