

FEEDING TUBES

NG/NJ/GT/GJ and Ferral bags

Equipment and Formula

- Family/Guardian's are responsible for supplying the school with equipment to utilize at school. If education is needed on a particular brand of supplies utilize the manufacturer website
- Please note insurance does not supply an extra pump, nutrition or supplies for school use. What they bring the school is from their own supply allotment. If this becomes a barrier to care, please have family reach out to their home health company.
- **Three Day Emergency Plan:**
- Every order/letter for school feeds includes a 3 day emergency plan
- If your school requires a three day supply of nutrition on hand, please make sure to discuss this with the family. The family will need to work with their home health company to provide the nutrition for school.

Nasogastric

NG/NJ

- If dislodged at school call family/guardian
- Note NJ requires hospital replacement but do not need to call 911
- Check placement after each disconnection for NG (per your district's protocol)
- NJ ensure that it is secured and that the marking on the tube has not migrated beyond nare

Enfit

- All supplies should be enfit compatible as the nation-wide safety transition is complete
- Video:
- <https://www.cardinalhealth.com/en/product-solutions/medical/enteral-feeding/resources/enfit-connection-system.html>

NG placement resources

Aspen video for placement

- [Pediatric NG Tube Placement/Verification Video for Professionals](#)

Checking Placement with pH paper

- Please note the following statement in the video: “If your patients is on antacids or medications that decrease stomach acid, the gastric pH could be higher so checking the pH may not tell you if the tube is in the stomach. Check with the healthcare team for guidance.”
- **Here is what the evidence states about medications:** Proton pump inhibitors will not change the pH drastically enough to interfere with pH testing. However, checking the pH within 1 to 2 hours after the administration of an antacid should be avoided. For patient that will require frequent pH testing for tube verification, consider discontinuing antacids and changing to a proton pump inhibitor.
- Just an FYI proton pump inhibitors are utilized much more frequently in pediatric patients than antacids. Therefore the incidence of a patient needing both an antacid and an NG tube will likely be very low.

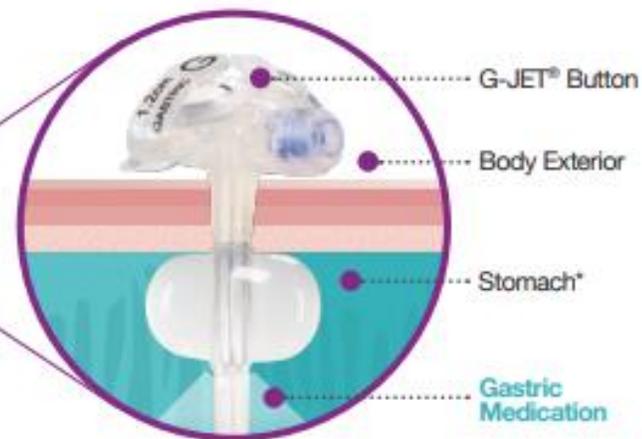
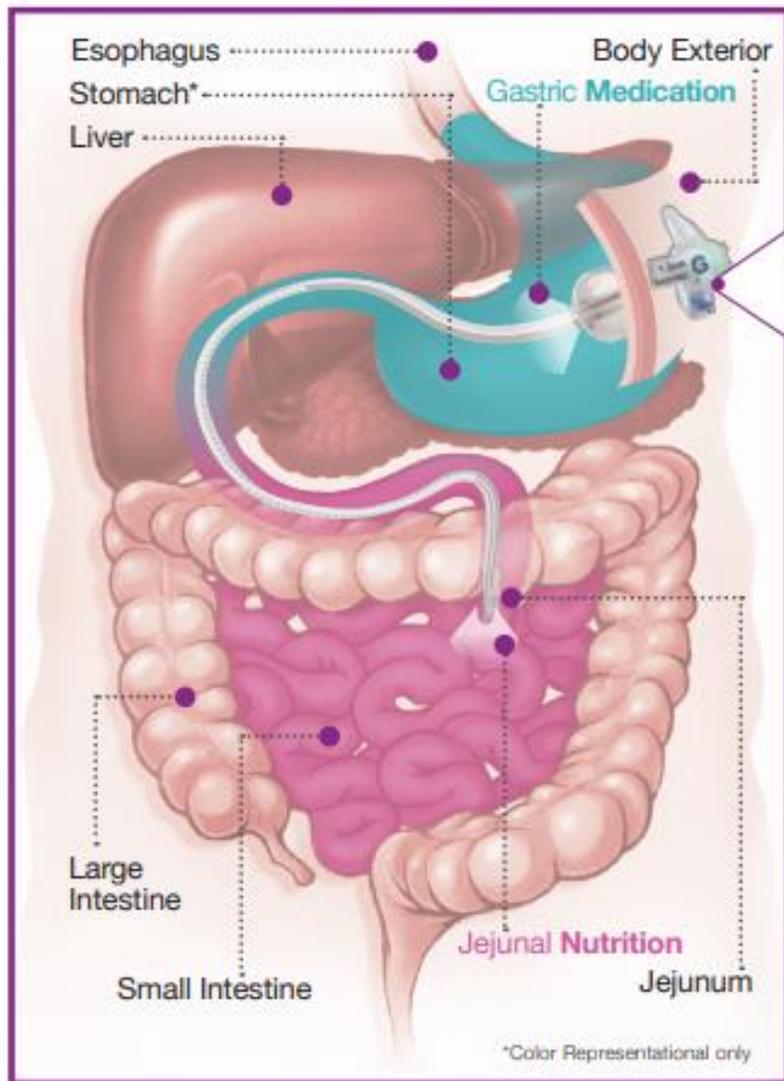
GT/GJ

GT

- See video for all Gtube education needs
- If tube comes out at school: cover and call family/guardian
- If loose, please tape it down to secure and then call family/guardian
- Not 911 emergency

GJ

- **Do not spin tube**
- If dislodged:
- **Partial displacement:** tape down and call family/guardian
- **Complete displacement:** cover and call family/guardian
- GJ requires hospital replacement but still not a 911 emergency

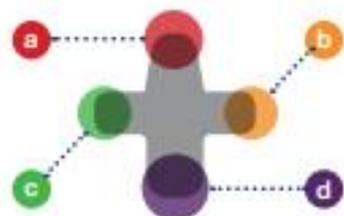


A **Gastrostomy Tube**, also known as a G-tube, may be inserted through the abdominal wall to provide direct access to the stomach for feeding.

A **Gastric-Jejunal Tube**, also known as a G-J tube, may be inserted through the abdominal wall into and through the stomach to provide direct access to the jejunum, which is the second part of the small intestine.

A **G-tube** or a **G-J tube** is a convenient and effective means for delivering nutritional formulas to the body. These nutritional formulas are either commercially available or homemade using a food processor. A healthcare provider will prescribe the proper feeding procedure, formula, and amount of water to most effectively feed you.

Four Point Comfort:



- 4 point stabilized external bolster creates more comfort and less risk of irritation
- No hard or bulky external bolster means more patient comfort



A Durable Balloon:

- G-JET® Button's internal retention balloon is made from the highest grade medical silicone
- More compliant and better able to withstand stomach contractions
- G-JET® Button device meets the biocompatibility standard ISO 10993

(Cleared for permanent contact, greater than 30 days)
Gauze or pads are not necessary.

For additional stoma site concerns, see page 18.

Accidentally feeding the stomach instead of the jejunum can be dangerous! The G-JET® Button addresses this potential risk in multiple ways.

Clearly Labeled:



Jejunal length printed on "J" strap and laser engraved on the external bolster.

G and J safety plugs have distinctive shapes for tactile differentiation.



White Gastric
Right Angle
Extension Set

Glow Green™ Jejunal
Right Angle
Feed Set

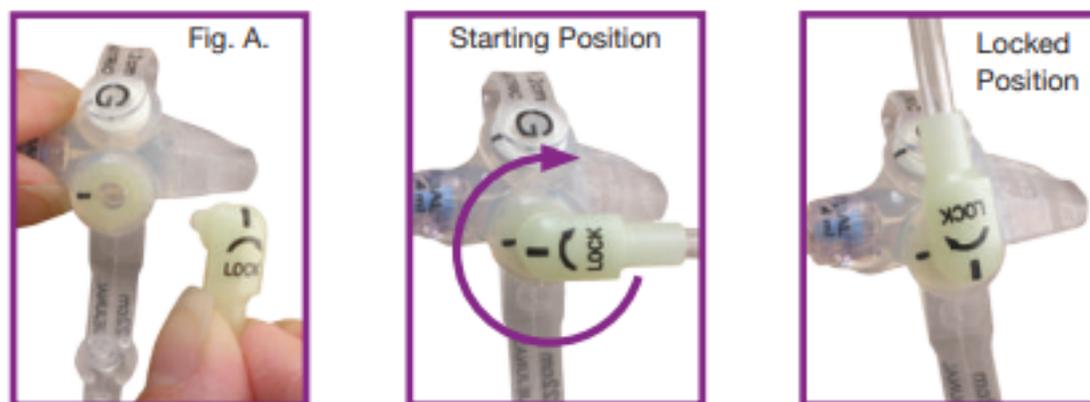


Mutually-Exclusive Ports:

- Gastric feed set will ONLY properly lock into the gastric (white) port.
- Jejunal feed set will ONLY properly lock into the jejunal (Glow Green™) port.
- Device ports, extension and feed sets are color-coded.

*Attaching the Feed Set to the Jejunal Port:

1. Remove jejunal feeding port safety plug (see page 7, #6) from the top of the G-JET® Button, revealing the **Glow Green™** color interlock.
2. Holding the button, as shown in Figure A, line up the black mark on the jejunal (**Glow Green™**) feeding set adapter with the black mark on the G-JET® Button.
3. Make sure the feeding set adapter is pushed in completely and gently turn no more than 3/4 clockwise to lock the adapter in place. When fully locked, the adapter will stop rotating.



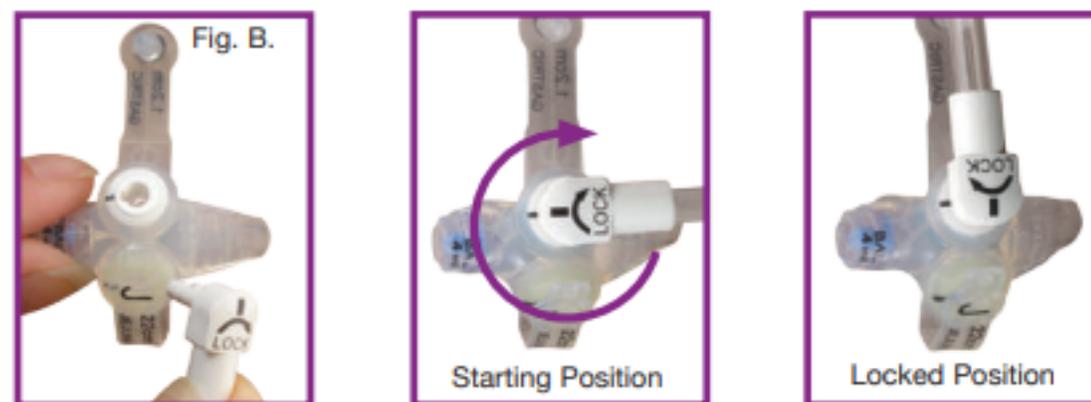
Do NOT attempt to rotate the adapter past 3/4 turn. If the adapter does not rotate freely when first inserted into the feeding port, make sure the adapter is **pushed in all the way** and that there is nothing blocking the jejunal port.

Remove the feed set by rotating the connector **COUNTER-CLOCKWISE** until the black line of the feeding set aligns with the black line on the jejunal port. Remove the feeding set and cap the jejunal port with the attached feeding port safety plug.

*Dual Extension/Feed Set Hook-Up on page 17

*Attaching Extension Set to the Gastric Port

1. Remove the gastric decompression/medication port safety plug (see page 7, #7) from the top of the G-JET® Button, revealing the white color interlock.
2. Holding the button, as shown in Figure B, line up the black mark on the gastric Decompression/Medication Extension Set with the black mark on the G-JET®.
3. Make sure the extension set adapter is pushed in completely and gently turn the adapter no more than 3/4 turn clockwise to lock the adapter in place. When fully locked, the adapter will stop rotating.



Do NOT attempt to rotate the adapter past 3/4 turn. If the adapter does not rotate freely when first inserted into the feeding port, make sure the adapter is **pushed in all the way** and that there is nothing blocking the gastric port.

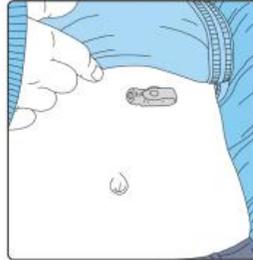
Remove the extension set by rotating the connector **COUNTER-CLOCKWISE** until the black line of the extension set aligns with the black line on the gastric port. Remove the set and cap the gastric port with the attached port safety plug.

*Dual Extension/Feed Set Hook-Up on page 17

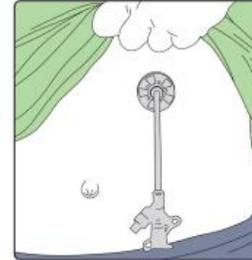
Types Of Gastrostomy Feeding Tubes

A **Gastrostomy Tube**, also known as a G-Tube, is used to deliver nutrition (food) directly into the stomach. The device is placed through the belly, or abdominal wall, and into the stomach. G-Tubes are available as “low profile” or “traditional length”.

LOW PROFILE



TRADITIONAL



Low Profile refers to the external portion of the device, often called the bolster, being very flat or flush against the skin. The flat/flush design means that low profile devices are easily hidden under clothing. Low profile tubes are often called “buttons”. AMT offers low profile G-Tubes for both children and adults. The MiniONE® Family includes Balloon, Non-Balloon, and Capsule Non-Balloon devices:

- The MiniONE® Balloon Button has an internal retention balloon with an exclusive apple shape that keeps the device in place. For insertion and removal, the balloon can be inflated and deflated in either a clinical setting or a home-care setting. The balloon fill valve on 12-14F MiniONE® Balloon devices is compatible with both Luer (slip tip) and Luer Lock syringes; the balloon fill valve on 16-24F devices is compatible with a slip tip syringe.
- The MiniONE® Non-Balloon and MiniONE® Capsule Non-Balloon buttons have a mushroom-shaped internal retention bolster that keeps the device in place. *Placement/Removal is to be performed by a qualified clinician.*



MiniONE® Button
Low Profile Balloon G-Tube



MiniONE® Button
Low Profile Non-Balloon G-Tube



MiniONE® Button
Low Profile Capsule Non-Balloon G-Tube

❖ Resources:

AMT has an app!
GJ jet (AMT)
GJ (Mic-Key)
(Mic-Key) quick start

(AMT mini balloon)
basics

[G-JET_C-4418-C_English.pdf](#)
[\(appliedmedical.net\)](#)

[MIC-KEY-GJ-Quick-Start-Guide.pdf \(stanford.edu\)](#)

[MIC-KEY-G-Quick-Start-Guide.pdf \(stanford.edu\)](#)

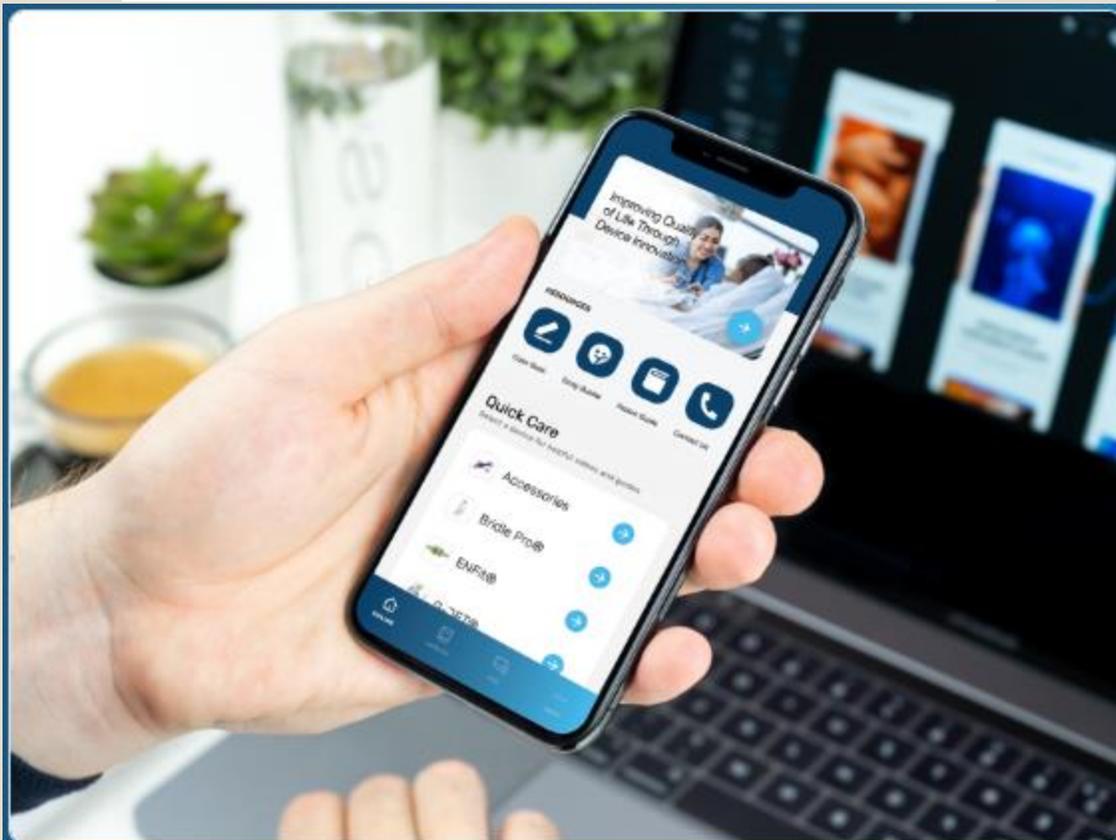
[MiniONE_EDU_English_C-3974-M.pdf](#)

Educational resources for hands on learning:

[Educational Resources | Applied Medical Technology](#)

AMT APP

<https://www.appliedmedical.net/resources/>



AMT PRODUCTS

AMT ONE Source[®], AMT's Educational App

The AMT ONE Source[®] mobile app provides parents, caregivers, and patients with quick and easy access to our educational materials! Within the app, you'll find How-To Videos, FAQs, Patient Education Guides, and product brochures.

Download on the
App Store

GET IT ON
Google Play

FARRELL* Valve System | Avanos Medical Devices

FARRELL* VALVE SYSTEM OVERVIEW



[View Product Specifications](#)

FARRELL* VALVE SYSTEM

A Closed Decompression System for Enteral Feeding Patients – Neonates, Pediatric, and Adults

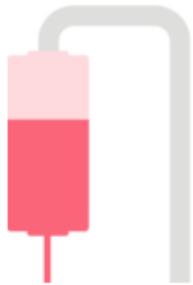
The FARRELL* Valve System is a closed reservoir overflow system designed to help patients who suffer from poor gastric motility, pain, and bloating.

- The bag is vented to allow the escape of gas, while also providing a container to retain excess formula in a closed system.
- The FARRELL* Valve provides a channel to constantly decompress the stomach, allowing the stomach to fill at its own pace.
- The closed overflow reservoir prevents caregiver exposure to gastric contents.

The FARRELL* Valve System contains a 500mL bag and is available in ENFit® and Non-ENFit® connectors.

THE FARRELL* VALVE SYSTEM IS A CLOSED SYSTEM DESIGNED TO CONTINUOUSLY RELIEVE GASTRIC PRESSURE AND COLLECT ENTERAL FEEDING FORMULA AND GASTROINTESTINAL CONTENTS FROM PATIENTS UTILIZING AN ENTERAL DEVICE.

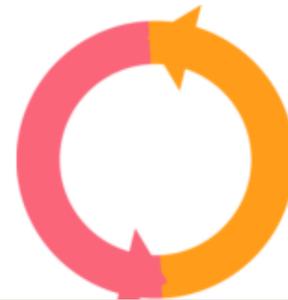
Retains Excess Medication and Enteral Formula



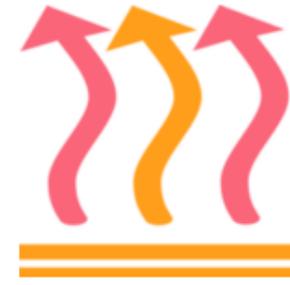
Reduce Gastric Pressure



Closed System



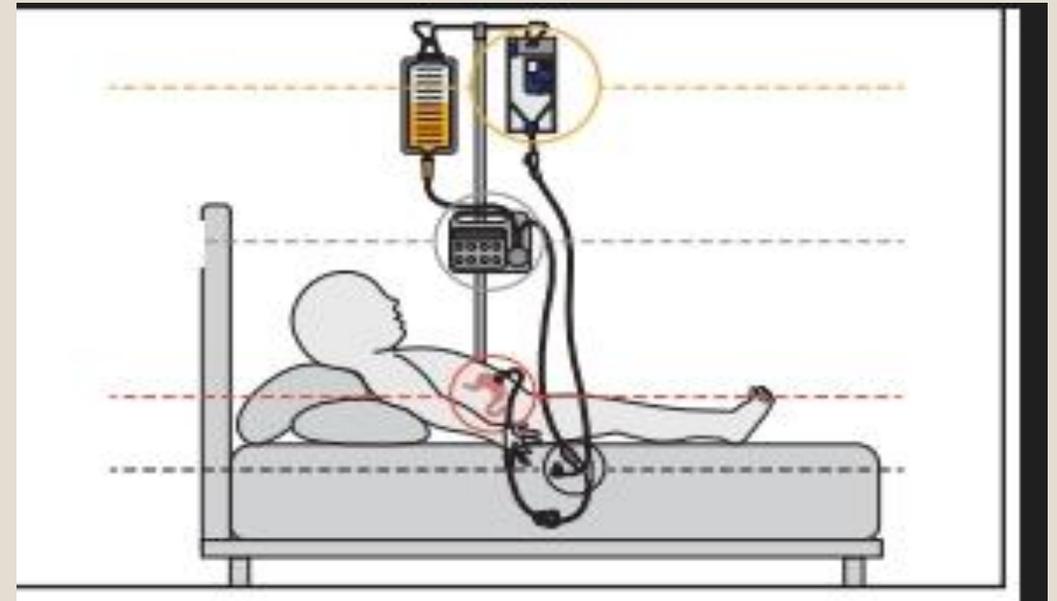
Allows Venting



- 1 Hang FARRELL® Bag at the same height as the feeding bag/container.
NOTE: Prime pump according to pump instructions.
- 2 Close the WHITE clamp above FARRELL® "Y" Port.
- 3 Attach the administration set to the FARRELL® "Y" Port.
NOTE: For syringe feed, attach syringe to FARRELL® "Y" Port.
- 4 Prime FARRELL® Tubing below the "Y" Port to 1in (3cm) before the distal end of the FARRELL® Set Connector.
- 5 Then, close the BLUE clamp and attach the FARRELL® Set Connector to feeding tube. **Caution:** Confirm connection to Enteral Feeding Tube and NOT an IV set.
- 6 Ensure the FARRELL® Bag is above the Pump, the Pump is above the Patient's Stomach, and the Patient's Stomach is above the FARRELL® "Y" Port.
- 7 Open both the WHITE roller clamp and BLUE clamp on the FARRELL® Tubing. **The FARRELL® Valve System is now ready to use.**
- 8 When the pump is running, feed will continuously move up and down in the FARRELL® Tubing, providing a visual indication that the FARRELL® Valve System is in use. Normal height of formula in the FARRELL® Tubing will be slightly above patient's stomach level.
- 9 To discontinue FARRELL® Valve operation, close both WHITE roller clamp and BLUE clamp on FARRELL® Tubing.



Change the FARRELL® Bag when the feed bag is changed.
The maximum recommended use of FARRELL® Bag is 24 hours.



Farrel bag

TOP TIPS

- In order for the FARRELL* Valve System to work properly, the FARRELL* "Y" Port must be AT or BELOW the patient's stomach.
- If a patient has a distended stomach, manually decompress the patient's stomach with a syringe prior to the initial use of the FARRELL* Valve System.
- Patients on very low volume feeds (Ex. neonates) may require substantially longer time (60-90 minutes) to establish flow before opening the WHITE clamp above the "Y" Port.
- When administering medication, use the access port on the feeding tube if possible. Close the BLUE clamp before opening the feeding tube access port. Administer medication and wait 5-10 minutes before closing the feeding tube access port and re-opening the BLUE clamp.
- If a feeding tube occlusion is suspected, then close the BLUE clamp and disconnect the FARRELL* Valve System. Check for occlusions in the feeding tube. Once the occlusion is resolved reconnect the FARRELL* Valve System.

There are inherent risks in all medical devices. Please refer to the product labeling for Indications, Cautions, Warnings and Contraindications.