

## Checklist: Gastrostomy Tube (G-tube) Feeding

**Check for medical conditions that resulted in the placement of the Gastrostomy tube (or J-Tube):**

- Underweight patient
- Aspiration and or Choking
- Esophagus damage or malfunction
- Recurrent vomiting
- Oral motor and swallowing dysfunction
- Other



**Check to see whether this person received his or her G-tube within the last 6-8 weeks; if not, check whether this person had a G-tube or J-tube for more than 6 months.**

Monitoring is especially critical during the first days and weeks after tube placement. Sometimes due to medical urgency, a tube is placed and a person returns home before his or her caregivers have not had proper training. When tube feeding is new, it is not always clear how the feeding formula will affect weight gain. Side effects such as vomiting may be more common during the first few weeks. The tube skin site needs special care after the tube is inserted.

If the feeding tube has been in place for over 6 months, the routine of care of the tube site, the schedule of feedings, effect on weight and nutrition, frequency of side effects should be established and relatively stable.

	<input type="checkbox"/> <b>Check to see whether this person understands why physicians placed his or her G-tube (J-tube) and agrees with having a tube.</b>	<p>Even if someone understands why physicians placed a tube, he or she may not agree to have one. Even if a person does understand and consent, a G-tube requires significant emotional and physiologic adjustment, since all or most feeding will be through a tube rather than by mouth. Tasting food is a source of pleasure to most people, and tubes prevent this experience.</p>
	<input type="checkbox"/> <b>Check to see whether this person is able to assist with care of the tube or is able to carry out self feeding through the G-tube (J-tube).</b>	<p>Significant injury can happen to the stomach wall, the abdominal muscles and skin if a tube is pulled out through rough handling. Covering the tube is important with children and individuals who do not understand the reason for the tube. Many people will be dependent on someone else to care for the tube site and to administer feedings. Some individuals may be able to clean the tube site independently, and may also be able to self-administer feeding formula.</p>
	<input type="checkbox"/> <b>Check to see whether this person is able to have fluids or solids by mouth in addition to the G-tube (J-tube) feedings.</b>	<p>Physician orders may indicate that a person with a G-tube is to have nothing by mouth. Other people with G-tubes may be allowed only ice chips to moisten the mouth. Some people with G-tubes will be allowed to eat food, but will be receiving tube feedings to increase nutritional status. It is important to follow physician orders regarding intake by mouth.</p>

	<input type="checkbox"/> <b>Check to see whether the tube has fallen out or been pulled out unexpectedly during the past 6 months.</b>	<p>If there have been episodes of unexpected need for tube reinsertion, then the training and care plan may need to be revised. It is important that there be contact and location information for reinsertion of the tube if needed.</p>
	<input type="checkbox"/> <b>Check to see whether there is a record documenting the physician order, and a daily record indicating information about feeding.</b>	<p>It is important to have a record of the physician orders. It is also important that caregivers maintain a daily record of the time of each feeding and the caregivers that administered them, as well as the type and amount of each feeding.</p>
	<input type="checkbox"/> <b>Check to see whether there is a pump used to provide continuous feedings through the G-tube (J-tube).</b>	<p>A physician may order feedings by “gravity drip”, feeding syringe, or by pump. Pump feedings provide a specific amount of formula over a specific time period. A caregiver must know how to set the pump to administer the amount of feeding per hour as ordered and must ensure that the pump is working correctly.</p>
	<input type="checkbox"/> <b>Check to see whether there is a list of specific caregivers (staff or family members) designated and trained to provide feeding.</b>	<p>It is important that each caregiver providing feedings be trained to give feedings, care for skin at tube site, handle complications such as vomiting, abdominal distension, and provide emergency care (CPR).</p>

	<input type="checkbox"/> <b>Check to see whether weight is measured and recorded weekly or monthly, or as indicated by physician orders.</b>	<p>Proportionate weight-for-height in a growing child indicates that child is receiving the right amount of feeding. A record of monthly weights documents weight maintenance or weight gain in adults.</p>
	<input type="checkbox"/> <b>Check to see whether the caregiver knows which physician to call if there are questions about the formula feeding, complications of feeding or irritation of the skin at the tube side.</b>	<p>Usually it is the gastroenterologist who orders the formula and the amount of formula and also is the one who manages problems recording the functioning of the tube. It is important for the caregiver to know which physician to call when there are problems related to the tube or to feeding.</p>
	<input type="checkbox"/> <b>Check to see whether a follow up appointment with the physician has been scheduled to review nutritional status, tube-skin junction, and need for continued tube placement.</b>	<p>Usually the gastroenterologist sees the individual to review tube functioning, and nutritional status of the individual. Follow-up visits are more frequent after the tube has been inserted. At times, the primary care physician is responsible for this management. Depending on the reason for placement of the tube, there may be a long-term goal of removal of the tube, or maybe periodic reassessment of the ongoing necessity of tube placement.</p>

*Unclear or concerned about an answer? Please consult with your clinical staff for appropriate follow-up*