

LOW PROFILE DEVICE (BUTTON)

THE FOLLOWING INFORMATION IS AIMED AT SUPPORTING YOU AND YOUR CHILD ON HOW TO CARE FOR THEIR BUTTON.

IMPORTANT NOTE: Please follow hospital/Consultant advice for care of the tube and stoma site for the first 28 days (if the Button has been placed as a first gastrostomy placement).



IMMEDIATE ACTION REQUIRED

It is important that you are aware of the signs and symptoms which may occur up to 72 hours following the insertion of a Button.

The following signs require IMMEDIATE urgent medical attention.

1. Pain during feeding (including medication delivery and water flushes)
2. Any pain or distress after procedure
3. New bleeding from the stoma site
4. Leakage of fluid around the tube.

In the event of any one of these symptoms, the following actions MUST be taken:

1. Stop feeding/medication delivery immediately.
2. Seek immediate medical advice in order that the patient is examined and their symptoms assessed immediately.

Messages must not be left on a telephone answering machine.

Contact the emergency number provided by the hospital.

Tel No: _____

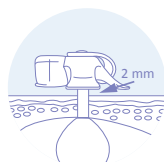
DAILY CARE OF YOUR CHILD'S BUTTON

IMPORTANT:

Please follow hospital instructions on the care of the tube and stoma site for the first 28 days (if the Button has been placed as a first gastrostomy placement).

Careful cleaning around the stoma site will reduce the possibility of soreness or infection:

- Wash hands before and after handling the tube
- Lift the Button away from the skin approximately 2-5mm, clean the skin around the stoma site and under the Button with a mild soap solution and fresh tap water (using a clean cloth for this purpose only) and rinse thoroughly. Ensure the skin and Button are thoroughly dried – do this once per day
- At least once a week, but no more frequently than once a day, rotate the tube 360° to prevent the tube adhering to the stoma tract. The Homeward Nurse will advise on frequency
- If your child is any discomfort, or you are unable to rotate the tube, do **not** use and contact the managing healthcare professional immediately
- If the Button is too tight or too loose contact the healthcare professional immediately who routinely replaces the Button for instructions on how to proceed



- Flush the tube as per training provided by the Homeward Nurse, with water (type and volume as recommended by the managing healthcare professional) before and after the administration of enteral nutrition or medication or following managing healthcare professionals instructions if additional flushing is required
- If advised by the managing healthcare professional, check the position of the feeding tube by pH measurement before starting tube feeding (see separate advice leaflet “How do I measure the pH of gastric aspirate”). It is important not to confirm correct feeding tube position by pH reading in isolation, and to consider all relevant factors as advised during training by the Homeward Nurse.

IMPORTANT NOTES

It is important your child remains upright at a 45° angle during enteral feeding and for at least one hour after enteral nutrition has been administered

Avoid using creams and talcum powders as they can damage the tube material and may lead to irritation of the skin and give rise to infection.

If the skin around the site becomes red or sore, or there is oozing or bleeding from the site, contact a healthcare professional for advice. Only apply a dressing if advised to do so by the managing healthcare professional.

Your child can shower, bath and swim as normal if the stoma tract has been fully formed. As healing is dependent on your child's medical condition please check with a healthcare professional for advice.

Always ensure the tube end is closed during these activities. Always dry the site and tube thoroughly after bathing and swimming.

HOW DO I CHECK THE WATER IN MY CHILD'S BUTTON?

The water in the balloon ensures the tube is held in place. The water should be checked weekly (unless otherwise stated) to ensure that there is sufficient water in the balloon to hold the tube securely in place.

Equipment:

- 2 x syringes (or as per manufacturer's instructions)
- Water (type and volume as recommended by the manufacturer of the tube).

Instructions

- Wash hands before and after handling the feeding tube
- Pre-fill a new syringe with water (volume and type as recommended by the manufacturer of the tube)
- Hold your child's Button in place during the procedure, ensuring that it remains in the stomach, alternatively, loosely tape it to the skin (as long as no known allergies to tape)
- Attach an empty syringe (in line with manufacturer instructions) onto the balloon inflation port of the Button
- Gently draw back the plunger on the syringe until no more water comes out of the internal balloon
- Check the volume of water withdrawn. Compare with the recommended volume advised for inflation by the manufacturer. Discard the syringe and water
 - a. If the volume of water withdrawn equals the recommended volume,** re-inflate the balloon with the new syringe and the correct volume of recommended water
 - b. If the volume of fluid in the balloon is less than the manufacturer's recommendation,** re-inflate the balloon using the pre-filled syringe with the correct volume of recommended water. Wait 20 minutes then, using a new empty syringe, withdraw the water from the balloon and re-check volume. If the volume is the same as the volume inserted 20 minutes ago, re-inflate the balloon with the water you have just withdrawn. If the volume is less than the volume inserted 20 minutes ago, tape the tube down securely to the skin (if no known allergies to tape) and do **NOT** use the tube. Contact the healthcare professional who routinely replaces the Button immediately, as the tube may need replacing.

NOTE

If you cannot obtain any water when pulling on the syringe plunger, remove the syringe and tape your child's Button down to secure and not use the tube. Contact the managing healthcare professional or Homeward Nurse for further instructions on how to proceed.

HOW DO I CHECK THE POSITION OF MY CHILD'S BUTTON?

It is important to check the position of your child's Button when it has been changed or prior to every enteral nutrition, medication or water delivery.

If advised by the managing healthcare professional, check the position of your child's Button by measuring the pH value of gastric aspirate before starting enteral nutrition. It is advised to check the gastric pH level using pH indicator strips pre and post tube changes (see separate advice leaflet "**How do I measure the pH of gastric aspirate**"). It is important not to confirm the correct feeding tube position by pH reading in isolation and to consider all relevant factors as advised during training by the Homeward Nurse. Check the Button remains a comfortable fit and sits 2-5mm from the skin surface.

NOTES

If the feeding tube appears to be an incorrect fit or the gastric aspirate is above 5.5, do not use the tube and contact the managing healthcare professional immediately for instructions on how to proceed.

pH measurement may not be a reliable method to confirm tube position if enteral nutrition/medication/water has been administered in the last hour, therefore, confirm the patient has been nil by mouth for at least one hour before testing gastric pH.

TROUBLESHOOTING THE BUTTON TUBE

MY CHILD'S BUTTON HAS BECOME BLOCKED

If there is resistance when flushing the Button, do not force water into the tube:

- Check the Button rotates easily as per training provided by the Homeward Nurse
- If your child's Button does not rotate freely do not attempt to unblock the tube until you have received instructions from the managing healthcare professional or Homeward Nurse. If you have **not** been trained to rotate the Button then contact the Homeward Nurse for training and instructions on how to proceed
- If your child's Button rotates easily then attach the extension set as per training by the Homeward Nurse and, using a 60ml enteral syringe and warm (not hot) water (type and volume as recommended by the managing healthcare professional), use a gentle pull and push technique. **Do not use acidic solutions such as fruit juices or cola as they can curdle the enteral nutrition product**
- **If the blockage persists contact the managing healthcare professional or Homeward Nurse for further instructions**
- Remove extension set post use.

IMPORTANT NOTE

You are advised to contact the managing healthcare professional immediately if there is any reason that medication or enteral nutrition needs to be delayed or omitted due to no available enteral or oral route.

MY CHILD'S BUTTON HAS COME OUT

IMPORTANT: If the tube has been removed with water still in the balloon or there are any signs of trauma to the stoma tract (such as bleeding) or if there are any signs of pain or distress, seek urgent medical review and do not attempt replacement.

A new feeding tube needs to be inserted as soon as possible otherwise the stoma tract will start to heal and may completely close soon after the tube has come out (see separate advice leaflet “**Button replacement**”).

Routine replacement advice

- A. If you have been trained** and feel confident on how to replace a Button, and the managing healthcare professional has confirmed it is safe to do so, assemble the equipment as you have been trained and proceed to replace the Button, following the training advice you have been given.
- B. If you have not been trained** or do not feel confident on how to replace the Button **do not** attempt to replace a new one yourself. Follow the steps below.

- Remain calm
- If your healthcare professional has provided you with a stoma preservation device, please insert as per training provided by the healthcare professional
- Place a clean dry dressing over the stoma to prevent stomach contents leaking onto the skin or clothes
- If your child is in pain and it is safe to have oral medication they should take their prescribed pain relief
- Contact the healthcare professional who routinely changes the Button and explain that the Button has come out
- If the healthcare professional is unavailable contact the GP or local hospital emergency department to let them know the tube will need to be replaced. This will give the department time to find the medical notes and ensure that a member of staff is available to insert a new tube. Tell the emergency department what type of tube it is (if you know) and take the old tube that has fallen out with you in a clean plastic bag
- Emphasise that the tube will need to be replaced as soon as possible as the stoma tract may heal over
- If you have a spare tube at home take it with you and your child's Enteral BGT passport (if applicable). This will save time, as the type and size of tube may not be readily available in the local hospital emergency department
- Once the new tube has been replaced inform the person who routinely changes the tube.

IMPORTANT NOTE

It is important that you contact your Homeward Nurse if you need additional training on the Flocare pump (if applicable) or tube feeding.

Always seek urgent medical advice if there are any signs of abdominal pain, chest pain, or breathing difficulties.

The Nutricia Homeward Nursing Service advice literature is provided as guidance following Nutricia Homeward Nursing Service training, and should not be used as a substitute for medical advice. Always contact your healthcare professional prior to making any changes to your tube feeding regimen.

Please contact the Homeward Nurse or managing healthcare professional for the most up to date version every year. Provided on behalf of Nutricia Ltd at the request of the NHS managing healthcare professional.

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