



GASTROSTOMY TUBE/BUTTON SYRINGE FEEDING

I. GENERAL INFORMATION

- A. **Definition:** Surgically created opening from the abdominal wall into the stomach through which a tube is placed for purposes of providing hydration, feeding, and/or administering medications.
- B. Procedure must be approved yearly per written physician's order and written parent/guardian permission prior to initiation, and will include the following information.
 - 1. Name of prescribed feeding and/or medications; designate if oral and/or tube.
 - 2. Amount and/or dosage.
 - 3. Scheduled time for administration at school.
 - 4. Amount of water for flushing.
- C. Any changes will require written physician's orders.
- D. Feeding by mouth will be done only if ordered by the prescribing physician and included in the IEP. It should be determined in writing if oral feedings are contraindicated.
- E. Parent/care provider will be responsible for adequately securing the tube.
- F. The maintenance of an adequately functioning and properly placed gastrostomy tube is the responsibility of the parent/guardian under the direction of the prescribing physician. Dislodged tubes will be reinserted per the **Reinsertion of Gastrostomy Tube/Button Procedure**.

II. PERSONNEL

- A. School Nurse
- B. Designated school personnel under direct or indirect supervision by the credentialed school nurse.

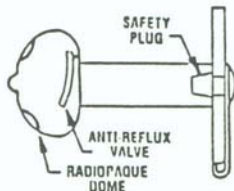
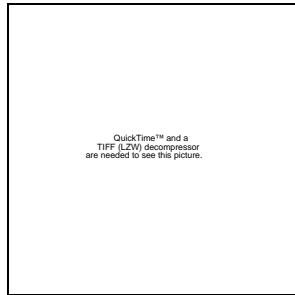


GASTROSTOMY TUBE/BUTTON SYRINGE FEEDING

Student's Name: _____ DOB: _____

Equipment and Supplies *(Responsibility of parent/care-provider).	1. *Syringe 2. *Prescribed feeding and/or medication at room temperature. 3. Container for water.	4. *Catheter plug and/or clamp (GT tube). 5. *Extension tubing (used only on Button).
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PROCEDURE

ESSENTIAL STEPS	KEY POINTS & PRECAUTIONS
1. Assemble equipment and supplies. 2. Place student in sitting position or position to facilitate digestion, and prevent aspiration. Arrange clothing to expose stoma tube site for continual monitoring during feeding. 3. Wash hands. 4. Shake feeding and measure prescribed amount into a container, if required. 5. Measure ordered amount of water into container for flushing tube at end of feeding. 6. Per orders prepare medication and administer.	If using refrigerated formula – take formula out of refrigerator to bring to room temperature. Report unusual observations (redness or discharge) of stoma site to school nurse. Never place student on back or in side-lying position during feeding. Label unused formula with students' name. Date & time formula and refrigerate after opening. Discard formula after 48 hours in refrigerator. If refrigeration not available discard formula.
BUTTON DESIGN FEATURES: 	

ESSENTIAL STEPS	KEY POINTS & PRECAUTIONS
<p>7. Unplug GTT/Button and attach extension tubing or unclamp catheter tubing.</p> <p>8. Attach syringe barrel (without plunger) to GTT/extension tubing. Unclamp and lower barrel until gas is released or stomach contents are visualized.</p>	<p>Since the “button” operates on a one-way valve system, a clamp is not necessary. Unplug button. Attach syringe barrel to “button” tubing and insert tubing into the “button” opening. This ensures proper tube placement into stomach, and checks tube patency, and relieves potential gastric distress caused by gas. The release of audible gas or stomach contents assures patency. If no results are seen then compress the stomach lightly to facilitate results—if no results are obtained refer to guidelines below:</p> <hr/> <hr/> <hr/>
<p>9. Pour formula and/or medications into barrel; hold syringe 3 – 6 inches above stomach level (gravity pressure opens valve and allows formula to enter).</p>	<p>Flow is regulated by gravity. Give formula slowly to reduce chances of regurgitation or distention. If needed, occasionally hold syringe below level of stomach to allow any gas build-up to escape. If feeding will not go in by gravity, check to make sure all clamps are open. Try rotating tube slightly or pinching the tubing to help clear. . Notify nurse if tube cannot be cleared by any of these means.</p>
<p>10. Keep adding formula and/or medications without introducing air. Upon completion of feeding, let amount drain to the bottom of syringe.</p>	<p>Observe closely for signs of regurgitation, aspiration or abdominal distention. If this occurs, STOP FEEDING IMMEDIATELY. To prevent aspiration allow the stomach contents to drain from the GTT/Button extension into container (do not throw away contents.) Notify school nurse and document incident.</p>
<p>11. Upon completion of feeding, flush with prescribed amount of water and detach tubing from “button” opening; plug the “button” or clamp tubing and secure as needed.</p>	<p>Water should be at room temperature. An unsecured tube/button can catch on something and be pulled out.</p>
<p>12. Wash hands.</p>	

ESSENTIAL STEPS	KEY POINTS & PRECAUTIONS
<p>POST FEEDING CARE</p> <ol style="list-style-type: none"> 1. Check for any drainage around tube/button. 2. Keep student in an upright position or right side for approximately 30 minutes to prevent vomiting and aspiration. This also facilitates digestion. 3. Clean equipment. 4. Record procedure on SPHCS log. 	<p>Report bleeding or excessive drainage to school nurse and parent/care provider.</p> <p>If restlessness, color change, or abdominal distention occurs, immediately report to school nurse.</p>