

Feeding Tubes At School



Mary Bridge Children's Gastroenterology and Nutrition Clinic

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Equipment and Formula

My health insurance said I needed prior authorization for my supplies. The company said I needed to provide “evidence,” so I sent them a copy of my bank statement.

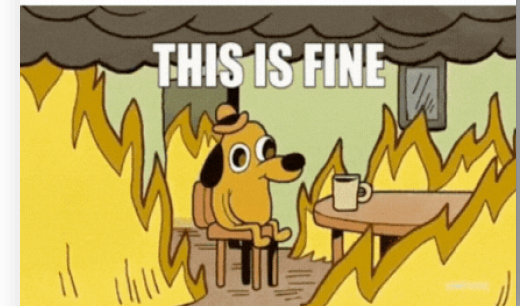
- Family/Guardian ultimately responsible for ensuring school has supplies.
- Insurance will NOT approve extra pumps or equipment for use at school, even if we ask nicely.
- Are feeding equipment and supplies becoming barriers to care? Encourage families to contact their home health company!
- Questions about how to use specific supplies or equipment? Manufacturers often provide excellent education resources!



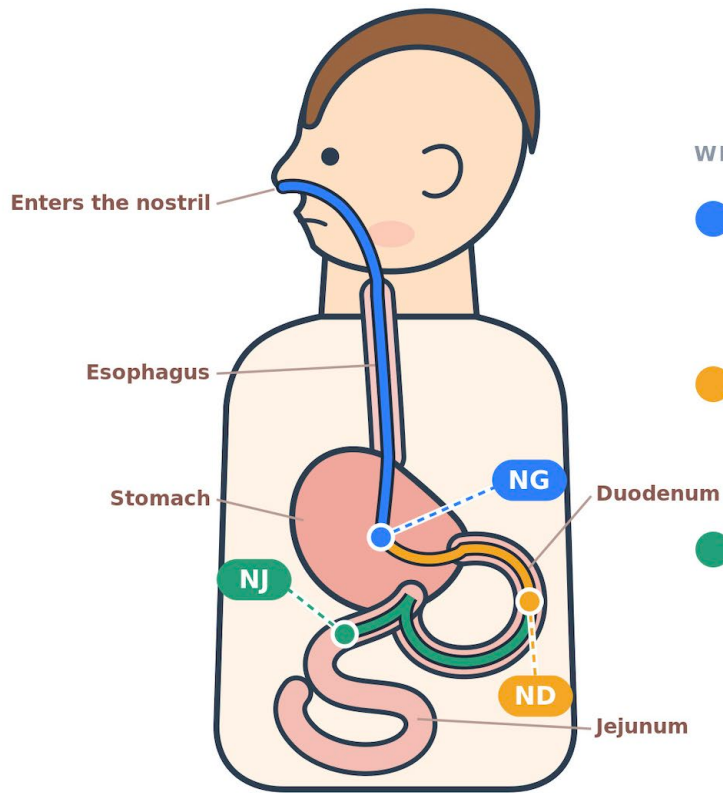
Three-Day Emergency Supplies:

- **Every** order/letter for school feeds includes a 3-day emergency plan.
- If your school requires a three-day supply of nutrition on hand:
 - Family will need to work with their home health company/provider to provide these additional supplies.

When you just spilled an entire feeding bag of extremely expensive prescription tube feeding formula



Nasointestinal Tubes



WHERE THE TIP ENDS

- **NG — Nasogastric**
Tip sits in the stomach.
Most common. Feeds into normal digestion; stomach can be checked for residuals.
- **ND — Nasoduodenal**
Tip passes the pylorus into the duodenum.
Post-pyloric. Used when the stomach isn't tolerating feeds or aspiration is a concern.
- **NJ — Nasojejunal**
Tip travels farthest, into the jejunum.
Also post-pyloric. Requires continuous feeding — no reservoir to hold a bolus.

Me: Swallow, swallow, swallow

My patient:



Commonly Used Nasoenteral Brands

Cardinal Health

- **Kangaroo™**
- [Cardinal Health Pediatric NG tube placement videos](#)



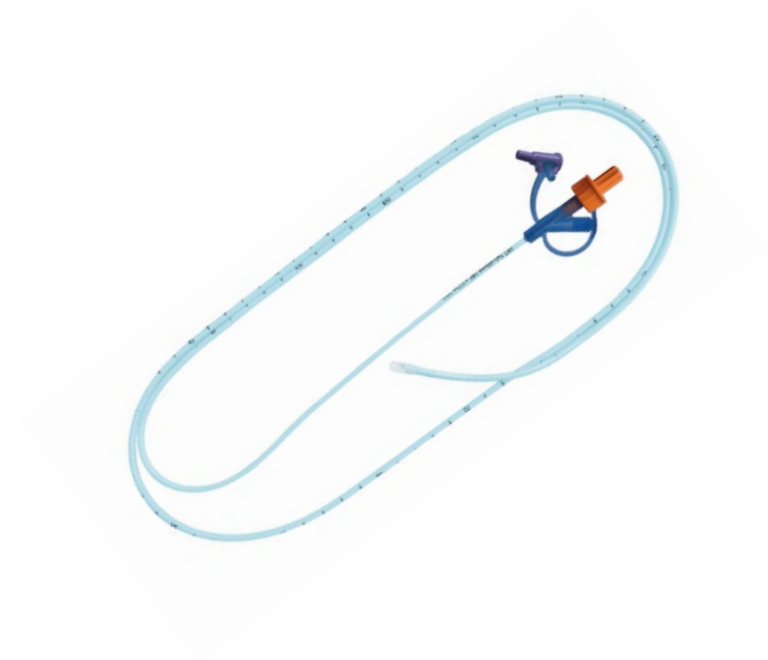
Avanos Medical

- **CORFLO***
- [TubeFed](#)



AMT

- **NutraGlide®**
- [AMT Product & Educational Resources](#)



Nasoenteral Tube Tips

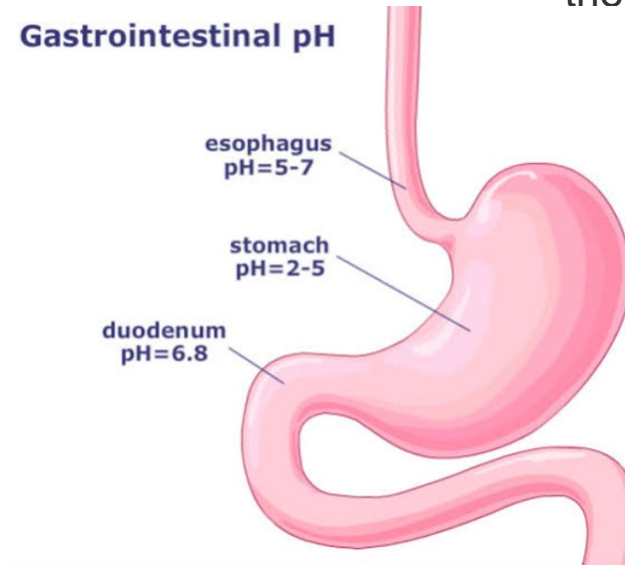
American Society
for Parenteral and
Enteral Nutrition
Pediatric NG Tube
Placement/Verification
on Video for
Professionals

NG Placement Verification

- After each disconnection (per your district's protocol).

Safe and Secure!

- Ensure that the tube is secured and that the marking on the tube has not migrated beyond the nares.



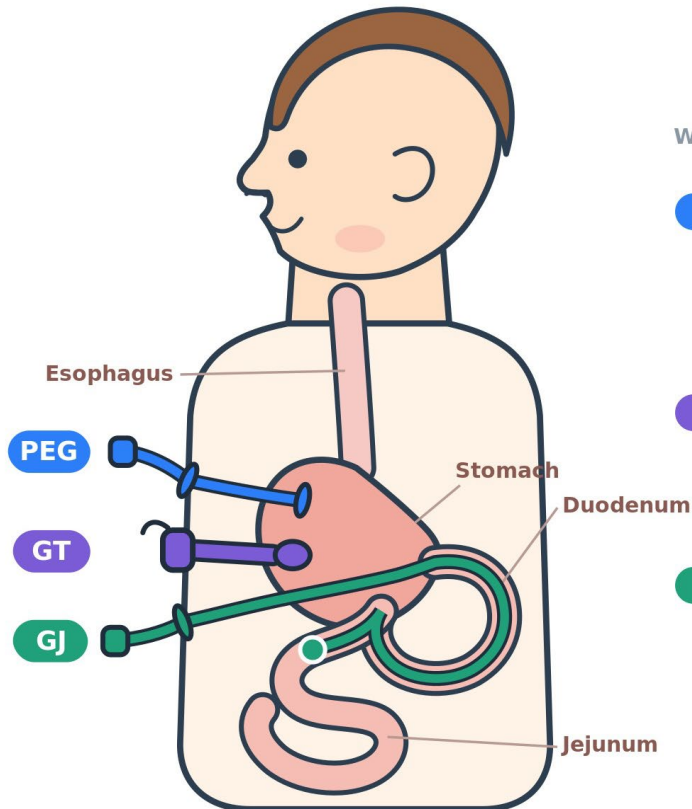
About pH Testing...

- Acid-suppression medications may cause higher pH.
- Testing paper/strips must be stored properly.

Dislodged? Don't Panic!

- Call family/guardian.
- NJ requires hospital replacement but no need to call 911.

Gastrostomy Tubes



WHAT EACH ONE LOOKS LIKE

● PEG — Percutaneous Endoscopic Gastrostomy

A long tube with an external bumper.
Held inside by a soft internal bumper. Becoming more rarely used than low-profile devices.

● GT — Gastrostomy tube

Low-profile "button" — sits almost flush.
Held in by a water-filled balloon. An extension set clips on to feed, then comes back off.

● GJ — Gastrojejunal tube

Goes through the stomach to the jejunum.
Post-pyloric, with two ports. Jejunal feeds run continuously — never bolus the J port.



PEG & G-Tubes

Tube lengths, securement, and recommended replacement cycles may vary!

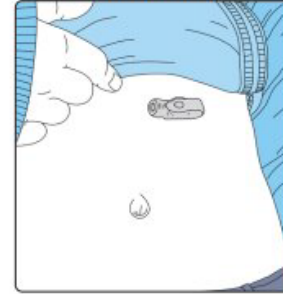
- If tube comes out at school: Cover and call family/guardian.
- If loose, please tape down to secure and then call family/guardian.
- Not a 911 emergency.



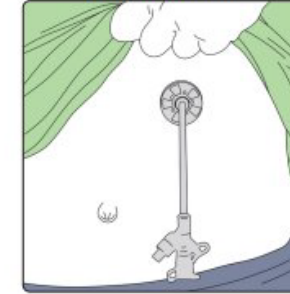
Types Of Gastrostomy Feeding Tubes

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



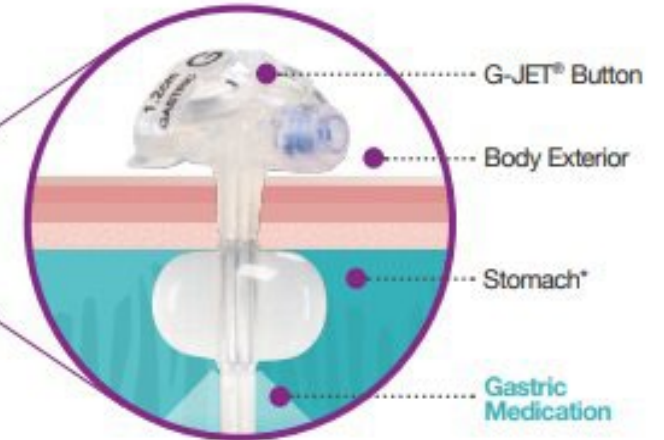
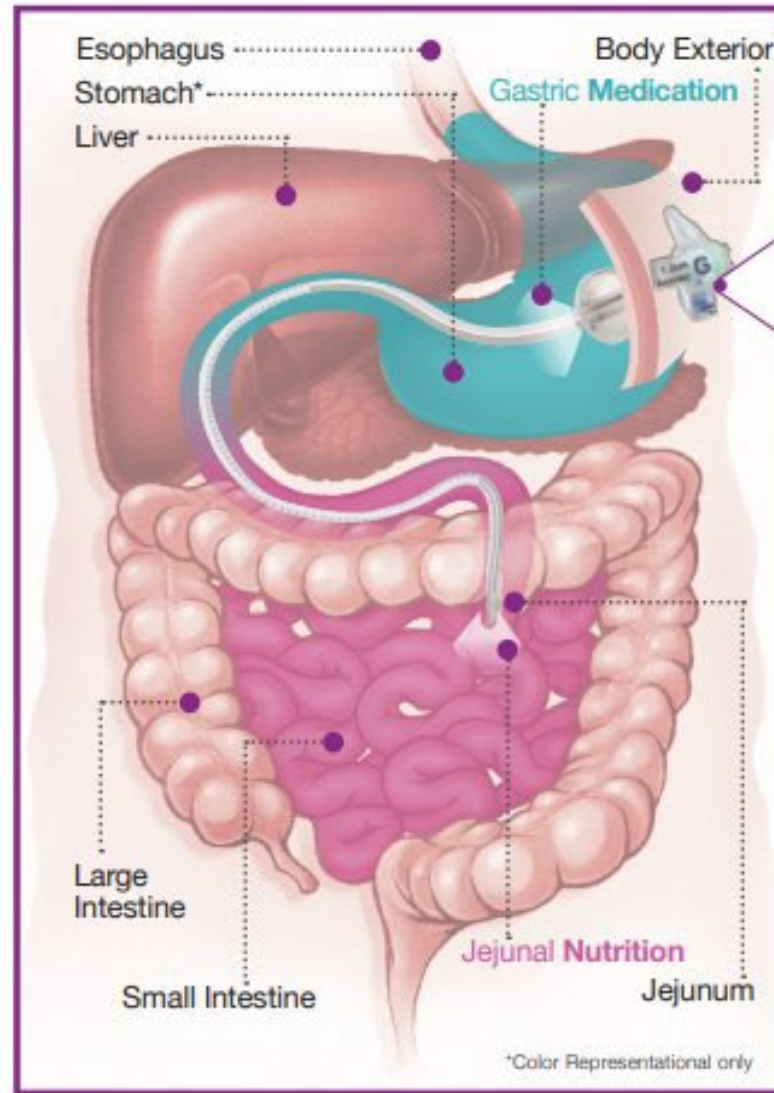
MiniONE® Button
Low Profile Capsule Non-Balloon G-Tube



GJ-Tubes

Do Not Spin the 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.



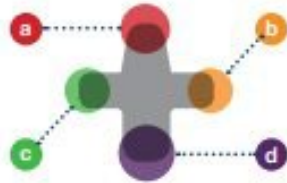
A **Gastrostomy Tube**, also known as a G-tube, may be inserted through the abdominal wall to provide direct access to the stomach for feeding.

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.

Reduces Skin Irritation & Discomfort

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.

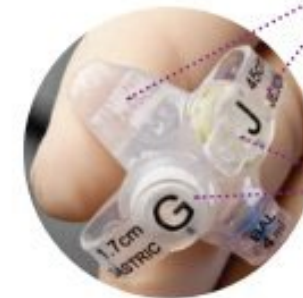
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Reduces Risk of Misconnections

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.

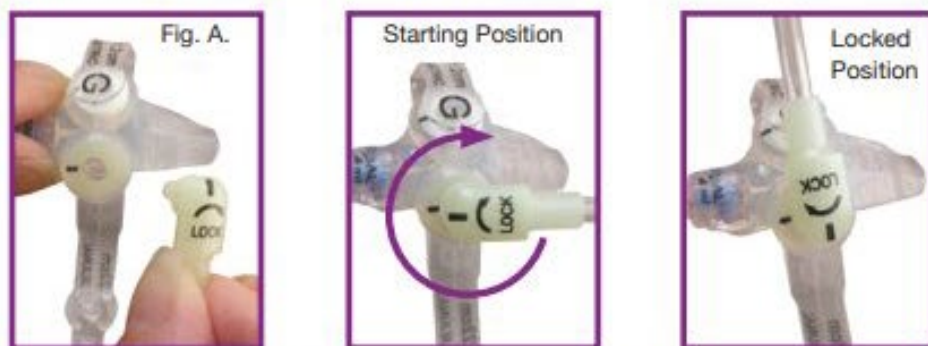
Call Today 1 800 869 7382

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Jejunal (Glow Green™) Feed Set

*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

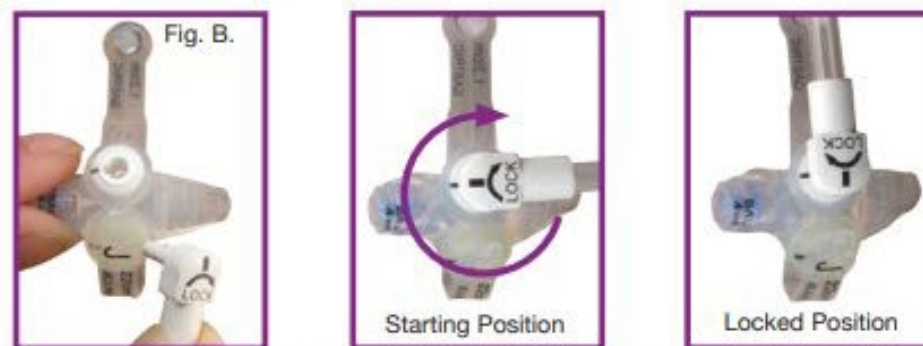
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Gastric (White) Extension Set

*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

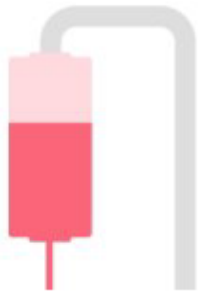
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Decompression Systems

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.

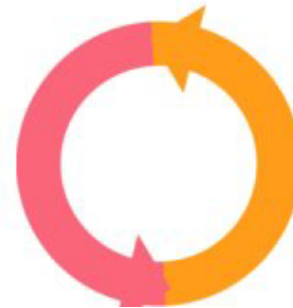
Retains Excess Medication and Enteral Formula



Reduce Gastric Pressure



Closed System



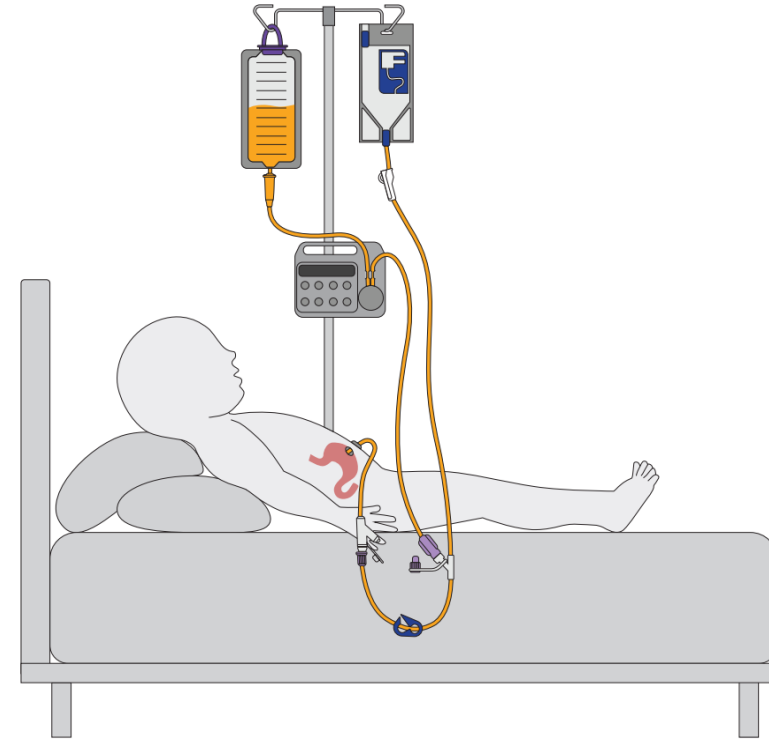
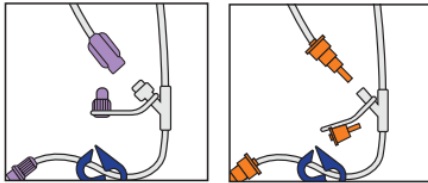
Allows Venting



Farrell* Valve System

TubeFed Video Guide

Follow same steps for orange and purple connectors (see image)

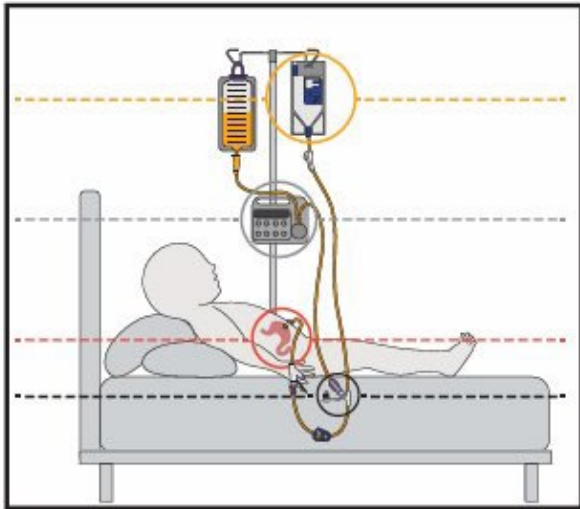


Things to know about the decompression system:

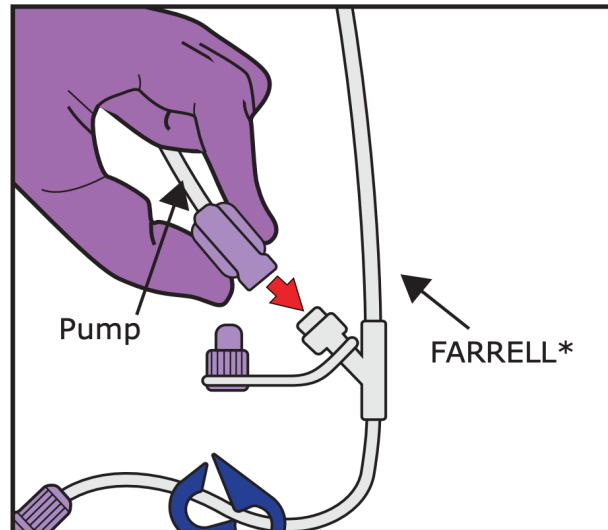
- It has a bag with tubing that looks like a feeding bag.
- The tubing of the decompression system connects to the feeding tube on one end and to the feeding bag on the other end.
- The extra gas in your stomach goes through the decompression bag and out the vent at the top of the bag while you are feeding.
- Medicine can also be given while using the decompression system.
- When the decompression system is working correctly, formula/nutrition may move up and down the tubing but should usually stay around the level of the patient's stomach. If any stomach contents, formula or feed go into the bag, they are fed back down the tubing into the patient by gravity.
- If you only have a small amount of formula or nutrition (for example neonates) may need between 60 and 90 minutes to establish flow into the decompression tubing before opening the white roller clamp.
- It can be used with neonates, children, and adults. In neonates, the bag should be hung as close to the patient's stomach as possible for best results.

Farrell* Valve System

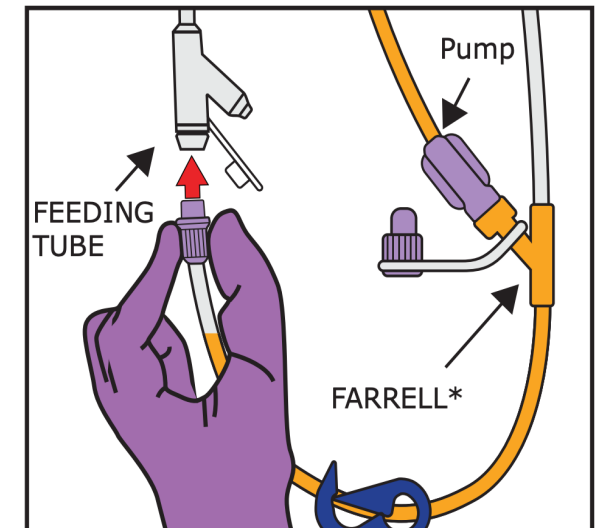
- Ensure the FARRELL* bag is above the pump, the pump is above the patient's stomach, and the patient's stomach is above the FARRELL* Y-port.



- Close the white roller clamp.
- Connect the pump to the Y-port on the FARRELL* and allow the formula to fill the tubing until it reaches about 1 inch (3cm) from the end of the FARRELL* tubing and then close the blue clamp.



- Connect the FARRELL* tubing to the feeding tube and open the blue clamp, then open the white clamp.
- When FARRELL* is working correctly, formula will move up and down the tubing. Height of formula in the FARRELL* tubing should be slightly above the stomach level.



Resources

Manufacturers:

[AMT](#)

[Avanos \(TubeFed\)](#)

[Cardnal Health](#)

Mary Bridge:

[Preparing for Gastrostomy Tube Surgery](#)

Additional Resources:

[ASPEN](#)

[The OLEY Foundation](#)

[Show Me School Health](#)

[NASPGHAN](#)

Thank you

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