

**Antelope Valley Union High School District
Gastrostomy Procedures**

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| Gastrostomy | |
| Surgical opening into the abdominal wall with a tube leading into the stomach. | |
| This procedure <i>always</i> requires a physician order and training by the District Nurse | |
| Why is a Gastrostomy feeding necessary? | Supplies |
| <ul style="list-style-type: none"> • Abnormality in the mouth, esophagus or stomach • Swallowing or sucking difficulties • To provide nutrition and / or medications | <ul style="list-style-type: none"> • Gloves • Large syringe with or without connectors • Pureed food or liquid feeding • Water for flushing, if ordered • Tubes or catheters |
| Why should residual be checked, measured, and returned? | |
| <ul style="list-style-type: none"> • To determine if the previous feeding / meal was digested, and to what extent • So there is no over feeding or uncomfortable fullness which can cause vomiting, respiratory distress, or inability to breathe • To allow the stomach to have air released (burping) | |
| Procedure | |
| <ul style="list-style-type: none"> ❑ Read and follow physician orders. Wash hands before assembling supplies. ❑ Position student for feeding in an upright or semi-reclining position, to prevent choking or intolerance during the feeding and for 30 minutes after the feeding. ❑ The skin surrounding a g-tube should appear pink with intact brown skin and no drainage. ❑ Remove the stomach contents (residual) by connecting a 60 ml syringe onto the tube and hold the tube / syringe at the level of the stomach. This will allow the residual to fill the syringe naturally without pressure inside the stomach. Continue to allow the syringe to fill with residual until it stops. When the tube / syringe is almost full, pour the contents from the syringe into another container for accurate measuring. Then return it through the tube back into the stomach for further digestion. ❑ If residual is greater than 50 % of the previous feeding, DO NOT give the student any of this scheduled feeding. Wait 30 minutes and recheck the residual. If residual continues to be greater than 50 % of the feeding, hold the feeding and notify the District Nurse. ❑ Once there is less than 50 % residual, proceed with the feeding by pouring the liquid into the syringe and allow the fluid to flow by gravity into the tube. Hold the syringe no higher than the level of the student's head to prevent feeding intolerance. Do not force it or push it in. ❑ Flush g-tube with water, according to physician's orders. ❑ Leave the tube open (for venting or burping), as ordered by physician. ❑ Keep student in an upright or semi-reclining position for 30 minutes after feeding. ❑ Wash syringe, canister, and tubes with soap and water and dry completely. ❑ Wash hands thoroughly. Document residual amount, feeding amount, signs of feeding intolerance, and / or the reason feeding was not given on the Student Log form. ❑ Report any unusual occurrences to the parent and District Nurse. | |
| Signs of feeding intolerance or problems | |
| <ul style="list-style-type: none"> • Irritability, restlessness, or crying not usually seen in the student • Bloated abdomen or complaints of cramping, increased gas or discomfort • Presence of choking, coughing or vomiting • Difficulty breathing reported by student or seen by changes in the number of breaths, presence of noisy breathing, and / or changes in skin color around the mouth or on the fingernails <p style="text-align: center;"><u>If the student exhibits any of these signs of intolerance, then STOP the feeding and notify a District Nurse.</u></p> | |
| Gastrostomy Tube reinsertion is performed by the parent or District Nurse only. | |