

GASTROSTOMY TUBE FEEDING

What is gastrostomy tube feeding?

A gastrostomy is a surgical opening through the abdomen into the stomach. A feeding device is inserted through this opening. This allows the child to be fed directly into their stomach, bypassing the mouth and throat. Many children will have been feeding using a naso-gastric (NG) tube initially -a thin, plastic tube that is inserted into one of the nostrils, down the back of the throat into the stomach. A long-term device i.e. a tube is implanted directly into the stomach and can be used until it needs replacing (several months to a few years if well cared for).

There are various types of gastrostomy tubes

A PEG (percutaneous endoscopic gastrostomy) tube -held inside the stomach by an internal disk and a fixing plate externally on the skin

A balloon gastrostomy feeding tube e.g. 'Mic-Key' - tube is held in the stomach via an internal balloon

How serious can having a gastrostomy be?

A gastrostomy can be helpful for anyone who needs long term support with feeding or to receive extra nutrients to grow and develop. There are many reasons why someone might have feeding difficulties, including neurological (nervous system) disorders and gastrointestinal (digestive system) disorders. Some children also have difficulty swallowing, which increases the chance that they will breathe in food (aspirate).

It may be unsafe for a child to take any foods/fluid orally. Feeding, drinking and taking medications by the mouth is therefore not allowed. Alternatively, it may be impossible for a child to take enough nutrition/fluids orally and the child may then take very specific foods/drinks prepared in a very specific way following health guidelines

Some children and young people have a gastrostomy as part of a particular treatment protocol, often for blood and cancer disorders. In these cases, the gastrostomy device may be used mainly for giving medicines but can also 'top up' nutrition if they do not feel like eating and drinking much.

It is important to maintain good hygiene procedures when supporting a child with a gastrostomy as there is a risk of infection to the site or introducing bacteria within a feed.

Recognising problems with peg feeding?

Gastrostomies are not without problem, therefore it is important that settings can identify quickly if there is a problem with the site of the peg, or if the child is unwell because of their feeding device. Staff should always check the gastrostomy opening at each feed.

- If it is red, bleeding, oozing, irritated or swollen, they should use a soft antimicrobial dressing to absorb ooze and stop the device rubbing. Parents should be contacted and advised to seek support from their community nursing team or GP.
- If the child is feeling sick with stomach cramps after a feed, staff need to check the rate of feed and ensure that it is slowed down if needed. Feeds should also be at room temperature as cold feeds can also cause cramping.

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- If the child's stomach is swollen or hard after a feed, they may need their tube venting to remove wind.
- Sometimes devices can become blocked. If this happens, staff should undertake the procedures they have been taught during training. If the device continues to be blocked, call parents for advice.
- If the child is experiencing new or increased vomiting or diarrhoea, it is again important to first check the rate of feeding which may need to slow down. They should also check the expiry date on the feed package and make sure the device has not moved. Venting may be an option; however, parents should be contacted.
- Contact parents if the device comes out. There is a time element in safely replacing the tube to ensure the hole does not close. This must only be done by staff if they have been trained and competencies achieved in inserting a new tube. If you are not trained, then you must call an ambulance as the stoma will begin to close within 45 minutes. If it closes the child may have to have it surgically reinserted.

What potential issues can arise from a child having a gastrostomy in my care?

There are associated infection risks with gastrostomy feeding due to potential contamination during feeding preparation and administration. To minimise infection, all aspects of care relating to gastrostomy feeding must be learnt in training provided by health.

- Aseptic Non-Touch Technique (ANTT) principles should be applied when preparing feeds and throughout the duration of enteral feeding.
- Effective hand decontamination by the person preparing and administering the gastrostomy feed should be adhered to, ie washing hands for 20 seconds
- Personal protective equipment such as gloves and aprons should be used by staff preparing and administering the feed.
- You will usually receive sterile disposable giving sets which are not reused but disposed of into general waste. Instructions regarding cleaning of reusable syringes, extension sets and feeding pump are to be discussed and provided to family.
- A clear care plan and detailed risk assessment must be in place, considering the child's susceptibility to infection and precautions the setting will put in place to ensure risks are minimised.
- The administration of liquidised food via an enteral feeding tube is not currently recommended by the British Dietetics Association due to the risk to nutritional inadequacy. Use of liquidised food also increases the likelihood of feeding tube blockage and the risk of gastric infection. It could pose particular risks to infants less than six months, or those with weakened immune systems.

If parents are advising that the child is also able to eat certain foods orally, the setting must request a copy of the child's Feeding Plan (includes aspiration risks, seating requirements etc) drawn up by the Specialist Speech and Language Feeding Therapist and the IDDSI framework, so that everyone is clear about the definitions:

<https://iddsi.org/framework/>

Essential strategies

- Settings must refer to the DfE publication [Supporting children at school with medical conditions](#)

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- Ensure a detailed care plan is in place that details the brand of feed and equipment that is used.
- Ensure a risk assessment is in place to stipulate particularly what to do in the event of infection, the tube becomes blocked, is accidentally pulled out or the child begins to aspirate
- Ensure all equipment needed is provided by parents and all feeds are in date
- Ensure all relevant members of staff who will be undertaking feeding are fully trained. This is typically provided by the HEN ([Home Enteral Nutrition Service](#)) team, and should include minimising the control and risk of infection e.g. hand washing, cleaning of equipment and food safety awareness, the type, make and size of the enteral device/feeding pump if required, general management of the enteral device including checking its position, flushing, administration of feeds/fluids / medicines, on-going care of stoma site, troubleshooting guidance and actions in the event of accidental dislodgement of device .
- Ensure correct PPE is available to assigned members of staff
- Provide privacy for the child during feeding if indicated
- Follow procedures directly as trained, using developmentally appropriate communication for the child.
- Ensure handwashing procedures are strict and the child is in the correct position with their head elevated, for feeding to prevent vomiting and aspiration of feeding into their lungs
- Ensure the feed is at room temperature
- Refrigerate the formula after opening the container. Discard the formula once it has been opened, after 24 hours.
- Flush feeding equipment thoroughly with cool tap water immediately after use to remove milk products and shake excess water out of equipment
- Ensure equipment is air dried and stored correctly.
- Record each procedure, indicating the time, type of feed/formula, amount of feed, the time taken for the feed, any untoward reaction and ensure the staff member initials this information.
- All disposable items should be bagged and placed in the correct bin.

Desirable strategies

- Collect a range of picture books to be read to the children about characters with disabilities, including those needing to be tube fed.
- Plan for external trips and activities

Useful resources

<https://www.gosh.nhs.uk/medical-information/procedures-and-treatments/living-gastrostomy-feeding-device>
http://www.ddssafety.net/sites/default/files/attachments/FactSheet_G-Tube_Final.pdf