

## Gastrojejunal feeding - Information for parents and carers

Addressograph	
Name:	_____
Address:	_____
	_____
DOB:	_____/_____/_____
NHS No.	_____



### Signature of care givers

Name (printed)	Signature	Designation

The aim of this leaflet is to ensure that parents/carers will feel safe and confident in giving care to a child who requires a gastrojejunal feeding tube.

Following training and reading this leaflet you should:

- Have a basic understanding of the anatomy of the digestive system.
- Understand the reasons why a child may need a gastrojejunal feeding tube.
- Know how to give a bolus feed and have knowledge of how overnight pump feeds are given (if applicable).
- Demonstrate the procedure for securing the tube to the skin.
- Be aware of how to deal with problems that can occur with the gastrojejunal feeding tube insitu.
- Know how to acquire general advice and emergency help.

Before you take your child home the staff will:

- Give you appropriate information about your child's gastrojejunal feeding tube and instructions relating to the feeds. You will be given a care plan to take home with you for the professionals involved in your child's care to record care given.
- Ensure that you and anyone involved in caring for your child has adequate training. Formal training sessions for other carers can be arranged with the Children and Young Peoples Home Care Team (CYPHCT) on 01270 612071.
- Ensure that you have adequate supplies.
  - The CYPHCT arrange the supply of syringes and extension sets, via a home delivery service.
  - Feeding pump and relevant equipment are organised by the Dietitian and are delivered directly to you.

## Possible problems with a gastrojejunal feeding tube

Please note: do not rotate the external button/tube. Doing so may cause the tube to kink and may also cause the tube to move from the jejunum.

Problem	Solution
<b>Bleeding</b> – around the stoma caused by trauma or irritation due to excess movement of the gastrojejunal feeding tube.	Ensure the feeding tube is firmly in place. There should be room between the fixation device and the skin, approximately 2-3mm. Report large amounts of bleeding to medical staff. If the external button or fixation device looks too tight to the skin please contact the CYPHCT.
<b>Tube blockage</b> – the tube can become blocked with feed or medication.	Always flush the tube with cooled boiled water before and after medication or feeds. If the feeding tube is blocked, flush with warm water using a gentle push/pull technique. If the tube remains blocked, contact either the CYPHCT or the Child and Adolescent Unit (CAU) so they may advise on course of action.
<b>Tube dislodgment</b> – this is caused by the balloon deflating or the tube accidentally being pulled out.	The stoma will start to close within a few hours, so the tube will need to be replaced as soon as possible. Please contact either the CYPHCT or the CAU, immediately to arrange replacement.
<b>Leakage</b> – there are various causes: 1. The tube may have moved. 2. The balloon may have been deflated. 3. The tube may not be the correct size for the stoma. 4. The stomach may contain gas.	There are different ways to solve the problems: 1. Re-inflate the balloon. 2. Contact either the CYPHCT or the CAU, for advice. 3. The stomach may need venting to release the build-up of gas.
<b>Balloon will not deflate</b> – the balloon valve can become blocked by spills of feed or other material as a result of everyday living.	Clean inside the recess using a cotton bud, then firmly push the syringe into the valve, push and twist one-quarter turn. Pull back on the plunger and remove the water. If the balloon will not deflate, contact either the CYPHCT or the CAU, for advice.
<b>Diarrhoea/vomiting</b> – there are various causes for this. 1. The feed may be given too fast. 2. The volume of the feed may be too great. 3. Bacterial contamination of the feed or equipment causing infection.	There are various solutions to the problems. 1. Give the feed more slowly. 2. Following discussion with the dietitian, give smaller frequent feeds. 3. Always wash hands before preparing and giving feeds. Use a new feed container and giving set for each feed. Do not store opened or prepared feeds for longer than 24 hours. 4. Enteral syringes and extension sets should be washed as per training pack guidelines.

Problem	Solution
<b>Granulation</b> (excessive growth of skin) – caused by excessive irritation, movement or trauma from the tube.	Ensure that the tube is secure and firm with little excessive movement. The granulated tissue may be removed with a treatment applied by the parent/nurse. Please contact the CYPHCT for further advice.

**If you are concerned that there is a problem with the child's gastrojejunal feeding tube at any time, please contact CAU Tel: 01270 612073**

A spare Button/tube should always be available, as this can be inserted to keep the stoma open if the tube comes out, until a new gastrojejunal feeding tube is inserted at Alder Hey Children's Hospital. Unless advised by Medical Staff this temporary tube **must not** be used for feeds or medicines.

## Skin care around the feeding tube stoma

Equipment:

- Cooled boiled water.
- Cotton buds.
- Gauze.
- Small dish or gallipot.
- Non sterile gloves.
- Dressings if being used.

This procedure is carried out as required but at least once daily. This care may also be carried out in the bath.

Action	Rationale
Explain the procedure carefully to the child.	To prepare the child and reduce anxiety.
Prepare equipment. Wash hands and dry well. Put on gloves as necessary	To reduce the risk of cross infection
Remove any dressings, if present. Observe the stoma site for signs of infection or skin breakdown: redness, leakage, over-granulation. Check for excessive movement in and out of the child's stomach.	To monitor wound healing and stoma formation.  To ensure the tube is not displaced.
Clean the stoma site with moistened cotton wool buds using warm water and repeat until site is clean. Clean well beneath the button/tube.	To keep the skin clean and maintain its integrity.
Dry stoma site and under button/tube with gauze and allow to 'air' dry for a few seconds. Check the tube is securely in place, by gently lifting away from the skin.	To protect the skin and keep it dry and infection free. To prevent excessive movement of the tube causing over granulation.
Replace any dressing according to the individual child's needs. If the site is clean and dry no dressing is required.	To promote healing and prevent cross infection.
Tidy away equipment. Any used dressings should be placed in a plastic bag, secured and disposed of in the dustbin. Wash hands.	To reduce the risk of cross infection and maintain the child's safe environment.
Document any changes and seek medical advice from the G.P./nursing staff if there are any problems.	To keep other carers and parents informed and provide prompt treatment if required.

## Daily feeding tube care – checklist

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## Administration of a bolus feed via a gastrojejunal feeding tube

Equipment:

- Tray for equipment.
- Appropriate size syringes.
- Extension set.
- Cooled boiled water.
- Prepared feed.
- Non sterile gloves (carers only).

Always try to include the child in the family mealtime if at all possible, to encourage social interaction.

Action	Rationale
Prepare the child and explain the procedure. The child should be sat upright or placed with head and chest elevated to a minimum 30° angle.	To reduce the risk of oesophageal reflux and allow feed to flow more easily in a comfortable and relaxed child.
Wash hands and prepare equipment on a clean surface. Put on gloves.	To reduce the risk of cross infection and contamination.
Check the feeding tube is firmly in position.	To check the feeding tube is in the correct position to ensure the tube has not been displaced.
Attach syringe (with plunger removed) to an extension set or tube and prime this with water, close clamp and attach the extension set to the feeding tube via the jejunal port. If advised by medical staff some medicines may be given via the gastric port.	To prevent air entering the stomach. Provide a secure connection to feeding tube to prevent leakage.
Release the clamp and allow water to run through. If blocked, see Possible Problems Section. Do not force fluids down the tube.	To check feeding tube is not blocked. To unblock tube. Tube may rupture if fluids forced down tube.
Pour the prepared milk feed into the syringe, allowing the feed to enter the jejunum by gravity slowly over 15-30 minutes.	To prevent discomfort and vomiting.
Continue to top up the syringe with the feed as it begins to empty. Do not let it empty as far as the tubing until the feed is complete.	To prevent instilling air into the tube, leading to discomfort and wind.
When the milk feed is completed clamp the tube. Add 5-10mls of water to the syringe to flush the tube and remove extension set. Replace the jejunal port cover.	To prevent the feeding tube blocking. The amount of water used for flushing is appropriate to the size of the child and the tube.

Action	Rationale
Secure the feeding tube neatly and safely under clothing and make the child comfortable.	To prevent the child pulling at the feeding tube and causing discomfort.
Wash re-usable equipment in warm soapy water and rinse thoroughly and air dry. Throw other equipment in the bin Reuse enteral syringes as instructed by CYPHCT. Wash hands.	To ensure the child's safety, and reduce the risk of cross-infection.
Observe child for signs of abdominal discomfort between feed times.	To ensure feed is tolerated.
Report any changes or problems to parents or appropriate health staff.	To maintain the child's wellbeing and safety at all times.



## Administration of a continuous feed via a Gastrojejunal feeding tube

Equipment:

- Tray for equipment.
- Appropriate size syringe.
- Giving set and container.
- Cooled boiled water.
- Feeding pump.
- Prepared feed.

Feeding pump should be cared for in accordance with manufacturers instructions and any problems reported immediately to the company so a spare pump can be delivered.

Action	Rationale
Prepare the child and explain the procedure. The child should be placed with head and chest elevated to a minimum 30° angle.	To reduce the risk of oesophageal reflux and allow the feed to flow more easily in a comfortable and relaxed child.
Wash hands and prepare the feed and equipment on a clean surface. A new set of disposable equipment is required for each pump feed. Check the pump is working according to manufacturer's instructions.	To reduce the risks of cross infection and adhere to manufacturer's recommendations and safe practice.
Wash hands. Run the prepared feed through the pump and giving set as instructed by the manufacturer. Place cap on end of set and replace on tray	To prevent air entering the system
Check the feeding tube is firmly in position	To check the feeding tube is in the correct position.
Attach syringe (with plunger or tube removed) to the tube or an extension set and prime with water, close clamp and attach the extension set to the feeding tube via the jejunal port.	To prevent air entering the stomach. Provide firm connection to feeding tube to prevent leakage.
Release the clamp and allow water to run through. If blocked see Possible Problems Section. Do not force fluids down the tube.	To check feeding tube is not blocked. To unblock tube. Tube may rupture if fluids forced down tube.
Clamp the giving set and remove the syringe. Connect the giving set to the extension set. Unclamp giving set before machine is turned on.	To ensure snug fit and avoid leakage.

Action	Rationale
Turn the machine on and set the rate as directed. Stay with the child for a short time to ensure that the feed is running smoothly.	To ensure correct amount of feed is given.
Check the pump at regular intervals to ensure the correct amount of feed is being delivered and that ends remain connected. Listen for alarms to detect any problems with delivery of the feed.	To check that feed has not leaked.
Check child is tolerating the feed and is not experiencing any problems e.g. vomiting.	To maintain the child's safety.
When feed is completed, wash hands, turn machine off, clamp extension and disconnect giving set. Flush extension tube with 5-10mls of cooled boiled water and remove. Replace the jejunal port cover.	To prevent the feeding tube blocking.
Empty any unused contents down the sink and dispose of feed container and giving set in the domestic bin. Reuse enteral syringes as instructed by CYPHCT.	Feeding sets are not reusable.
If using extension set, wash in warm soapy water and rinse thoroughly and air dry.	To reduce the risk of cross infection
Secure the feeding tube neatly and safely under clothing and make child comfortable. Wash hands.	To prevent the child pulling at the feeding tube and causing discomfort. To reduce the risk of cross infection.
Report any changes or problems to parents or appropriate health staff.	To maintain the child's wellbeing and safety at all times.

## Procedure for the administration of medication via a gastrojejunal

AIM: The child who is unable to tolerate medication orally will receive their medication via their jejunostomy as appropriate.

Equipment:

- Prescription sheet.
- Medication.
- Jejunostomy equipment – syringes, extension lines.
- Cooled boiled water to flush the jejunostomy.

ACTION	RATIONALE
Prepare the child and explain the procedure. The child should be placed with head and chest elevated to a minimum 30° angle.	To reduce the risk of oesophageal reflux and anxiety in the child.
Check medication according to the local policy i.e. the right child, medication, dose, expiry date etc.	To maintain the child's safety and wellbeing.
Check security and position of the gastro or jejunostomy tube prior to giving the medication.	To prevent accidental dislodgement of the tube.
If giving medication prior to a feed or on its own, attach the appropriate size syringe to the gastro or jejunostomy extension tube. Flush with 5-10 mls of water and then give the medication.	To check the tube is not blocked and to facilitate satisfactory administration of the medication.
To administer the medication whilst the child is having a continuous feed, stop the feed, flush the line with 5-10mls of water and then administer the medication via the port marked gastro or jejunostomy.	To facilitate satisfactory administration of the medication.
The gastro or jejunostomy tube must be flushed with 2 - 5mls of water between each drug and at the end of the procedure.	To reduce the risk of drug interactions and precipitation and prevent the tube blocking.
Once all the medication has been given, either recommence the feed or remove the extension set and cap off the tube.	To prevent the loss of feed or medication.
Sign the record of medication sheet once the medication has been administered.	To maintain the child's safety and adhere to local medication policy.
Observe the child for any signs of abdominal discomfort or side effects of the medication.	To confirm tolerance of the medication.
Discard or clean any equipment used and store appropriately.	To ensure the child's safety and reduce the risk of cross infection.
Report any changes or problems to	To maintain the child's wellbeing and

ACTION	RATIONALE
parents or appropriate health staff.	safety at all times.

## Teaching checklist for gastrojejunal feeding tube care

Name of carer: .....

<b>Hygiene</b>	<b>Hand washing</b>	
	<b>Preparation of the feed</b>	
<b>Preparation</b>	<b>Preparation of the child</b>	
	<b>Preparation of the equipment</b>	
	<b>Check correct tube placement</b>	
	<b>Knowledge of type of tube and feed</b>	
<b>Procedure</b>	<b>How to administer a bolus feed</b>	
	<b>How to administer continuous feeds</b>	
	<b>Cleaning around the stoma site</b>	
	<b>Changing the balloon water</b>	
	<b>How to administer medicines</b>	
<b>Recording and reporting</b>	<b>Care of equipment</b>	
	<b>Disposal of waste</b>	
	<b>Knowledge of complications</b>	
<b>Miscellaneous</b>		

Signature.....

Print.....

Date.....



**Learner's name (printed).....**

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## Certificate of Instruction

**Child and Adolescent Unit**

**Children and Young  
People's Home Care Team**

**Patient's name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**I agree that I have received written guidelines and been instructed how to:**

\_\_\_\_\_

**and now feel confident and competent to carry out this procedure/treatment.**

**I understand what problems may arise and what to do if they occur.**

**Parent / legal guardian / patient's signature: (print & sign)**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of registered nurse assessing competency: (print & sign)**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Date for review:** \_\_\_\_\_

**Review Date**

**Parent / legal guardian**

**Nurse assessor**

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Name/NMC Stamp
Role
Signature