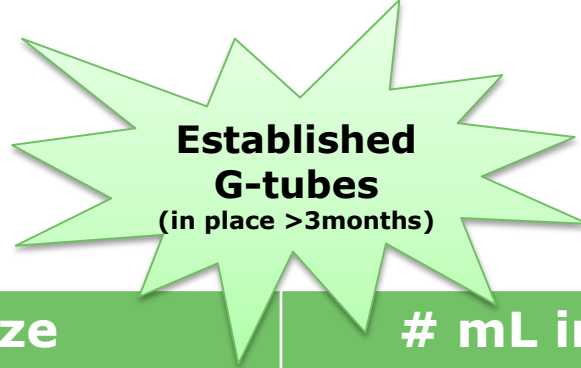


**MY NAME IS:** \_\_\_\_\_



**My G-TUBE TYPE:**

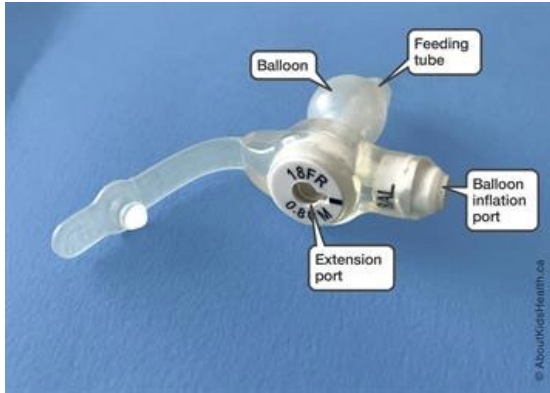
Tube Type	Size	# mL in Balloon
<input type="checkbox"/> <b>MIC-KEY button*</b>	_____Fr _____cm	_____mL
<input type="checkbox"/> <b>AMT MINI-ONE button*</b>	_____Fr _____cm	_____mL
<input type="checkbox"/> <b>MIC G-tube*</b>	_____Fr	_____mL
<input type="checkbox"/> <b>PEG tube</b>	_____Fr	N/A
<input type="checkbox"/> <b>G-J tube/button</b>	_____Fr _____cm	<input type="checkbox"/> N/A <input type="checkbox"/> ____mL

- ✓ **Securement device in use**
- ✓ **Split gauze/Button Buddy changed daily**
- ✓ **Remove extension set from g-tube buttons when not in use or moving the patient**



**MY NAME IS:** \_\_\_\_\_

**My G-TUBE TYPE:**



Tube Type	Size	# mL in Balloon
<input type="checkbox"/> MIC-KEY button <input type="checkbox"/> AMT MINI-ONE button	_____ Fr _____ cm	_____ mL
<input type="checkbox"/> GJ button	_____ Fr _____ cm	_____ mL

- ✓ Replacement kit at bedside
- ✓ Securement device in use
- ✓ Balloon port covered
- ✓ Remove all extension tubing from button-type tubes when not in use or moving the patient
- ✓ Split gauze or Button Buddy changed daily with site care



**MY NAME IS: \_\_\_\_\_**



**My G-TUBE TYPE:  
MIC G-tube**



**My G-TUBE SIZE:  
\_\_\_\_\_ Fr  
Marking just above the bolster  
\_\_\_\_\_ cm**

- ✓ **Replacement kit at bedside**
- ✓ **Securement device in use**
- ✓ **Balloon port covered**
- ✓ **Turn tube in tract ¼ turn daily**
- ✓ **Split gauze changed daily with site care**  
**NO Button Buddy**



**MY NAME IS:** \_\_\_\_\_

**My G-TUBE TYPE:**  
**Malecot**



**My G-TUBE SIZE:**  
\_\_\_\_\_ Fr

- ✓ **Replacement kit at bedside**
- ✓ **Securement device in use**
- ✓ **Daily site care w/soap & water - leave site open to air**
- ✓ **Gauze Roll Dressing Change**
  - ✓ **1<sup>st</sup> change by Surgery NP** 48-72 hours post-op
  - ✓ **Then Mon/Wed/Fri** or if soiled or dressing not occluded
- ✓ **Corpak extension set on at all times for feeds & meds**



**MY NAME IS:** \_\_\_\_\_



**My G-TUBE TYPE:**  
**PEG tube**



**My G-TUBE SIZE:**  
\_\_\_\_\_ Fr

- ✓ **Replacement kit at bedside**
- ✓ **Securement device in use**
- ✓ **Turn external bolster 1/4 turn daily**
- ✓ **Split gauze changed daily with site care**  
**NO Button Buddy**
- ✓ **Internal bolster holds tube in place** no balloon

