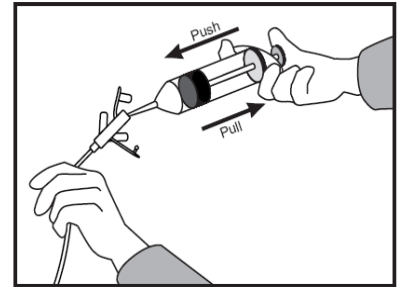


Solving G-tube Feeding Problems

Tube blockage

What to do for G-tube, J-tube, and GJ-tubes:

1. Check that the feeding tube is not clamped or bent over.
2. Get a large syringe (60 mL). Fill the syringe with 25 mL of warm water. Attach syringe to feeding tube. Gently push and pull on the syringe's plunger. **Do not force water into the tube.** When the tube is unblocked, flush tube with water.
3. If tube is still blocked, gently massage the tube using your fingers. This might help to break up the plug. Try to flush tube again using the large syringe. **Do not force water into the tube.**
4. If your **G-tube, GJ-tube or J-tube** will not unblock, **go to your local health facility.** The tube may need to be removed and a new one put in.



Be Careful:

- Never probe the inside of a tube to try to clear a blockage. This will cause damage to the tube and it could hurt your child.

Aspiration

What could this mean?

Aspiration occurs when liquid or food enters the lungs. This can occur if the tube is in the wrong place or if your child gags, refluxes or vomits.

Aspiration can be very serious and potentially life threatening, and can over time lead to lung problems.

What to do:

If your child chokes or coughs during feedings, stop the tube feeding.

- Watch your child closely. Is he or she breathing harder?

If your child has trouble breathing or turns blue, STOP the feeding and call 911 (or the emergency number where you live).

If your child settles and is breathing normally:

- ✓ Recheck tube placement.
- ✓ Try to burp your child.
- ✓ Make sure your child's head and shoulders are raised during feeding.
- ✓ Restart the tube feeding at a slower rate and watch your child closely.

Nausea

What could this mean?

Nausea can be caused by:

- Too much air in the stomach.
- Feeding that is given too quickly.
- Changes in medications.

Avoid letting air enter the stomach during the feeding. This can be prevented by running the feed to the end of the tubing before attaching the G-tube.

What to do for G-tube, J-tube, and GJ-tubes:

- ✓ Give feeding more slowly.
- ✓ Keep head and shoulders raised at a 30-45 degree angle during and after feeding for 30 minutes.
- ✓ For G-tubes and GJ-tubes, vent/burp your child before, during and after the feeding.

Retching, Gagging and/or Vomiting

What could this mean?

Retching, gagging and/or vomiting may be caused by:

- The first movement of formula or breast milk through the tube.
- The stomach is too full.
- The feeding is given too quickly.
- During certain times of the day your child may be more likely to gag or vomit. Your child may gag or vomit with the first feed of the day because of mucous swallowed during the night.
- Air in the stomach.
- Your child's tube has moved and is in the wrong place.

What to do for G-tube, J-tube, and GJ-tubes:

- ✓ For **J-tubes** and **GJ-tubes**, if your child is vomiting formula or formula is draining out of the gastric port, stop feeding and go to your local health care facility as the tube is in the wrong place.
- ✓ For G-tubes and GJ-tubes, vent/burp your child before, during and after the feeding.

For G-tubes:

- ✓ Start feeding very slowly. After a few minutes, increase speed of feeding to desired rate.
- ✓ Allow a quiet time after feeds.
- ✓ When flushing the tube, do so slowly.
- ✓ If your child vomits, stop the feeding. If your child is lying down, turn head to the side or have child sit up.

Discuss changing the feeding schedule with the dietitian. For G-tubes, the dietitian may suggest:

- Giving smaller, more frequent feedings.
- If your child gags and vomits at a certain time, make that feeding smaller. Divide the missed amount of formula and add to the next 2-3 feeds.

Unable to Burp

What could this mean?

Some children have trouble burping or are unable to burp because they have had a surgical procedure to prevent acid reflux from the stomach to the esophagus.

What to do for G-tube and GJ tubes:

Try "**venting**" the tube:

- ✓ Open the end of the gastric port and attach to an empty 60 mL syringe barrel. Venting should only take a few minutes.
- ✓ Position your child on one side and then the other to help with venting.
- ✓ Return any liquid that drains from the feeding tube back to the stomach.
- ✓ Flush the tube with water.

Cramping (tummy ache)

What could this mean?

Cramping can be caused by:

- Formula or breast milk that is too cold.
- Too much air in the stomach.
- A feeding that is given too quickly.
- A side effect of medication.

What to do for G-tube, J-tube, and GJ-tubes:

- ✓ Warm formula.
- ✓ Check tube placement (see the separate handout on your child's tube).
- ✓ For G-tube and GJ-tubes: vent tube or burp your child before, during and after the feeding.
- ✓ Give feeding more slowly.

Diarrhea

What could this mean?

Diarrhea is frequent, loose, liquid bowel movements and may be caused by:

- Giving a feed too quickly.
- Spoiled formula or dirty equipment.
- A side effect of medication.
- Your child's tube has moved and is in the wrong place.

What to do for G-tube, J-tube, and GJ-tubes:

- ✓ Check tube placement (see the separate handout on your child's tube).
- ✓ It is ok to keep on your usual feeding schedule.
- ✓ Give feedings more slowly.
- ✓ Make and store formula as directed.
- ✓ Keep feeding set very clean.
- ✓ For J-tubes and GJ-tubes, if the diarrhea continues to get worse call your doctor or go to the nearest emergency room. The tube may be in the wrong place.
- ✓ **If your child is younger than 6 months and has diarrhea, call your doctor.**
- ✓ **If your child has diarrhea and signs of illness (e.g. fever, crankiness, increased sleepiness or throwing up), call your doctor.**
- ✓ Do not stop feeds unless directed to do so.

Constipation

What could this mean?

Constipation is when stool is hard or painful to pass. Constipation may be caused by:

- Low fluid intake.
- Low fibre intake.
- Low activity level.
- A side effect of medicine.
- Slow movement of the intestines.

What to do for G-tube, J-tube, and GJ-tubes:

- ✓ Increase fluid intake.
 - ✓ Increase fibre intake.
 - ✓ Increase activity level.
- Ask your health care provider before changing the amount of fluid, fibre or activity as the amounts required will vary with each child.

Redness around the tube site

What could this mean?

Some redness and drainage is normal. If the redness continues, it may be due to:

- Skin wet and unclean.
- A lot of tube movement.
- Infection:
 - ✓ Foul smelling discharge or pus .
 - ✓ Pain at the tube site.
 - ✓ Increasing redness/swelling.
 - ✓ Itchy pin point rash may be a yeast infection.

What to do:

Skin wet and unclean:

- ✓ You may need to clean skin more often (see section on cleaning (page 27).
- ✓ Expose the skin to the air more often to keep it dry.
- ✓ If the red area becomes bigger or tender, call your PHNSP nurse, Home Care nurse or local health care provider.

A lot of tube movement:

- ✓ See tube specific pamphlet on how to tape/secure your child's tube.
- ✓ Check that the tube is properly placed (see handout on your child's tube).
- ✓ If your tube has a balloon, make sure it has the proper amount of water in (this is explained in the handout on your child's tube).
- ✓ Ask your PHNSP nurse if your child has the proper tube size (especially if your child has gained or lost weight).

Infection:

- ✓ If the site has signs of infection, call your doctor.
- ✓ Take your child's temperature.
- ✓ Antifungal ointment or antibiotics may be necessary (to be prescribed by your doctor).

Skin tissue build-up around the tube site

What could this mean?

A small amount of tissue buildup ("proud flesh" or "granulation tissue") is common. This is the body's way of healing an opening and it is one of the most commonly reported problems related to G-tube. Granulation tissue will be pink-red in color, can be tender, bleeds easily and has a clear, pink or yellow sticky drainage.

What to do: for G-tube, J-tube, and GJ-tubes

- ✓ Keep up your efforts to clean the site well and keep it dry.
- ✓ Secure tube to prevent pulling or movement.
- ✓ Talk with your PHNSP nurse about using different treatment products. It is not an emergency to treat the tissue but granulation tissue can affect the fit of the tube within the stoma. Treatment with silver nitrate done by PHNSP or Home Care nurse may be required. Following treatment, the granulation tissue turns gray or white and falls off. This treatment can be repeated as required until the tissue is resolved.

Formula leakage from the tube site

What could this mean?

A small amount of leakage can be common.

Some reasons for leakage are:

- Illness in your child.
- Constipation.
- Coughing.
- Decreased tube balloon volume (if your type of tube has a balloon).
- Poor fit of G-tube.
- GJ-tube is in the wrong place.

Frequent leakage may cause skin breakdown around the tube site.

What to do for G-tube, J-tube, and GJ-tubes

For J-tubes and GJ-tubes:

- ✓ Stop the feed and check if tube is properly placed. Go to the nearest health care facility if placement is unknown.

For G-tube:

- ✓ Keep the skin clean and dry.
- ✓ Check that the tube is properly placed.
- ✓ Make sure the balloon has the right amount of water.
- ✓ Avoid gauze dressings that keep moisture touching the skin.
- ✓ Use foam dressings to pull moisture off the skin.
- ✓ Small, more frequent feedings may help.
- ✓ Keep your child quiet and limit activity for the first 30 minutes after feeding.
- ✓ Set up a regular bowel routine.
- ✓ Call your PHNSP nurse or Home Care nurse if leakage continues.

Bleeding around tube site

What could this mean?

You may see some bleeding:

- During or right after a tube change.
- With too much movement of the tube in the stoma (for example during activity, lots of hard coughing or if the tube is too loose).
- If your child's tube gets pulled on.

What to do for G-tube, J-tube, and GJ-tubes

- ✓ Check the bumper and tube placement. **Be sure the tube is secure.**
- ✓ There should only be a small amount of blood. If you are worried call your doctor , PHNSP nurse , Home Care nurse or Health Link at 1-866-408-5465.