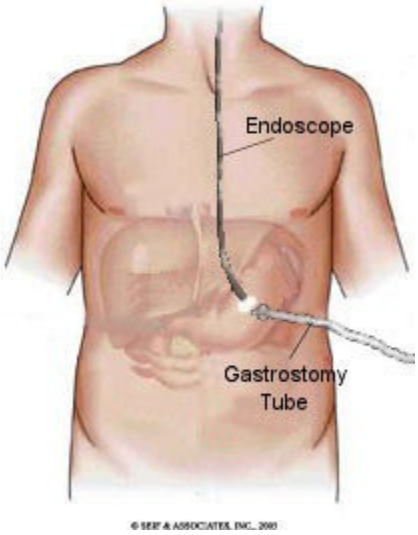
Gastrostomy Tube Care, Adult

A gastrostomy tube is a tube that is placed into the stomach. It is also called a "G-tube." This tube is used for:

- Feeding.
- Giving medication.



CLEANING THE G-TUBE SITE

- Wash your hands with soap and water.
- Remove the old dressing (if any). Some older styles of G-tubes may need a dressing inserted between the skin and the G-tube. Newer types of G-tubes do not require a dressing. Ask your caregiver if a dressing is needed.
- Check the area where the tube enters the skin (*insertion site*) for redness, swelling, or pus-like (*purulent*) drainage. A small amount of clear or tan liquid drainage is normal. Check to make sure scar *tissue* (skin) is not growing around the insertion site. This could have a raised, bumpy appearance.
- A cotton swab can be used to clean the skin around the tube:
  - When the G-tube is first put in, a normal saline solution can be used to clean the skin.
  - Mild soap and warm water can be used when the skin around the G-tube sight has healed.
  - Roll the cotton swab around the G-tube insertion site to remove any drainage and/or crusting at the insertion site.

RESIDUALS

Feeding tube *residuals* is the amount of liquid that may be in the stomach at any given time. Residuals are checked before giving feedings, medications or checked as instructed by your caregiver.

- Ask your caregiver how much residual you should have.
- Check residuals by attaching a syringe to the G-tube and pull back on the syringe stopper. It is normal to have no residual or a small to moderate amount of residual.
  - If the residual is a small to moderate amount, reinsert the residual back into the G-tube. Residual color can be tan to greenish tan. Tell your caregiver if the residual is dark green.
  - A large amount of residual may be cause for concern. Ask your caregiver what to do if there is a large amount of residual.
- Residuals should be checked every 4-6 hours or as instructed by your caregiver.

FLUSHING THE G-TUBE

- The G-tube should be periodically flushed with clean warm water to keep it from clogging.
  - Flush the G-tube after feedings/medications are given. Draw up 30cc's of warm water in a syringe. Connect the syringe to the G-tube and slowly push the water into the tube.
  - Do not push feedings, medications, or flushes rapidly. Flush the G-tube gently and slowly.
  - Only use syringes that are made for G-tubes to flush medications/feedings.
  - Your caregiver may want the G-tube flushed more often or with more water. If this is the case, follow your caregiver's instructions.

FEEDINGS

Your caregiver will determine whether feedings are given as a *bolus* (a certain amount given at one time and at scheduled times) or whether feedings will be given continuously on a feeding pump.

- Formulas should be given at room temperature.
- If feedings are constant (such as being on a feeding pump), no more than 4 hours worth of feedings should be placed in the feeding bag. This helps prevent spoilage or accidental excess infusion.
- Cover and place unused formula in the refrigerator.

- If the patient has continuous feedings, stop the feedings when medications/flushes are given. Be sure to restart the feedings.
- Feeding bags and syringes should be replaced as instructed by your caregiver.

GIVING MEDICINES

- In general, it is best if all medications are in liquid form for G-tube administration. Liquid medications are less likely to clog the G-tube.
  - Mix the liquid medication with 30cc's (or amount recommended by your caregiver) of warm water. Draw up the medication into the syringe.
  - Attach the syringe to the G-tube and slowly push the mixture into the G-tube.
  - After giving the medication,draw up 30cc's of warm water in the syringe and slowly flush the G-tube.
- For pills, check with your caregiver first before crushing medications. Some medications are not as effective if they are crushed.
  - Crush the medicine into a powder and mix with 30cc's of warm water. To administer, follow the same instructions as liquid medications.
- For capsules, open the capsule and dissolve the powder in a 30cc's of warm water. Throw the capsule away.
  - To administer, follow the same instructions as liquid medications.

G-TUBE PROBLEMS

Problem
G-tube was pulled out.
Cause
May have been pulled out accidentally.
Solutions
Cover the opening with clean dressing and tape. Call your caregiver right away. The G-tube should be put in as soon as possible (within 4 hours) so the G-tube *tract* (opening) does not close. The G-tube needs to be put in at a healthcare setting. An x-ray needs to be done to confirm placement before the G-tube can be used again.

Problem
Redness and irritation around the stomach, soreness, and/or foul odor present.
Cause
May be caused by leakage or infection.
Solutions
Call your caregiver right away.

Problem
Large amount of leakage of fluid or mucus-like liquid present (a large amount means it soaks clothing).
Cause
Many reasons could cause the G-tube to leak.
Solutions
Call your caregiver to discuss the amount of leakage.

Problem
Skin or scar tissue appears to be growing where tube enters skin.
Cause
Tissue growth may develop around the insertion site if the G-Tube is moved or pulled on excessively.
Solutions
Secure tube with tape so that excess movement does not occur. Call your caregiver.

Problem
G-tube is clogged.
Cause
Thick formula (food) or medication.

Solutions

Try to slowly push warm water into the tube with a large syringe. Never try to push any object into the tube to unclog it. Do not force fluid into the G-tube. If you are unable to unclog the tube, call your caregiver right away.

TIPS

- Head of Bed (HOB) is how upright a person's upper body is.
  - When giving medications or a feeding bolus, keep the HOB up as told by your caregiver. Do this during and 1 hour after feeding or medications are given.
  - If continuous feedings are being given, it is best to keep the HOB up as told by your caregiver. When ADL's (Activities of Daily Living) are performed and the HOB needs to be flat, be sure to turn the feeding pump off. Restart the feeding pump when the HOB is returned to the recommended height.
- Do not put pull or put tension on the tube.
- To prevent fluid back flow, kink the G-tube before removing the cap or disconnecting a syringe.
- Check the G-tube length every day. Measure from the insertion site to the end of the G-tube. If the length is longer than previous measurements, the tube may be coming out. Call your caregiver if you notice increasing G-tube length.
- Oral care, such as brushing teeth, should be continued.
- You may need to *vent* (remove excess air) the G-tube. Your caregiver will tell you if this is needed.
- Always call your caregiver if you have questions or problems with the G-tube.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have severe abdominal pain, tenderness or abdominal *distension* (bloating).
- You have nausea and/or vomiting.
- You are constipated or have problems moving your bowels.
- The G-tube insertion site is red, swollen, has a foul smell, and/or has yellow/brown drainage.
- You have difficulty breathing or shortness of breath.
- You have a fever of 101° F (38.3 °C).
- You have a large amount of feeding tube residuals.
- The G-tube is clogged and cannot be flushed.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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