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Gastro-jejunal tube/G-J tube

What is a G-J tube?

- A G-J tube is a 2-port feeding tube that is placed by a surgeon. It goes through your child's skin on their abdomen and goes through to the stomach. One part of the tube (gastrostomy) ends in the stomach and the other tube passes through the stomach into the jejunum (the small intestine).
- This 2-port tube allows your child to get liquid food and medicine directly into the stomach or into the small intestine where it is absorbed and used by the body. Your child's doctor will tell you if your child's tube feeding and medicines should go through the G or the J portion of the G-J tube.

Why does my child have a G-J tube?

- Your child needs formula through a feeding tube to get enough nutrition to grow and be healthy since he/she is not able to eat enough by mouth.
- Your child may also need medicine through the G-J tube.
- Your child may not be able to tolerate feedings going directly into their stomach; therefore, the jejunal portion of the tube can be used to deliver feedings directly into the small intestine.
- A G-J tube does not need to be permanent. Your child's doctor will evaluate your child's growth and decide if the tube can eventually come out. If your child starts to eat and is eating enough by mouth, your child's doctor may decide the G-J tube can come out.



How do I feed my child formula over a feeding pump?

1. Wash hands
2. Gather supplies
 - a. Formula –
 - i. Type _____
 - ii. Amount _____ mL
 - iii. To run over _____ hours
 - b. Measuring cup
 - c. Feeding bag
 - d. Feeding pump
 - e. 10 mL syringe
 - f. Water for flush - _____ mL
3. Open feeding bag and pour formula into bag (the ordered amount of formula plus an additional 20-30 mL of formula to prime the feeding bag's tube).
4. Prime the formula through the tubing by gently pinching the valve in the feeding tubing. If formula is thick or does not flow, you can prime the tubing on the feeding pump.
 - a. Priming on the feeding pump – insert the feeding tube cartridge into the feeding pump. Press and hold the “Prime” button until the formula reaches the tip of the tubing.
5. Your child's doctor will decide which port (G or J) the feed should be given through.
 - a. Most feedings going through the J port will be continuous or given over an extended period of time.
6. Attach the feeding bag tubing to the port (G or J) that is recommended for your child. **Pay close attention to which port you are attaching the extension set to.** The ports are labeled.
7. Unclamp the tube.



8. Set the pump rate and volume to deliver the correct amount of formula over the recommended time.
 - a. If your child's feed is continuous, it is recommended that you set the pump to run for 4 hours at a time. Every 4 hours you will rinse the feeding bag and refill with formula, prime fresh formula through the tubing, and restart the tube feed as explained above.
9. Press "start" on the pump.

When the feeding is over:

1. Check the pump volume to ensure your child received the correct amount of formula.
2. Turn the pump "off".
3. Disconnect the feeding bag tube from the feeding tube.
4. Draw up water flush into a syringe.
5. Open the port and insert the syringe tip.
6. Unclamp the feeding tube
7. Slowly push the flush into the G or J port of the feeding tube.
8. Clamp the feeding tube.
9. Remove the flush syringe.
10. Replace the cap on the port.



** If your child gets a large water flush you may need to:

- a. Use a large, ENFit syringe and flush slowly into the port of the extension set.
- b. Put the water in the feeding bag and run the flush over the pump.



Skin care for your child's G-J button:

- Clean the skin around the G-J button daily with soap and warm water.
- Check the site daily for:
 - Drainage
 - redness larger than a quarter
 - rashes,
 - swelling
- Do not turn/twist your child's G-J button.
- Your child's doctor may tell you to put a dressing around your child's G-button.

Your child's G-J button dressing: _____

Venting your child's G-port:

- Some children with G/J can burp or pass gas to get rid of air in their stomach.
- Some children have a hard time getting rid of this gas build-up. In this case, you can “vent” their G-port to release the air from their stomach.
- **Using a syringe to relieve gas in the stomach:**
 1. Attach a large syringe (without a plunger) to the G-port.
 2. Unclamp the G-J tube.
 3. Gas will bubble up into the syringe. It is normal for formula and stomach contents to come up into the syringe too.
 4. Once the gas is relieved, allow any liquid in the syringe to slowly flow back into the stomach.
 5. Add 5-10 mL of water to the syringe to flush the G-port.
 6. Clamp the G-port.
 7. Remove the syringe.
 8. Replace the cap on the G-port.



What to do if the tube comes out:

- **The G-J tube must be replaced at the hospital.**
- Before taking your child to the hospital, insert a foley catheter in the G-J stoma. This will keep the stoma open for easier reinsertion of a G-J button.
 1. Gather supplies:
 - a. Foley catheter - _____ French
 - b. Water soluble lubricant
 - c. Blue clamp
 - d. Tape
 2. Lubricate the foley catheter.
 3. Insert the foley catheter a couple of inches into the G-J tube stoma.
 4. Do not inflate the balloon.
 5. Tape the foley catheter to your child's abdomen to keep it in place.

6. Clamp the foley with a blue clamp to keep it from leaking stomach contents.
7. Notify your child's doctor right away for further instructions.
8. Do not flush or feed your child through the foley catheter at this time.



When the call the doctor:

- If the tube comes out
- Bleeding around the stoma
- If the tube becomes clogged
- Drainage, redness larger than a quarter, rashes, or swelling