Emergency G Tube Instructions for Established G Tubes (Greater than 3 months)

Step 1: Breathe! Don't panic! Track is well established and will not close as quickly as when it was new.

Step 2: Lay child down. Cover the site with dry gauze to absorb any leaking formula.

Step 3: Gather all supplies: Same Mic-key button OR if available/needed new Mic-Key button (same size) 5mL

syringe, cup of clean tap water or bottled water, Lubricant

Step 4: Same Mic-key button OR New Mic-key Button

- 1. Test balloon for leaks with button outside of patient
- 2. If no obvious leaks: Deflate balloon
 - If there is a leak use new Mic-key button (if not available proceed to Step 5)
- 3. Lubricate tip of Mic-Key button
- 4. Attach syringe with **5 mL** water to balloon port
- 5. Insert Mic-key button- hold, continue to hold Mic-key button flush to abdomen
- 6. Continue to hold g-tube in place-Inflate balloon, continue to apply pressure to plunger while disconnecting syringe
- 7. Apply extension tubing- attach syringe to feeding port and draw back plunger of syringe
 - If you see formula or gastric contents the tube is in the right place.
- 8. If Mic-key button is placed easily, gastric contents are visualized, and/or the tube flushes easily:

 Contrast study not typically required















***IF YOU HAVE DIFFICULTY PLACING A MIC-KEY BUTTON...proceed to Step 5 ***

Step 5: Gather supplies from **Emergency Replacement Kit #1**

- 1. 12 Fr Mic G tube, 5 mL syringe, cup of clean tap water or bottled water, Lubricant
- 2. Draw up **3 mL** of water in your empty syringe and attach to white balloon port of G tube.
- 3. Place the tip of the catheter into lubricant
- 4. With one hand, grip the tube about 4 inches from tip and insert it gently into the abdominal opening. With your other hand, inflate the balloon by pushing the plunger of the syringe until all the water is out of the syringe. Hold the plunger of the syringe down, remove syringe from the white port.





- 5. Pull back gently on the tube until you feel a little resistance so you know the balloon is up against the inside of the stomach wall. Push bolster on tube down against stomach. (Do not pull hard on tube, stabilize tube and push bolster down).
- 6. Using an empty oral syringe, draw back from the feeding port. If you see formula or gastric contents the tube is in the right place.
- 7. Contrast study not typically required.





IF YOU HAVE DIFFICULTY PLACING THE MIC G-TUBE...proceed to step 11

Step 11: Gather Supplies from Emergency Replacement Kit #2

- 1. Small Regular Tegaderm, 10 Fr. Foley Catheter (blue tube), Corpak Y extension tubing (Orange ends), 5ml syringe, cup of clean tap water or bottled water, lubricant, Tape: Tear off 4 pieces of tape, each about 4 inches long (place on edge of table), Taped gauze roll
- 2. Draw up 3 mL of water in your empty syringe and attach to white port of the catheter. Place tip of catheter into lubricant. With one hand, grip the catheter about 4 inches from the tip and insert it gently into the abdominal opening. Hold tube in place. With your other hand, inflate the balloon by pushing the plunger of the syringe until all the water is out of syringe. Hold plunger of syringe down, remove the empty syringe from the white port.
- 3. Pull back gently on the tube until you feel a little resistance so you know the balloon is up against the inside of the stomach wall. Place a taped gauze roll next to catheter to create a 90° angle with the catheter to the stomach.
- 4. Secure catheter and gauze roll to stomach using a tegaderm. Be sure not to cover the insertion site (stoma) with the tegaderm.
- 5. Place two pieces of tape to secure gauze roll to skin. Make sure tape has contact with skin and not just gauze roll and tegaderm. Place two more pieces of tape.

If you have any difficulty placing new tube, do not feed or give medication until speaking with pediatric surgery.

Call Pediatric Surgery to determine if your child needs a follow up visit. (585-275-4435) *If after hours, listen to entire message and contact answering service*















Keep G-tube exit site open to air (not covered with tegaderm)