

# MIC GJ Feeding Tube: Care and Use Instructions

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Follow the instructions in this booklet to use and care for your feeding tube.

For more information about the MIC GJ Tube, visit the web site at [avanosmedicaldevices.com](http://avanosmedicaldevices.com)

We have inserted the **MIC GJ Feeding Tube**, a type of gastric-jejunal tube, into your stomach and jejunum (small intestine) through a hole in your abdominal wall, called a **stoma**.

There are **ports** (or openings) on one end of the tube:

- The JEJUNAL port is used to give yourself food, water, and medicines.
- The GASTRIC port is used to decompress (drain) the stomach.
- The BAL port is used to inflate and deflate the balloon.

On the other end is a small **balloon** filled with water and a ring ("**bolster**"):

- The balloon sits inside the stomach against the stoma to prevent stomach contents from leaking out.
- The bolster holds the tube and balloon in place.

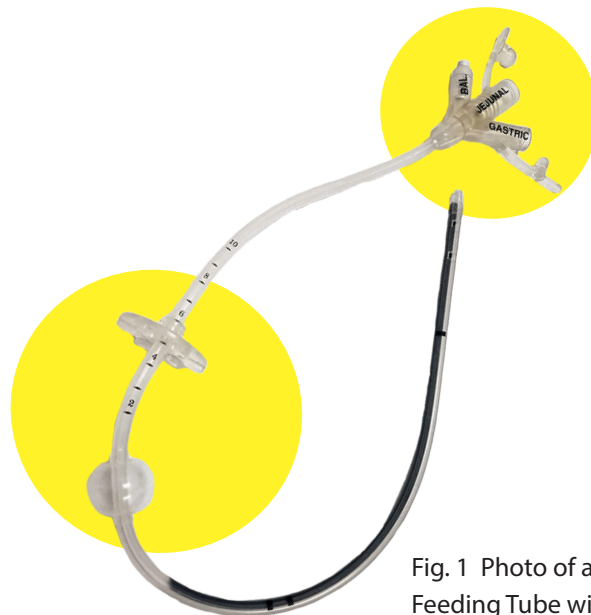


Fig. 1 Photo of a MIC GJ Feeding Tube with the ports, balloon, and bolster highlighted

# MY MIC GJ FEEDING TUBE

## About My Feeding Tube

Tube size:  French Prescribed Balloon Volume:  mL Date inserted:  dd /  mmm /  yyyy

Centimetre marking (tube position):  cm

Name of doctor who inserted the tube:

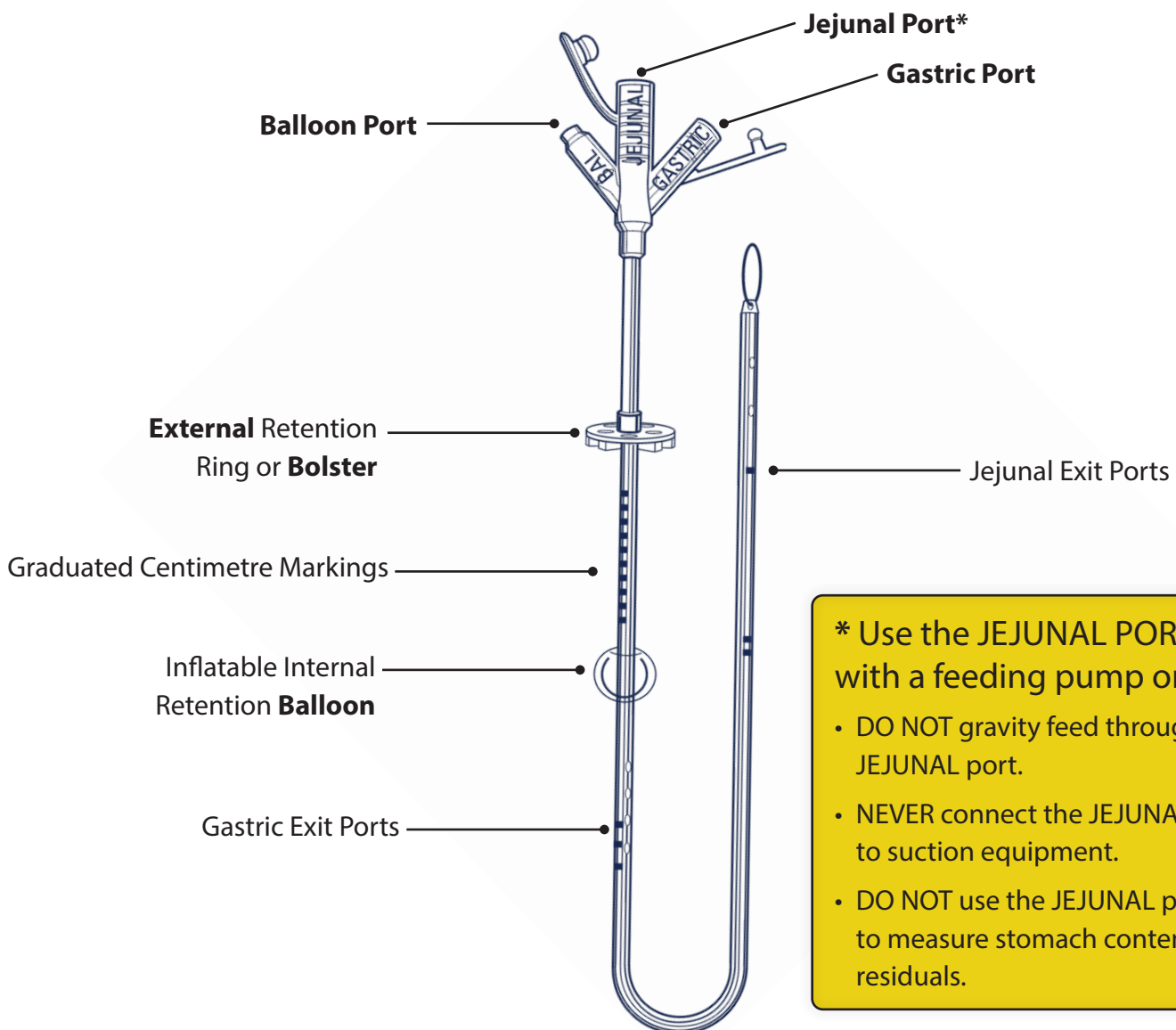


Fig. 2 Illustration of the MIC GJ Feeding Tube with the parts labelled

\*Illustration and photo courtesy of Avanos (<https://avanosmedicaldevices.com/>)



## MY CARE TEAM

Hospital Dietitian Name:	<input type="text"/>	Telephone Number:	<input type="text"/>
Doctor's Name:	<input type="text"/>	Telephone Number:	<input type="text"/>
Visiting Nurse Name:	<input type="text"/>	Telephone Number:	<input type="text"/>
Community Dietitian Name:	<input type="text"/>	Telephone Number:	<input type="text"/>
Home and Community Care Name:	<input type="text"/>	Telephone Number:	<input type="text"/>
Pharmacy Name:	<input type="text"/>	Telephone Number:	<input type="text"/>
Other:	<input type="text"/>	Telephone Number:	<input type="text"/>
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**Your team will help you with any questions you may have about tube feeding at home.**

**For tube issues and troubleshooting:**

Avanos Customer Service Nurse (quality and technical questions):

### Questions for my Care Team:

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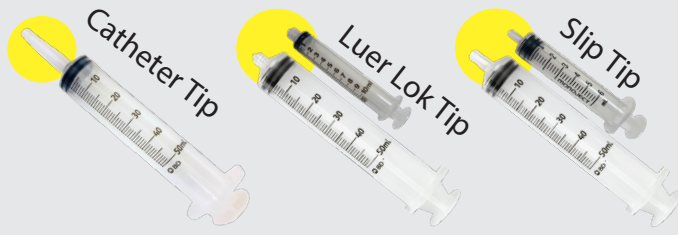
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## MY SUPPLIES AND EQUIPMENT CHECKLISTS

Before you leave the hospital, the **Home and Community Care Manager** will visit you and talk to you and your family about equipment you will need for tube feeding. The equipment will then be sent to your home. When you are home, your visiting nurse, dietitian, or therapist can answer your questions. They will also tell you how and where to get the equipment and medical supplies you need.

### Types of Syringes:



### To tube feed

#### Feeding:

- Intravenous pole
- Feeding bag container
- Nutritional formula **at room temperature**
- Pump set with tubing
- Feeding pump
- Dressing gauze and tape

#### Clean up after Feeding:

- Warm water
- Mild dish soap
- Mixture of 60 ml (1/4 cup) vinegar and 250 ml (1 cup) water

### To give medicines

- 30 mL or 50 mL catheter tip syringe
- Liquid medicine or solid medicine that has been crushed and mixed in 30 to 60 mL (or \_\_\_\_ mL) of water

### To flush your feeding tube

- 30 mL or 50 mL catheter tip syringe
- Room temperature tap water, sterile water, or distilled water

### To clean the stoma site & feeding tube

- Mild soap (such as unscented baby soap)
- 2 cotton-tip swabs
- 2 soft cloths
- Clean towels

### To maintain your balloon

- 10 mL Luer Lok tip or slip tip syringe
- Sterile or distilled water
- Balloon Volume Chart (page 15) and pen

### To clear a clog

#### With water only:

- 30 mL or 50 mL catheter tip syringe
- Room temperature tap water, sterile water, or distilled water

#### With declogging medicine:

- 50 mL catheter tip syringe
- 1 capsule of Cotazym (pancrealipase)
- 1 - 500 mg tablet of Sodium Bicarbonate
- Sterile warm water



## MY CARE AND MAINTENANCE CHECKLISTS

### Care and Maintenance of your Feeding Tube and Equipment

- Flush the feeding tube via the JEJUNAL port **before and after each feeding.**
  - If you are continuous feeding, flush every 4 to 6 hours or when you interrupt feeding.
  - If you are not using the tube, flush at least every 8 hours.
- Flush the feeding tube via the JEJUNAL port **before and after each medicine.**
  - If you have more than one medicine, flush between each medicine.
- Flush the GASTRIC port **every 6 hours.**
- Declog the feeding tube (through the JEJUNAL port) **every day.**
- Clean the outside of the feeding tube **every day.**
- Clean your feeding bag container, tubing, and syringes **at least once a day.**
- Ask your home tube feeding team about how often you should reuse your equipment. If you clean them well every day, you can use the containers, tubing, and syringes for about 1 week before you must throw them out.

### Personal Care Tips

#### Stoma Care:

#### **IMPORTANT!**

**Check the skin around your feeding tube every day.** Tell your nurse or doctor if you have redness, pain, or unusual leaking.



- Clean the stoma site **every day.**
  - When you shower or bathe, use mild soap and warm water. Gently clean around the area of the feeding tube. Dry thoroughly.
  - You only need to apply a dressing if there is drainage or problems around the area. Speak to your nurse if you have any concerns.
- Weight:**
- Weigh yourself **once a week.** If you notice any weight changes, speak with your home care dietitian.

#### **Mouth care:**

- Rinse or swab your mouth **3 times a day** using 5 mL (1 tsp) baking soda in 500 mL (2 cups) of warm water.
- Ask your nurse about mouth care and cleaning your teeth.

# TUBE FEEDING BASICS

## What is tube feeding?

Tube feeding is when a specialist places a tube in your stomach or small intestine (see figure 3 for a diagram of the digestive tract). You get your food and medicines through this tube. The food is in the form of a liquid nutritional formula. The medicines must be in liquid form, or finely crushed and mixed in water.

## Why do I need tube feeding?

People normally get nutrients from the foods they eat. However, your condition prevents you from eating enough food. A feeding tube helps you get the daily nutrition you need.

## What is a nutritional formula?

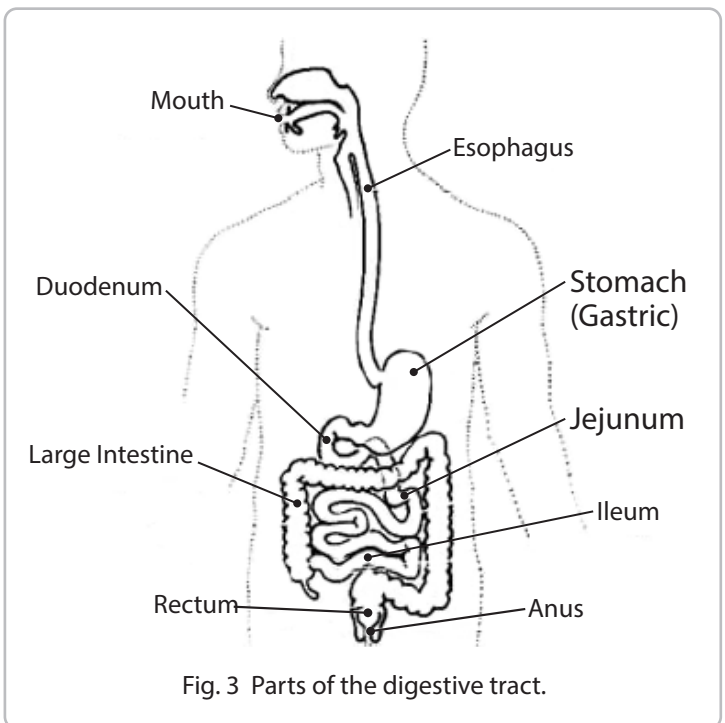
A nutritional formula is a mixture, complete with all the nutrients you need, such as protein, fat, carbohydrates, vitamins, and minerals.

### Throw your formula away if it is:



- Expired.
- A powdered formula that has already been mixed with water and sitting for more than 4 hours.
- A liquid formula that has been opened, covered, and placed at room temperature for more than 8 hours.
- A liquid formula that has been opened, covered, and placed in the refrigerator for more than 24 hours.
- A closed system formula that has been open for more than 48 hours.

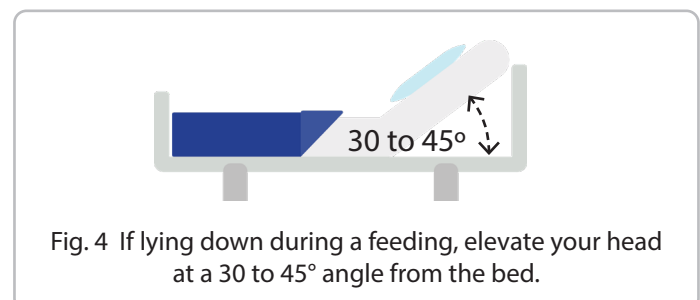
This formula is fed through your tube and into your jejunum. Your body absorbs these nutrients through your digestive tract, just like if you were eating with your mouth.



## What is the proper position for tube feeding?

**DO NOT** lie flat while tube feeding. This can cause **aspiration** (when food or liquids go into your lungs).

- You can walk or sit up in a chair while tube feeding.
- If you want to lie down during the feeding, elevate your head at a 30 to 45 degree angle from the bed (see figure 4). You can do this by propping the head of your bed 6 inches off the ground using blocks or books.
- After you finish feeding, stay in an upright position for 30 to 60 minutes.



# HOW TO FLUSH YOUR FEEDING TUBE

You will need to flush the tube:



- Before and after each feeding** via the jejunal port.
  - If you are continuous feeding, flush every 4 to 6 hours or when you interrupt feeding.
  - If you are not using the tube, flush at least every 8 hours.
- Before and after each medicine** via the jejunal port.
  - If you have more than one medicine, flush between each medicine.
- Every 6 hours** via the gastric port.



**Gather the following:**

- 30 mL or 50 mL catheter tip syringe (during feedings)
- Room temperature tap water, sterile water, or distilled water

**1**

**During Feedings and Medicines:**

Fill the **catheter tip syringe** with water by pulling the plunger.

- For feedings, use the amount prescribed in “My Flushing Schedule” for feedings.
- For medicines, use the amount prescribed in “My Flushing Schedule” for medicines.

Open the cap on the **jejunal port**.



**Every 6 hours:**

Fill the **catheter tip syringe** with water by pulling the plunger. Use the amount prescribed in “My Flushing Schedule” through the gastric port.

Open the cap on the **gastric port**.



**2**

Put the syringe tip into the port and gently push the plunger down slowly. Let the water run through the tube.

**3**

Put the cap back onto the port and resume your feeding or medicines.

**IMPORTANT!** When flushing:

- **DO NOT use acidic fluids, such as cranberry juice, or cola drinks, to flush your feeding tube.** If the acidic fluid mixes with leftover formula, it can cause clogs.
- **DO NOT use excessive force.** Pressing the plunger too hard and too quickly can rupture the tube or injure your gastrointestinal tract.





# HOW TO TUBE FEED



## Gather the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Feeding bag container  | <input type="checkbox"/> Feeding pump                        |
| <input type="checkbox"/> Nutritional formula <b>at room temperature</b> (if refrigerated, leave it at room temperature at least 30 minutes before using it) | <input type="checkbox"/> Intravenous (IV) pole               |
| <input type="checkbox"/> Pump set   | <input type="checkbox"/> 30 mL or 50 mL catheter tip syringe |
|   | <input type="checkbox"/> Vinegar                             |
|   | <input type="checkbox"/> Measuring cups                      |

**1** Clean your hands with soap and water.

## **2** Prepare your formula:

- Clean the tops of the formula containers **before opening** with warm, soapy water. Rinse well.
- Shake the formula well. Make sure the clamp on the tubing attached to the feeding bag container is closed.
- Open and pour \_\_\_\_\_ boxes of formula into the feeding bag container.
  - If there is formula left over, write the date and time opened on the box, seal it with plastic wrap or tin foil, and store it in the fridge.
- Hang the feeding bag container on the IV pole.
  - If you do not have an IV pole, you can use a coat rack or a clothes hanger. Just make sure that the feeding bag container is above the feeding pump.



**3** **Make sure that your feeding tube is in the correct position.** Look at the centimeter marking on the tube and compare it to the centimeter marking recorded on page 2. If they are different, adjust the tube. Then, adjust bolster so that it is 3 mm from the stoma.

**4** **Flush your feeding tube.** See, "How to Flush your Feeding Tube" on page 8 for how to do this.

How to Tube Feed continued on page 10

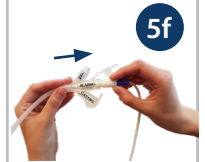
How to Tube Feed continued...

**5 Start your feed using a feeding pump.**

**IMPORTANT!** NEVER use a syringe or gravity feeding for feeds. Always use a feeding pump.



- a. Attach the feeding bag container to the holder on the feeding pump.
- b. On your feeding tube, open the cap on the jejunal port. Connect it to the end of the pump set.
- c. Set the pump to run at \_\_\_\_\_ mL/hr.
- d. Push START or RUN on the pump.
- e. When the formula in your feeding bag container is finished, close the clamp on the pump set and stop the pump.
- f. Disconnect your feeding tube from the pump set and close the jejunal port cap.



**IMPORTANT!** If you see formula in the gastric drainage, STOP the feeding and contact your doctor.



**6 Flush your feeding tube.** See, "How to Flush your Feeding Tube" on page 8 for how to do this.

How to Tube Feed continued on page 11

## How to Tube Feed continued...

**7 Clean the equipment:**

- a. Throw away any formula left in the feeding bag container.
- b. At a sink, fill the feeding bag container, pump set, and catheter tip syringe with warm water. Rinse the container, tubing, and syringe by letting the water run through them into the sink.
- c. Wash the feeding bag container, pump set and syringe with mild dish soap and warm water. Rinse thoroughly.
- d. Mix 60 mL (1/4 cup) vinegar with 250 mL (1 cup) water. Add the mix to the feeding bag container and syringe.
- e. Let the container and syringe sit in a clean sink for 10 minutes. Empty out the mix, and rinse the feeding container and syringe thoroughly with warm water. Let air dry.

**8** Clean your hands with soap and water.**Decompressing the Stomach**

You may need to let the gas or stomach contents out of your stomach **before or after feeding, or as directed by your health care team.**

Use the GASTRIC port to decompress your stomach:

- a. Open the cap on the GASTRIC port.
- b. Connect the GASTRIC port to either a gravity drainage, low intermittent suction, or as directed by your health care team. This allows stomach contents and/or gas to escape. **DO NOT USE CONTINUOUS OR HIGH INTERMITTENT SUCTION.**
- c. Flush the GASTRIC port every 6 hours with at least 30 mL of water.



**NEVER connect**  
the JEJUNAL port to  
suction equipment.



# HOW TO GIVE MEDICINES



## Gather the following:

- 30 mL or 50 mL catheter tip syringe
- Liquid medicine or solid medicine that has been crushed and mixed in 30 to 50 mL (or \_\_\_ mL) of water

**1** Clean your hands with soap and water.

**2** **Flush your feeding tube.** See, "How to Flush your Feeding Tube" on page 8 for how to do this.

**3** **Inject the medicine:**

- Draw up the medicine into the same syringe used for flushing.
- Open the jejunal port and put the syringe tip into the port. Gently push the plunger down slowly.



**I have another medicine to inject - repeat steps 2 to 3**

**I am finished** - go to step 4

**4** **Flush your feeding tube.** See, "How to Flush your Feeding Tube" on page 8 for how to do this.

**5** **Clean the equipment.** Clean your hands with soap and water. Wash and rinse the syringe well. Let it air dry.



## **IMPORTANT!** When giving yourself medicine:

- Use liquid medicine, when possible. If you have solid medicine, ask your pharmacist if it safe to crush first. If it is safe to crush, **prepare it before putting it through the jejunal port:**
  - Crush the solid medicine into powder form first until it is very fine powder.
  - Dissolve the powder in 30 mL to 50 mL (or \_\_\_ mL) water.If you do not prepare the solid medicine this way, it will not fit through the syringe tip.
- Stay upright for about 30 minutes after you have the medicine.



- Never crush enteric coated medicine. This is medicine with a coating that will only dissolve in the small intestine.
- Never mix medicine with formula.
- If you have more than 1 medicine, always **flush the tube BEFORE you inject another medicine.**
- Never put medicine down the port labelled "BAL".** Injecting medicine into this port will destroy the balloon.

# HOW TO CLEAN THE STOMA SITE AND FEEDING TUBE

You must clean the stoma site and outside of the feeding tube **every day to prevent** oily build up on the feeding tube and mucous build up around the stoma.



## Gather the following:

- Mild soap (such as unscented baby soap)
- 2 soft cloths
- 2 cotton-tip swabs
- Clean towels

**1** Clean your hands with soap and water.

## **2** Clean the stoma site:

- a. Using a soft cloth, clean the skin around the stoma with warm, soapy water. Use a gentle, circular motion, moving from the tube, outwards.
- b. Using a cotton-tip swab, clean any sutures (stitches) you may have with warm, soapy water. Then, clean the external retention ring (bolster).
- c. Rinse thoroughly and pat gently with a clean towel to dry.

## **3** Clean the feeding tube:

- a. Using a new soft cloth, clean the outside of the tube with warm, soapy water. Be careful not to pull or manipulate the tube.
- b. Using a new cotton-tip swab or clean soft cloth, clean the balloon (BAL) port with warm, soapy water. Then, clean the JEJUNAL and GASTRIC ports the same way to remove any formula, medicine, or stomach contents that may be left in the ports.
- c. Rinse thoroughly and pat gently with a clean towel to dry.

**4** Make sure the feeding tube is in the correct position. Look at the centimeter marking on the tube and compare it to the centimeter marking recorded on page 2. If they are different, adjust the tube.

**5** Adjust the external bolster, if needed, so it is resting 3 mm (millimetres) above your skin.

**6** Clean your hands with soap and water.

# HOW TO MAINTAIN YOUR BALLOON

The balloon on your feeding tube can last from 1 to 8 months, depending on the medicine you take, the amount of water you use to inflate the balloon, your stomach's acidity level, and how you care for your tube.

Your **balloon can hold a maximum of 10 mL of water**. Your prescribed balloon volume is  mL of water.

To make sure the balloon keeps your feeding tube in place, check the water in your balloon **once a week**.



## Gather the following:

- 10 mL Luer Lok tip or slip tip syringe
- Sterile or distilled water
- Balloon Volume Chart (page 15) and pen



**1** Clean your hands with soap and water.

## 2 Remove the water from the balloon:

- a. Insert the Luer-lok or slip tip syringe into the balloon inflation (**BAL**) port.
- b. Hold the tube in place with one hand. With the other hand, slowly pull the plunger back to take all the water out of the balloon. As the balloon deflates, some stomach contents may leak from around the tube.
- c. Record the amount of water removed. Discard the water from the syringe.

## 3 Add new water to the balloon:

- a. Refill the syringe with \_\_\_\_\_ mL of fresh sterile water (your prescribed balloon volume).
- b. Insert the syringe into the **BAL** port to refill the balloon with this new sterile water.

**4** a. When finished, clean your hands with soap and water.

- b. Wash and rinse the syringe well. Let it air dry.
- c. Complete the Balloon Volume Chart on page 15.



Watch the following videos for more information on changing water in the balloon:

<https://www.youtube.com/watch?v=CZt1uSgw1ew> OR <https://www.youtube.com/watch?v=IRrnaEx3V2E>



**IMPORTANT!** When filling your balloon:

- **Only use sterile or distilled water. DO NOT USE AIR OR SALINE.**
  - Air may seep out and cause the balloon to collapse.
  - Saline can form crystals and clog parts of the balloon.
- **Always use the amount of water prescribed (Balloon Volume). DO NOT EXCEED THE MAXIMUM OF 10 ML.**
  - Too much water can obstruct the opening (lumen) or reduce balloon life.
  - Too little water will not secure the tube properly and cause the tube to dislodge or move.
- **Contact your doctor if your balloon has lost half of it's volume after checking it twice.**
  - It may be leaking and should be replaced. See "When to Call a Doctor" (see page 20) for further instructions.

Balloon Volume Chart

**Instructions:** After changing the water, write down the date and the amount of water you removed from the balloon. Refill your balloon with your prescribed balloon volume.

**Never add more than the balloon maximum volume of 10 mL.**

**Your prescribed balloon volume is**  
 **mL of water.**

DATE	AMOUNT OF WATER REMOVED
<i>example Jul 3, 2020</i>	<i>7 mL</i>

DATE	AMOUNT OF WATER REMOVED

## HOW TO CLEAR A CLOGGED TUBE

### To prevent clogs, declog the JEJUNAL port every day.



Your tube can clog if you do not flush it or give medicine correctly. It can also clog from:

- Thick and sticky medicine; medicine not crushed well
- Thick formulas (concentrated or enriched formulas)
- Formula that was leftover and clotted after mixing with medicine or acidic fluids
- Stomach or intestinal contents up the tube (reflux)



### Gather the following:

- 30 mL or 50 mL catheter tip syringe
- Room temperature tap water, sterile water, or distilled water

**1** Clean your hands with soap and water.

**2** Straighten or unclamp any sections of the feeding tube that are bent or clamped off.

**3** If the clog above the skin line, gently massage the tube between your fingers to break up the clog.

- 4**
- a. Fill a catheter tip syringe with warm water by pulling the plunger. Place it in the port of the affected part of the tube (GASTRIC or JEJUNAL port).
  - b. Gently push and pull the plunger of the syringe to loosen any clogs. Once it comes loose, push it the rest of the way into your stomach.

- 5**
- a. When finished, clean your hands with soap and water.
  - b. Wash and rinse the syringe well. Let it air dry.

### IMPORTANT!



Use **only water** to clear a clog:

- **DO NOT use cranberry juice, cola drinks, meat tenderizer, chymotrypsin, or other liquids suggested on the internet.** These can be harmful to patients by causing a reaction. They can also cause clogs instead of clear them.
- **DO NOT insert any objects into the tube to remove a clog.** You can puncture the tube.

If you still feel resistance when pushing the plunger or the water does not flow back out of the tube, contact your doctor. **We may need to replace your tube.**



## HOW TO CLEAR A CLOGGED TUBE USING DECLOGGING MEDICINE

Your doctor may prescribe you with "declogging medicine" to help unclog your tube.



### Gather the following:

- 50 mL catheter tip syringe
- 1 capsule of Cotazym (pancrealipase)
- 1 - 500 mg tablet of Sodium Bicarbonate
- Sterile warm water

**1** Clean your hands with soap and water.

**2** Crush 1 tablet of sodium bicarbonate. Open 1 capsule of cotazym. Dissolve them together in 5 mL of sterile warm water.

**3** Fill a catheter tip syringe with the mixture by pulling the plunger. Place the tip of the syringe into the port of the affected part of the tube (GASTRIC or JEJUNAL port). Push the plunger slowly until the mixture is in the feeding tube.

**4** Clamp the tube for 5 to 15 minutes (you may leave the mixture in the tube for up to 1 hour if the clog is hard to clear).

**5** Refill the syringe with 20 to 30 mL of sterile warm water. Flush the tube.

- 6**
- a. When finished, clean your hands with soap and water.
  - b. Wash and rinse the syringe well. Let it air dry.

## COMMON PROBLEMS AND SOLUTIONS

FEELING OR PROBLEM	WHAT YOU CAN DO
<p><b>Sick to your stomach (nausea)</b> (feel like you are going to throw up)</p>	<ul style="list-style-type: none"> <li>• Slow down your feeding rate.</li> <li>• Open the GASTRIC port to let gas out of your stomach.</li> <li>• To prevent this, sit up during the feeding. DO NOT lie down for up to 1 hour after feeds. If you can, walk when you are done your feeding.</li> </ul>
<p><b>Vomiting (throwing up)</b></p>	<ul style="list-style-type: none"> <li>• Stop the feeding, decompress (drain) the stomach through the gastric port (pg. 11), and call your doctor right away.</li> </ul>
<p><b>Dry mouth or thirst</b></p>	<ul style="list-style-type: none"> <li>• Flush the feeding tube with the recommended amount of water every day.</li> <li>• For quick relief, swab your mouth with moistened, sponge-tipped toothettes.</li> <li>• If you are still thirsty, talk to your dietitian.</li> </ul>
<p><b>Diarrhea</b> (too many bowel movements (BM), more than normal, or they are watery)</p>	<ul style="list-style-type: none"> <li>• Slow down your feeding rate and tell your dietitian.</li> <li>• Give more water flushes and tell your dietitian.</li> <li>• If the diarrhea does not stop, call your doctor.</li> </ul>
<p><b>Constipation</b> (trouble having regular BMs, they are hard and you cannot pass them easily)</p>	<ul style="list-style-type: none"> <li>• Give more water flushes and tell your dietitian.</li> <li>• If you are still constipated, call your doctor.</li> </ul>
<p><b>Cramps</b> (pain or soreness in your stomach area)</p>	<ul style="list-style-type: none"> <li>• To prevent this, use only room temperature formula.</li> <li>• If cramping and pain does not stop, call your doctor.</li> </ul>
<p><b>Aspiration</b> (food or liquids go into your lungs)</p>	<ul style="list-style-type: none"> <li>• To prevent this, sit up while the feed is running. DO NOT lie down for up to 1 hour after feeds.</li> <li>• If you think you have aspirated, stop the feeding and call your doctor right away.</li> </ul>
<p><b>Blocked tube</b> via JEJUNAL port (fluids cannot go through the tube because of buildup inside the tube) or <b>feeding pump pressure alarm is going off</b></p>	<ul style="list-style-type: none"> <li>• To prevent this, flush the JEJUNAL port before and after every feeding and medicine.</li> <li>• Follow the declogging steps with water (pg. 16).</li> <li>• If you were prescribed an enzyme to unclog the tube, follow the declogging steps with medicine (pg. 17).</li> <li>• If your tube is still blocked (you feel resistance or the water does not begin to flow freely), call your doctor or go to the emergency room.</li> </ul>

FEELING OR PROBLEM	WHAT YOU CAN DO
<p><b>Blocked tube</b> via GASTRIC port (cannot decompress the stomach)</p>	<ul style="list-style-type: none"> <li>To prevent this, flush the GASTRIC port every 6 hours with at least 30 mL of water.</li> <li>Follow the declogging steps with water (pg. 16)</li> <li>If your tube is still blocked (you feel resistance or the water does not begin to flow freely), call your doctor or go to the emergency room.</li> </ul>
<p><b>Tube falls out or is not in place</b></p>	<ul style="list-style-type: none"> <li><b>DO NOT flush, use, or try to replace your tube yourself.</b> Place a clean towel over the hole. Go to the nearest emergency room and call your doctor.</li> </ul>
<p><b>Feeding set separates from the JEJUNAL port</b></p>	<ul style="list-style-type: none"> <li>You may have an oily build up inside the JEJUNAL (feeding) port. Clean the build up with soap and water. (pg. 13)</li> <li>If oily build up still remains, use a small amount of alcohol on a cotton swab to clean the top 2 inches of the inside of the port. <b>DO NOT</b> allow alcohol to run down the inside of the tube.</li> </ul>
<p><b>Gastric leakage</b> (stomach contents leak out of the stoma)</p>	<ul style="list-style-type: none"> <li>The balloon may not be against the stomach wall. Tug the tube gently to check. Then, adjust the bolster so it is sitting 3 mm above the stoma.</li> <li>Once you have adjusted the bolster, check that the balloon has the proper amount of water. Withdraw all the water from the balloon, then refill your balloon with your prescribed balloon volume. <b>Never add more than the balloon maximum volume of 10 mL</b> (pg. 14).</li> <li>Clean and dry the stoma. Wait 15 minutes and recheck the stoma. If it is still leaking, call your doctor.</li> </ul>
<p><b>Feeding tube is becoming shorter</b></p>	<ul style="list-style-type: none"> <li>You may have oily build up or moisture on your tube, causing the bolster to slip upwards. Clean the tube with warm, soapy water, rinse thoroughly and dry the tube (pg. 13). Then, adjust the bolster so it is 3 mm above your stoma. Make sure the balloon is against the stomach wall by tugging gently.</li> <li>Check the tube in 1 hour to make sure the bolster is still in place. If it continues to slip, call your doctor.</li> </ul>
<p><b>Feeding tube is becoming longer</b></p>	<ul style="list-style-type: none"> <li>The balloon may be under-inflated or leaking. Check the amount of water in the balloon and compare it against the prescribed balloon volume. If the balloon is under-inflated, fill it again to the prescribed balloon volume (pg. 14).</li> <li>Re-check the volume periodically. If the amount of water in the balloon continues to decrease, call your doctor. Your tube may have to be replaced.</li> </ul>

# WHEN TO CONTACT YOUR DOCTOR



**IMPORTANT!** Contact your doctor right away if any of the following occurs:

## You have:

- Pain, pressure, or discomfort in your belly (it looks bloated or feels hard when gently pressed)
- Unusual fever (temperature at or above 38.5°C or 101.3°F)
- Vomiting, diarrhea (loose, watery stool), or constipation (hard stool)
- Blood around the tube or in the stool

## The opening where the tube enters the skin (stoma):

- Becomes larger, red, swollen, tender, and warm
- Releases yellow or green discharge (pus) or stomach contents
- Is showing skin breakdown (skin is irritated, has rashes, is raw and red)
- Is showing skin tissue death from the pressure of the tube on the skin (pressure necrosis)
- Is raised and has moist tissue or flesh growing around the site (hypergranulation)

## The tube:

- Feels loose or comes out
- Is damaged or discoloured
- Has a balloon that cannot keep the prescribed Balloon Volume of water
- Cannot be unclogged

Your doctor may have to replace your tube. If the tube is dislodged or moving, secure the tube into position with tape first, then call your doctor for instructions. If you are living in a facility, they may also have a process on how to replace the tube.

## The gastric drainage port:

- Has formula coming out of it while feeding.