

G-Tube Supply Quotas | AHS Pediatric Home Enteral Nutrition programs

Item	Quota
MIC-Key Continuous	Total of 4 / month
MIC-Key Bolus	
Mic-Key Bolus R-angle 0124-12	
Mic-Key Y-Port R-angle 0121-24	
Mic-Key Bolus Straight 0123-24	
Mic-Key Bolus R-angle 0124-24	
12 F MIC-KEY	3 per year Note: strongly recommend an alternate strategy after 4-5 are being used per year.
14 F MIC-KEY	
16 F MIC-KEY	
18 F MIC-KEY	
12 F MIC	Per year: 2 for the purpose of a permanent tube. + 1 for emergency.
14 F MIC	
16 F MIC	
18 F MIC	
MiniONE Button 12FR	3 / year
MiniONE Button 14FR	
MiniONE Button 16FR	
MiniONE Button 18FR	
Bard cont. feeding set 18Fr	4 / month
Infinity 500 mL	Will be gradually transitioned to new product
Infinity 1200 mL	
Kangaroo Gravity	10 / month Exception Criteria: 1 bag / day will be provided in the following circumstances: <ul style="list-style-type: none"> • immunocompromised • J-tube fed • up to 6 months post-transplant • premature infants up to 4 months corrected age
Large Bore Gravity bags (Kangaroo)	
Joey Pump Bags 500 mL	
Joey Pump Bags 1000 mL	
Kangaroo Connect 500 mL	
Kangaroo Connect 1000 mL	
Tube Stabilizer	
10cc Slip-Tip	Total of 30/month of alternate sizes
30cc Slip-Tip	
50cc Slip-Tip	
50cc Catheter Tip	
10cc oral syringe	
30cc oral syringe	
60cc oral syringe	
Kangaroo Y-Site	
Kangaroo Y Port / PEG Adapter (Covidien)	2 / month Exception Criteria: 4 / month will be provided in the following circumstances: <ul style="list-style-type: none"> • immunocompromised
Adapter Peg 14Fr Y-Port	1 / month + 1 spare
Adapter Peg 16Fr Y-Port	1 / month
Adapter Peg 16Fr Y-Port	1 / month

Item	Quota
Lubricant Jelly	1 / month
Comfeel	3 / month
1" Pink Tape	As needed (max 1 / month)
1" Transpore	As needed (max 1 / month)
Flexitrack	8 / month
Triad cream	As needed (max 1 / month)
Cavilon Barrier Wipes	10 / month
Farrel bag	8 / month