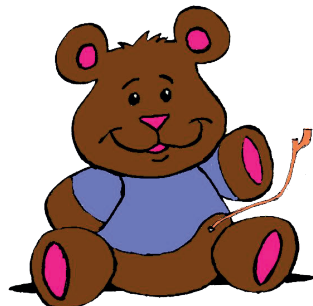


BALLOON GASTROSTOMY (BG) TUBE

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

POST INSERTION ADVICE

Please follow hospital/Consultant advice for care of the tube and stoma site for the first 28 days (if the BG tube 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 BG tube.

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.

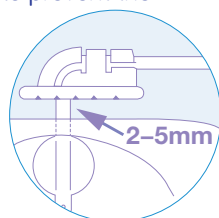
Messages must not be left on a telephone answering machine.

Contact the emergency number provided by the hospital.

Tel No: _____

DAILY CARE OF YOUR CHILD'S BG TUBE

- Careful cleaning around the stoma site will reduce the possibility of soreness or infection
- Wash hands before and after handling the BG tube
- Move external fixation device to clean the skin around the stoma site with a mild soap solution and fresh tap water (using clean cloth for this purpose only) and rinse thoroughly. Ensure the skin and fixation device are thoroughly dried – do this once per day. Replace the external fixation device so it lies approximately 2-5mm from the skin surface
- Note the cm graduation markings on the tube at the skin surface, if there is a change in position of the tube do not use and contact the managing healthcare professional to confirm placement
- At least once a week but no more frequently than once a day, move the external fixation device away from the skin surface, clean the BG tube and stoma site, and note the cm graduation marking at skin surface. Then gently insert the tube into the stoma tract by a minimum of 2-3 cm and rotate the tube 360° to prevent the tube adhering to the stoma tract and becoming embedded in the stomach wall. Gently withdraw the tube back until slight resistance is felt and confirm the cm graduation marking at the skin surface is the same as before moving the BG tube. If the cm graduation marking is different then **DO NOT** use the tube and contact the managing healthcare professional immediately for instructions



- If your child shows any signs of discomfort or you are unable to advance or rotate the tube, **DO NOT** use the BG tube and contact the managing healthcare professional or Nutricia Homeward Nurse immediately
- Replace the external fixation device so it lies approximately 2-5mm from the skin surface (the external fixation device may need to be loosened or tightened dependent on weight loss or weight gain)
- Flush the tube as per training provided by the Nutricia 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 4–6 hourly if enteral feeding is not in progress (except during the night) or as recommended by the managing healthcare professional to prevent tube blockage
- If advised by the managing healthcare professional, check the position of the tube by pH measurement before starting tube feeding. ***Refer to advice leaflet “How do I measure the pH of gastric aspirate”**
- pH testing of gastric aspirate should not be used in isolation to determine the BG tube is in the correct position. You should always consider other relevant factors as described during the training provided by the Nutricia Homeward Nurse to determine the position of the BG tube.

IMPORTANT NOTES:

It is important your child sits at a 45° angle during enteral feeding and at least one hour after enteral nutrition is 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. Creams can also reduce the effectiveness of the external fixation device.

If the skin around the site become 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 a healthcare professional.

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

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

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

The water in the balloon ensures the tube is held in place. The water should be checked weekly, unless otherwise advised, 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).

Instructions:

- Wash hands before and after handling the BG tube
- Fill a new syringe with water, volume and type as recommended by the manufacturer
- Move the external fixation device away from the stoma, clean the tube and note the cm graduation marking at the skin surface. Advance the tube 2-3cm into the stomach. Hold your child's BG tube 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) into the balloon inflation port of the BG tube
- 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 using the pre-filled syringe and the correct volume of fresh water. Gently pull the BG tube back until there is slight resistance from the internal balloon touching the stomach wall and confirm the cm graduation marking at skin surface is the same as pre volume check. Move the external fixation device 2-5mm from the skin surface. If cm graduation marking has changed, then **DO NOT** use the tube and contact the managing healthcare professional immediately.
 - b. If the volume of water in the balloon is less than the manufacturer's recommendation re-inflate the balloon using the pre-filled syringe and the correct volume of recommended water. Gently pull the tube back until there is slight resistance from the internal balloon touching the stomach wall and replace external fixation device 2mm-5mm from the skin surface. Wait 20 minutes, then repeat balloon volume check procedure using a new empty syringe. 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 volume is less than the volume inserted 20 minutes ago, tape the BG tube to the skin (if no known allergies to tape) to secure and **DO NOT** use the tube. Contact the healthcare professional who routinely replaces the BG tube as your child's BG tube needs replacing.

NOTE

If you cannot obtain any water when pulling on the syringe plunger, remove the syringe, tape the BG tube down to secure, **DO NOT** use the tube, and contact the healthcare professional who routinely replaces the tube immediately.

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

It is important to check the position of the tube to make sure the enteral nutrition goes directly where it should (the stomach). Check the position of the BG tube prior to administering enteral nutrition, medication or water. You can check the position of your child's feeding tube by confirming the cm graduation markings at skin surface remains the same as documented following the last BG tube replacement, to ensure it is correctly placed in the stomach.

If requested by the managing healthcare professional, the gastric pH can be measured. It is advised to check the gastric pH level using pH indicator strips pre and post all tube changes. ***Refer to advice leaflet "How do I measure the pH of gastric aspirate"**. Measuring the pH should not be used in isolation and you should consider all relevant factors as advised during training provided by the Nutricia Homeward Nurse, to be confident the BG tube is in the correct position.

NOTES

If you are concerned your child's BG tube is not in the correct position, if the cm graduation markings at skin surface have changed, or gastric pH is above 5.5, **DO NOT** use the tube and contact the managing healthcare professional immediately for instructions.

pH measurement may not be a reliable method to confirm position if enteral nutrition, medication or water has been administered within the last hour, therefore where enteral nutrition, medication or water, has already passed through your child's BG tube, wait at least one hour without further feeding before pH testing the gastric aspirate.

TROUBLESHOOTING THE BG TUBE

MY CHILD'S BG TUBE HAS BECOME BLOCKED

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

- Check the tube advances and rotate easily as per training provided by the Nutricia Homeward Nurse
- If the tube does not advance or rotate freely, then there should be no attempt to unblock the tube until you have received instructions from the managing healthcare professional. If you have not been trained to advance and rotate the tube, then contact the Nutricia Homeward Nurse immediately to arrange training and give instructions on how to proceed
- Check the cm graduation markings at skin surface remains unchanged. If the cm graduation markings have changed, then **DO NOT** attempt to unblock the tube and contact the managing healthcare professional immediately for instructions
- To unblock the tube, use a gentle pull and push technique, flush the tube using a 60ml enteral syringe with warm water or soda water (type and volume as recommended by the managing healthcare professional). **Do not use acidic solutions such as fruit juices or cola as they can curdle the enteral nutrition product**
- If a blockage still exists, gently squeeze the tube between the fingers along the length of the tube as far as possible
- If the blockage persists contact the managing healthcare professional or Nutricia Homeward Nurse for further instructions.

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 BG TUBE HAS COME OUT

Important: If the BG tube has been removed with any water still in the balloon, or there are any signs of trauma to the stoma tract (such as bleeding), or there are any signs of pain or distress, seek urgent medical review and do not attempt replacement. Your child will need to have a new BG tube inserted as soon as possible otherwise the stoma tract will start to heal and may completely close soon after the tube has come out.

Routine replacement advice

- A. If you have been trained** and feel confident on how to replace a BG tube, 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 BG tube, following the training advice you have been given. ***Refer to advice leaflet “BG tube replacement”**
- B. If you have not been trained** or do not feel confident on how to replace the BG tube **DO NOT** attempt to replace a new one yourself. Follow the steps below.
- Remain calm
 - Place a clean dry dressing over the stoma site 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 replaces the tube and explain that the BG tube has come out
 - If the healthcare professional is unavailable contact the GP or local hospital emergency department to let them know that 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 will start to heal over and may completely close soon after the BG tube has come out
 - If you have a spare tube at home take it and your Enteral BGT passport (if applicable) with you. 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 Nutricia Homeward Nurse if you need any additional training on the Flocare® pump (if applicable) or tube feeding.

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 Nutricia 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.

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

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