
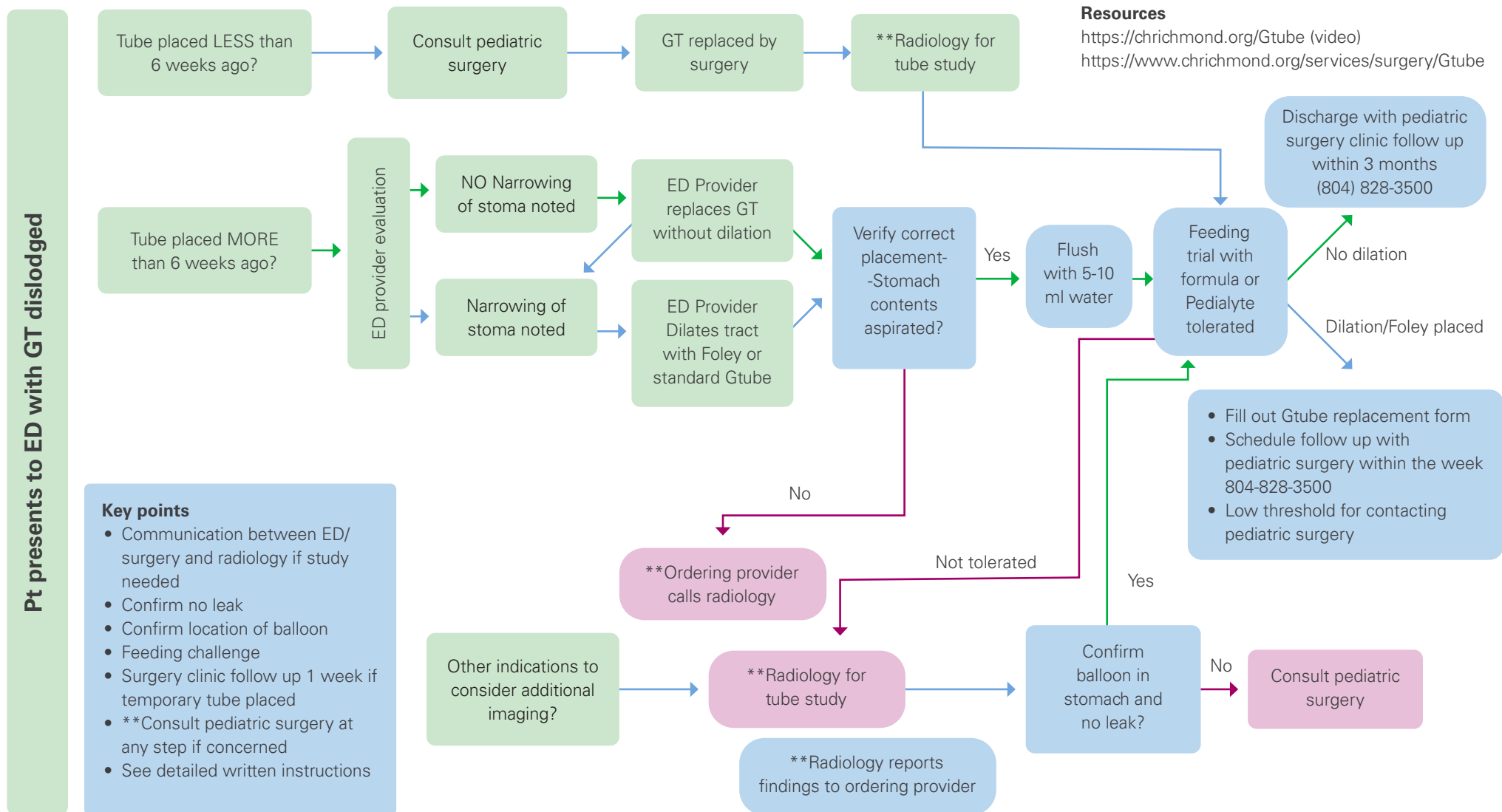


Clinical guideline


Gastrostomy tube dislodgement

Pediatric emergency medicine and pediatric surgery

 This guideline should not replace clinical judgment.



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Gastrostomy tube dislodgement

Guideline for gastrostomy tube replacement in the pediatric emergency department at the VCU Health System

Purpose: To implement a pathway for a patient to have their gastrostomy tube replaced after dislodgement in the pediatric emergency department, placement verified and procedure documented.

Patient eligibility:

- A. Pediatric patients whose gastrostomy tube has become dislodged >6 weeks after initial surgical placement.
- B. Pediatric patients whose Non balloon button has a broken center (interlock).
- C. Pediatric patients whose Non balloon button is totally dislodged.

Contraindications:

- A. Pediatric patients whose gastrostomy tube has become dislodged less than 6 weeks after surgical placement. Call Pediatric Surgery for ALL NEW gastrostomy stomas less than 6 weeks out from surgery for management by the pediatric surgeons.

Guidelines:

- A. **Replacement Pathway after 6 weeks when the stoma tract is mature. The Emergency Department provider may evaluate and replace.**
- B. Replace the tube without dilation. (The parent should have a back-up tube with them for replacement).

Instructions for replacing the Gtube

1. Wash your hands. Apply gloves.
2. Open new gastrostomy tube kit.
3. Fill the syringe with the appropriate amount of water as indicated on the tube balloon port.
AMT mini one balloon button 12 fr= 2.5ml, 14 fr= 4ml
MIC-KEY button 12 fr= 3ml, 14 fr= 5ml
(do not use saline as it can cause breakdown of the balloon)
4. Put the syringe on the hub of the tube.
5. Push the water into the tube to blow up the balloon.
6. Remove the syringe. Look for leaking in the balloon and hub. (If the tube leaks, do not use. Obtain a new tube).
7. Put the syringe back on the hub and pull the water back into the syringe. Do not remove the syringe.
8. Place surgilube or K-Y jelly on the end of the tube (Do not use Vaseline).
9. Slide the balloon end through the gastrostomy stoma to the top of the button. Once the tube has been inserted, push the water in the syringe into the balloon. Remove the syringe.
10. Connect the extension set to the button and attach a syringe to the end of the extension set. Pull back to check for stomach contents.

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11. If successful, flush the tube with 5-10mls of water.
 12. If unsure of placement, obtain a Gtube study. (This is a contrast study where an extension set is attached to the button, fluoroscopy or dye is inserted and a film is obtained to verify placement). A plain x-ray to verify placement is inaccurate.
 13. Once placement is verified, patient may resume feeding by mouth if appropriate and by gastrostomy. A follow up outpatient appointment with pediatric surgery should be obtained within one week for reevaluation. Call 804-828-3500 for appointment.
- C. Replacement pathway after 6 weeks when the stoma tract is mature. The Emergency Department provider may evaluate and replace after dilation.**

Instructions for stoma dilation with a foley catheter if unable to replace button:

1. Apply Lidocaine 2% jelly to stoma site or other pain management option.
2. Start small and GENTLY dilate the stoma site up one size at a time. (Use a small feeding tube or red rubber catheter or foley). 6fr, 8fr, 10fr, 12fr, 14fr
3. Dilate to an 16fr if the size is 14fr. **Placing a foley that is 2 French sizes beyond the target Gtube size will dilate the stoma to a size that will account for the balloon width (Bhambani, 2017). DO NOT INFLATE THE BALLOON ON THE FOLEY IN THE TRACT TO DILATE!**
4. Kink or clamp the foley to keep it from releasing gastric contents in between dilations.
5. There is no length of time the foley must stay in the stoma tract before the next size foley is inserted.
6. Insert the foley 1 ¼ inches or 3cm for a child under 30kg (66 lbs)
Insert the foley 2 ½ inches or 6cm for a child over 30 kg (66 lbs)
7. Place a bumper on the correct size foley prior to insertion to keep the tube from migrating through the pylorus into the duodenum causing an obstruction or perforation.
8. Once the tube is in place, inflate the balloon. Take a permanent marker and mark the foley where it enters the stoma.

D. Replacement pathway for the Non-Balloon Button that is DISLODGED


1. The Non-balloon button is placed in the office after the gastrostomy stoma is mature and is has been at least 3 months since surgical gastrostomy creation.
2. If the Non-balloon button is totally dislodged, replace with the back up **Balloon** button of the same size or smaller. You can also place a MIC or standard gastrostomy tube. Place 4ml of water in the balloon. **DO NOT REPLACE THE NON-BALLOON BUTTON IN THE EMERGENCY DEPARTMENT.**
3. Verify stomach placement. Connect the extension set to the button and attach the syringe to the end of the extension set. Pull back to check for stomach contents.
4. If successful, flush with 5-10mls of water.

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5. If unsure of placement, obtain a Gtube study. (This is a contrast study where an extension set is attached to the button, fluoroscopy or dye is inserted to fill the stomach and evaluate for leaks outside the stomach; a film is obtained to verify placement). A plain x-ray to verify placement is inaccurate.
 6. Once placement is verified, patient may resume feeding by mouth if appropriate and by gastrostomy. A follow up outpatient appointment with pediatric surgery should be obtained within one week for reevaluation. Call 804-828-3500 for appointment.
- E. Replacement pathway for the Non-Balloon Button with the center (interlock) missing**
1. If the patient arrives to the emergency department with the center of the Non-balloon button missing, the center of the button is usually found attached to the end of the extension set. IT can be replaced and the extension set taped to the button. They can use for feeding until it can be changed in the outpatient surgery office.
 2. If the center cannot be located, the button must be removed. It can be traction pulled after adequate pain medication is administered. An alternative method of removal includes placing the obturator in the button to stretch it up and pull it out.
 3. Once the tube is out of the stoma, replace it with a mini one balloon button of the same size. (The parent should have it with them) or a MIC or standard gastrostomy tube). **Follow instructions on replacing the Gtube on Page 2.**
 4. Once the tube is replaced, connect the extension set to the button and attach a syringe to the end of the extension set. Pull back to check for stomach contents.
 5. If successful, flush the tube with 5-10mls of water.
 6. If unsure of placement, obtain a Gtube study. (This is a contrast study where an extension set is attached to the button, fluoroscopy or dye is inserted to fill the stomach and evaluate for leaks outside the stomach; a film is obtained to verify placement). A plain x-ray to verify placement is inaccurate.
 7. Once placement is verified, patient may resume feeding by mouth if appropriate and by gastrostomy. A follow up outpatient appointment with pediatric surgery should be obtained within one week for reevaluation and replacement of the Non-balloon button. Call 804-828-3500 for appointment.

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Guidelines for documentation of gastrostomy dislodgement visit

Documentation of physical examinations, method secured, length secured and method of testing placement (aspiration, flushing or radiology) is very important.

Below is a template to assure documentation is adequate for this visits.

Patient Name: _____

MRN _____

Date: _____ Time: _____ AM/PM

Insertion of Gastrostomy Tube

Indication: ___Obstruction or dislodgement of gastrostomy tube

Preparation: ___I discussed the risks, benefits, and alternatives with the patient and family

___Pre-procedure verification ("Time Out") performed (Required)

Anesthetic used: ___Lidocaine jelly ___Other: _____

___Procedural Sedation was used.

Describe: _____

Procedure: ___Old gastrostomy removed

___The stoma was sequentially dilated with a # ___French Foley catheter

#___French Foley catheter

#___French Foley catheter

___A #___ French ___Standard Gastrostomy tube ___Button was inserted through the gastric stoma

___MINI ___MIC-KEY

The gastrostomy balloon was inflated with ___ ml of sterile water

The standard gastrostomy flange was secured at ___cm mark at the top of the bumper

___Foley catheter marked at the stoma site on the tube with a permanent marker and secured flange created from another foley catheter

___Risk of gastrostomy tube migration explained and family informed of correct flange marker position

___Abdominal exam normal post-gastrostomy tube placement

Placement was confirmed by ___Aspiration of gastric contents ___Contrast radiograph

The patient tolerated the procedure ___Well ___Adequately ___Poorly,

explain: _____

Complications: ___None ___Bleeding ___Other: _____

Additional Comments:

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Guidelines for documentation of gastrostomy dislodgement visit

Signatures:

Clinical Provider/Title/Initials: _____ PagerID _____ Date: _____

___I performed the documented procedure(s)

Attending Provider Signature/Initials: _____ Pager ID _____ Date: _____

___I was present and available in the PED at the time of service.

___I was present for the key portions of the documented procedure.

___I performed the documented procedure(s).

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Executive summary

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References:

Guidelines reviewed:

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Executive summary

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