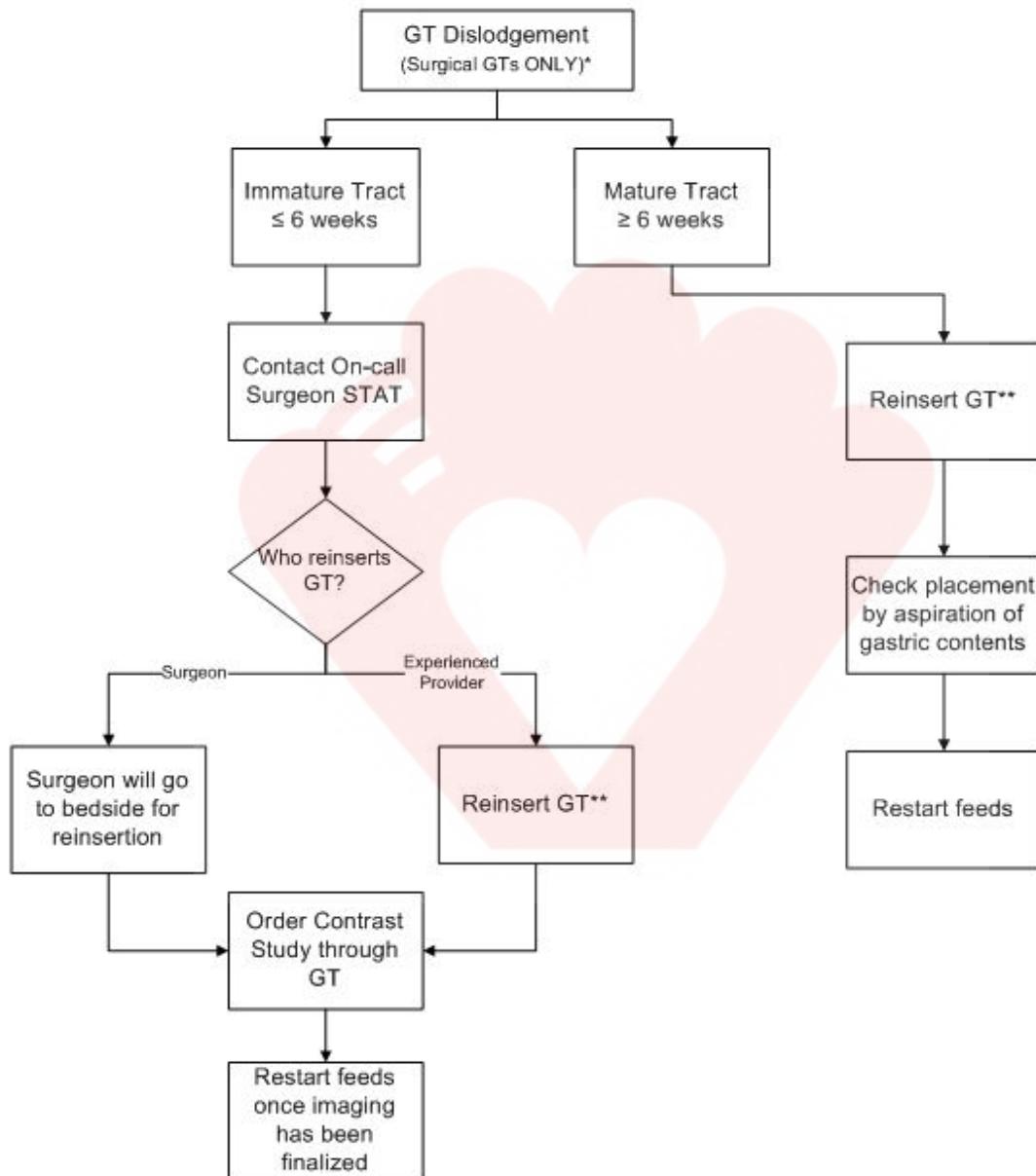


Joe DiMaggio Children's Hospital

GT Dislodgement and Reinsertion Pathway



*Surgical GTs include standard GTs and Low Profile GTs.

**Reinsertion of GTs must be performed by experienced providers (MD, DO, APRN, PA, RN). If difficulty reinserting GT is encountered, please contact on-call surgeon for assistance.



Dept/Unit: JDCH Nursing

Guideline [X] Policy [] Procedure []

Final Administrative Approval and Date: Joe DiMaggio Children's Hospital:	Department Approval Date: Owner: E.Rocha, MSN, RN, Director of Education
Medical Staff Approval Date:	Committee(s):
New: 6/20 Review: Revision: Committee Review:	Page 1 of 2
TITLE: Gastrostomy Tube (G-Tube) Reinsertion and Care	

GUIDELINE:

A gastrostomy tube (G-tube) is a soft plastic tube that is placed through the skin of the abdomen and secured in the stomach by means of an internal bumper or balloon. The initial G-tube is either placed surgically or endoscopically to provide enteral nutrition, medication, hydration, and/or stomach/intestinal decompression in patients with a functioning gastrointestinal (GI) system, but who are unable to meet their nutritional needs by the oral route. G-tube replacement refers to the insertion of a new G-tube after the previous G-tube has been removed due to accidental dislodgement. This guideline clarifies care points regarding proper surgically placed gastrostomy tube care in the event of inadvertent dislodgement of the surgically placed G-tube during the course of the patient's care. This guideline does not cover care for a percutaneous endoscopic gastrostomy (PEG) tube dislodgement or IR placed tubes (such as GJ-tubes). Please call gastroenterology or IR directly for problems associated with PEG tubes or IR placed tubes (such as GJ-tubes), respectively.

If the GT/GB is less than 6 weeks old and inadvertently dislodges, do not place anything inside the track.

1. RNs will document and notify unit charge RN.
2. Contact the surgeon on-call STAT for further guidance.
3. On call surgeon will decide if:
 - a. Experienced provider may attempt reinsertion of GT/GB.
 - b. On-call surgeon will report to the bedside for reinsertion of GT/GB.
4. When reinserting the GT/GB, if an experienced provider encounters any resistance or difficulty, do not replace the GT/GB and the on-call surgeon must be called STAT.
5. Once GT is able to be replaced, a contrast study through the GT/GB must be obtained to ensure no extravasation of contrast and appropriate positioning of the GT/GB prior to use. The contrast study must be finalized by a radiologist prior to re-initiation of GT/GB feeds.

If the GT/GB is greater than 6 weeks old, the existing GT/GB may be replaced after ensuring that the balloon is intact.

1. If it enters the track smoothly and there is return of gastric contents with injection of water and aspiration, there is no need to notify the surgeon and the GT/GB may be used for feeds.
2. If there is resistance or any concern about replacement, call the surgeon immediately. RNs will notify the unit charge RN and document accordingly.
3. If the balloon is not intact when checked or immediate replacement of the GT/GB is not possible, a Red Robinson catheter (8 Fr or 10 Fr) may be advanced through the gastrostomy site while a new GT/GB is obtained. The charge RN must be notified and the surgeon may be

- called if additional assistance if needed (i.e. tract needs to be dilated).
4. If resistance or difficulty is encountered while advancing either a Red Robinson catheter or the replacement GT/GB, contact the on-call surgeon STAT.

REFERENCES

Refer to: JDCH GTube Reinsertion Competency

Heering, H., Schub, T., & Pravikoff, D. (2017). Gastrostomy tube: Replacing. *CINAHL Nursing Reference Center Plus*.



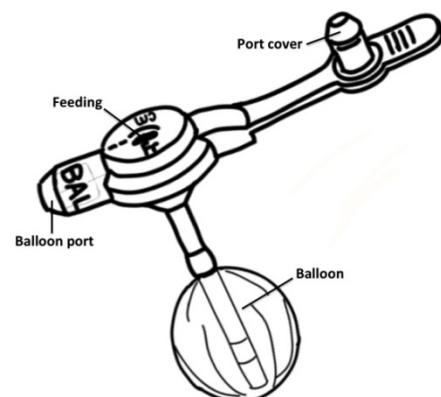
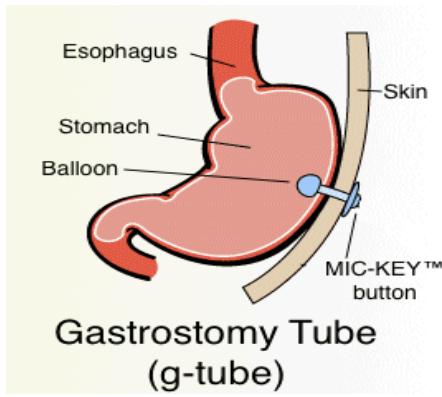
How to replace a Gastrostomy Tube:

1. Gather all supplies:
 - a. Replacement GT (match the diameter [Fr] and length [cm] to make sure it is the same as to what had been used most recently)
 - b. Extension tubing
 - c. 5 mL Syringe
 - d. Small cup of 5mL of water (not saline)
 - e. Gauze
 - f. 1 packet of Lubricant Jelly
2. Check the balloon for leaks by inserting 5mL water into the balloon port
3. Apply Lubricant Jelly to the bottom portion of the GT
4. Gently insert the GT
 - a. Make sure the child is calm during this time. If they are moving or increasing their intra-abdominal pressure, take a few minutes to console them before inserting.
 - b. GT insertion should be smooth. If you are having difficulty inserting your GT please contact the surgeon on-call immediately
5. Inflate the GT with the appropriate amount of water based on guideline below (NOT SALINE).
6. Attach the extension tubing, inject 10mL of water and suction back on the syringe. You should see formula or gastric contents in tubing.
 - a. If you do not, then contact the surgeon on call immediately.

Warning signs:

If you notice any of the following, call the surgeon on call:

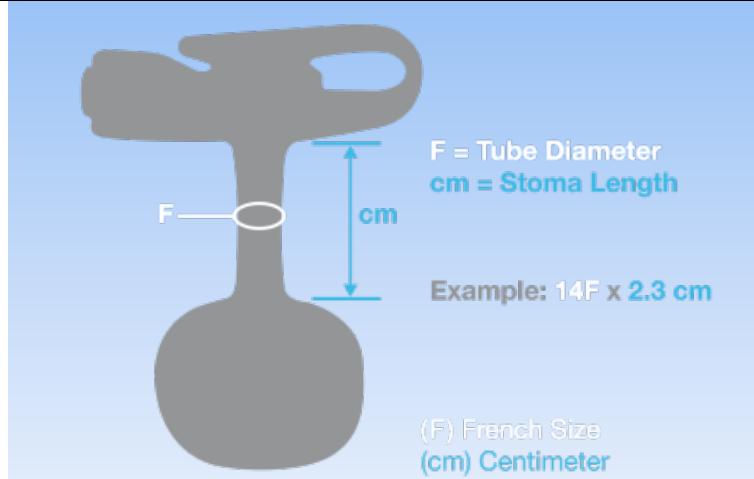
1. Pain with feeds
2. Fever within 24hrs of changing the GT
3. Difficult feeding
4. Difficult venting





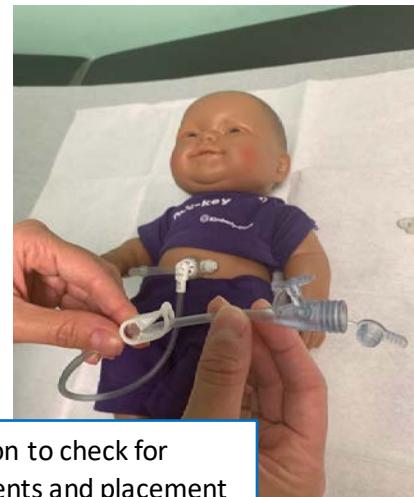
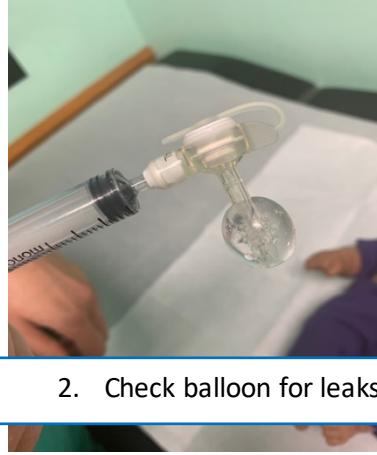
MIC & MICKEY	French Size	Minimum	Recommended	Maximum
	12Fr	2ml	3ml	5ml
	14Fr	3ml	5ml	10ml
	16Fr	4ml	5ml	10ml

AMT	French Size	Minimum	Recommended	Maximum
	12Fr	2ml	2.5ml	3ml
	14Fr	3ml	4ml	5ml
	16Fr	4ml	6ml	8ml





Joe DiMaggio Children's Hospital





New Pediatric Clinical Guideline Setup Checklist

Guideline Name: Gtube reinsertion guideline

Goal of Clinical Guideline: safe reinsertion of dislodged gastrostomy tubes

Does the proposed guideline meet the below four criteria?

- The intervention is a structured multidisciplinary plan of care
- The intervention is used to translate guidelines or evidence into local structures
- The intervention details the steps in a course of treatment or care in a plan, pathway, algorithm, guideline, protocol or other 'inventory of actions' (i.e. the intervention had time-frames or criteria-based progression)
- The intervention aims to standardize care for a specific population

(Lawal et al. What is a clinical pathway? Refinement of an operational definition to identify clinical pathway studies for a Cochrane systematic Review. BMC Medicine (2016) 14:35)

CHECKLIST

- Physician (or an alternate author) submitting the clinical guideline must be able (directly or through virtual meeting) to attend Clinical Guidelines Meeting
- All participants in the clinical guideline development should be listed and primary author identified
- Participants who are submitting clinical guideline should sign off and include the division chief(s) from all involved specialties (for purposes of disseminating to entire division)
- All clinical guidelines should include a disclaimer ... "this clinical guideline is intended as an evidence-based guide for clinical care and not as a replacement for clinical decision making"
- Clinical guideline authors should submit an estimated revision schedule, i.e. every 3 years.
- References must be included in the submission.
- Authors of the guideline must identify 1-2 quality metrics that can be measured to gauge impact on care

Signature of Contributing Pathway Developers:

Dept. Name	MD Developer Name	Signature
Pediatric Surgery	Tamra Levene	
Pediatric Surgery	Jill Whitehorse	

Date 1/15/2021

Version 1.0 9.9.2019

Clinical Improvement Team Members

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APPROVED BY

MANUAL/DEPARTMENT	Pediatric Surgery
ORIGINATION DATE	10/23/2020
LAST DATE OF REVIEW OR REVISION	10/23/2020
REVIEWED BY	
APPROVAL BY	

REVIEW/REVISION SCHEDULE

: Every 6 months (we will re-evaluate contrast studies obtained after reinsertion of gastrostomy tubes to assess whether studies are being ordered and obtained appropriately)