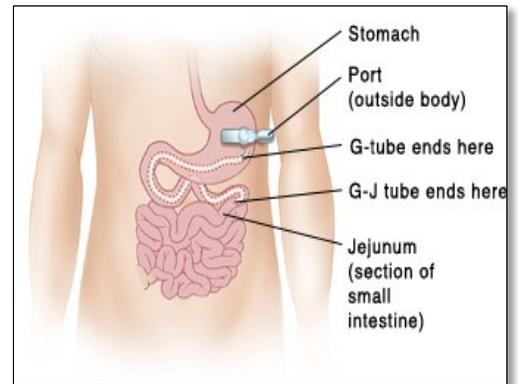


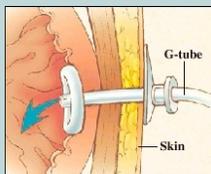
FEEDING TUBES

What is it?

Several types of feeding tubes exist to help children tolerate the nutrition they need to grow and develop. Types of feeding tubes that you may see in the school setting include a gastrostomy tube (G-tube), a jejunostomy tube (J-tube), or a combination GJ tube. With a G-tube, a surgical procedure creates an opening directly into the stomach. A J-tube may be created the same way but directly into the child's small intestine. This is more common when a child cannot tolerate feeds in the stomach. Some students may have both a G-tube and a J-tube that are separate and each surgically placed in their individual locations. Other students may have a combination GJ tube; a G-tube placed in the stomach with a smaller tube threaded from the ostomy in the stomach down to the intestine. It is important to know which type of tube the student has in order to know where to administer formula, medication, and flushes. The location of the feeding tube also dictates what can be done in the event that the tube needs to be replaced.

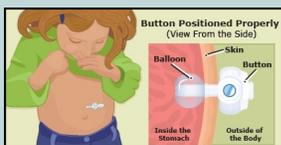


Percutaneous Endoscopic Gastrostomy (PEG)



A one-piece feeding tube held in place either by a water filled balloon or a plastic bumper. PEG specifically describes a long G-tube placed by endoscopy. This has classically been the initial tube placed post surgery.

Low profile or skin-level device



A two-piece feeding tube device, also referred to as a "button." The tube can be held in place by a water filled balloon or a plastic bumper. These tubes allow for an extension tube to be added/removed as needed for administration of feeds or medications. The extension tube should be disconnected when not in use.

Low profile or skin-level devices requiring an extension tube or adapter for use are most common in the school setting. These brands include the Mic-Key and the MiniOne.

Helpful information for tube feeding in school

- Common feeding pumps seen in school are the Kangaroo Joey and Infinity pump
- Bolus feedings are given over a short period of time (i.e. 1 hour via a pump)
- Continuous feedings are done via a pump at a slow, steady rate (i.e. 55 ml/hr)
- If given by gravity, the feeding should be given over 20 minutes
- Volume is the quantity or how much the child is receiving
- Rate is how fast the formula is running each hour (i.e. 60 ml/hr)
- Water flushes should be ordered (indicate tube, amount, frequency)
- GJ tubes should be flushed every 2-3 hours via the J-tube



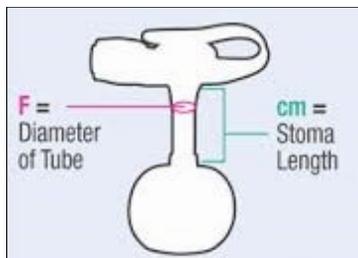
Kennedy Krieger Institute

The Specialized Health Needs Interagency Collaboration (SHNIC) program is a collaborative partnership between the Kennedy Krieger Institute and the Maryland State Department of Education.

If a feeding tube falls out or is pulled out, cover the site with gauze and gently apply pressure. Follow the healthcare provider order for replacing the tube. Note that the initial tube change post surgery/placement should be completed by the surgeon. Caregivers should then proceed with changing the skin-level feeding tube device every 3 months at home. (See SHNIC's *General Principles of GT* and *GT Replacement* videos and *Gastrostomy, Button Replacement* competency checklist for feeding tube resources.)

Specific health issues for Individualized Healthcare Plan

- Diagnosis; including why child requires tube feeding date of surgical placement
- Type and size of tube feeding device, including balloon size
- Healthcare provider orders to replace tube (note your school district's policy for replacing)
- Nutrition orders for formula and method of delivery (i.e. continuous, intermittent, rate, volume)
- Clear and visible label for formula that is prepared at home, signed by the healthcare provider
- Flush orders including tube, amount and frequency
- Positioning during and after the feed (head elevated >45 degrees)
- Order or protocol for oral stimulation during the feed
- Assessment of child's tolerance during feed and 1 hour after feed (i.e. pain, abdominal distention, etc.)
- Method and frequency for venting or checking gastric residuals, if applicable
- Back up supplies at school including tube, formula, etc.
- Orders for back up formula in event of spill or lock down
- Communicate with school staff, parents, and provider any changes or concerns about the student's disease or device
- Consideration of team discussion for a possible 504 and Emergency Evacuation Plan



Mic-Key balloon fill volume

12 Fr: 3 ml, max 5ml

14-24 Fr: 5 ml, max 10ml

MiniOne balloon fill volume

See volume table in patient education guide (page 11)

Resources & Manuals

Kennedy Krieger Institute– Pediatric Feeding Disorder Program

<https://www.kennedykrieger.org/patient-care/centers-and-programs/feeding-disorders-program>

Feeding Tube Awareness Foundation

<http://www.feedingtubeawareness.org/navigating-life/on-the-go/feeding-at-school/>

Tube Fed– Avanos Medical

<https://tubefed.com/new-to-feeding-tubes/>

AMT– MiniOne

<https://www.appliedmedical.net/enteral/minione/>