

Gastrostomy Tube Reinsertion

This procedure is not routine for trained staff unless a situation is designated as requiring prompt medical attention to prevent closure of the ostomy. If the school nurse, physician, or parent is not available, trained staff will provide ostomy patency only.

I. Personnel Involved

- A. School nurse
- B. Designated school personnel under indirect supervision
- C. Parent
- D. School nurse as procedural supervisor

II. General Information

- A. Securing the gastrostomy tube is the responsibility of the parent. The tube should be held in place with a stockinette dressing or something similar to prevent the tube from catching on objects.
- B. Prompt reinsertion of the tube is recommended after it has been dislodged, so that the ostomy remains patent. Delay of reinsertion may cause the ostomy to constrict, a condition which may require surgical intervention or cause painful reinsertion.
- C. **If reinsertion is a problem, the pupil should be transported immediately to a physician's office or hospital emergency room.**
- D. After trained staff have reinserted the tube, verification of correct placement is the responsibility of the parent.
- E. The parent will provide necessary equipment for performing the procedure at school.

III. Guidelines

- A. Purpose
 - To provide ostomy patency to prevent closure.
- B. Equipment
 - 1. Foley catheter of appropriate size
 - 2. Any water-soluble lubricant
 - 3. Paper tape
 - 4. Gauze 3 X 3 inch (8 by 8 cm) or stockinette
 - 5. Clamp
 - 6. Adaptor, if the catheter has an open inflation funnel
 - 7. Paper towel
 - 8. For inflation of catheter balloon, include:
 - a. A syringe to inflate catheter balloon 5 to 10 cc, as ordered by the physician
 - b. A needle (22 gauge and 1 inch)
 - c. Water or saline solution

Gastrostomy Tube Reinsertion – Procedure

<i>Essential steps</i>	<i>Key points and precautions</i>	<i>Child specific</i>
<ol style="list-style-type: none"> 1. Wash hands. 2. Explain the procedure, as appropriate. 3. Squeeze a small amount of lubricant on a paper towel. 4. Remove the catheter from its sterile package, being careful not to touch the tip. 5. Lubricate the catheter by rotating it in lubricant on a paper towel; then insert it slowly and gently into the stoma, a distance of 2 to 2 1/2 inches (5 to 6 cm). 6. Withdraw the correct amount (5 to 10 cc or 30 cc) of water or saline with the needle and syringe. 7. Inflate the catheter balloon by injecting water or saline according to the size of the bag (5 to 10 cc or 30 cc). Use these steps with the following types of catheters: <ol style="list-style-type: none"> a. Plug type: Use a syringe with a needle. b. Valve type: Use a Luer-Lok syringe. No not use a needle. c. Open inflation funnel: Use a syringe with an adaptor and clamp. Do not use a needle. 8. Pull gently on the catheter until resistance is met. This technique secures the balloon to the stoma site for proper placement. 9. Mark the catheter with a non-toxic permanent marking pen approximately 1 inch (2.54 cm) above the stoma with a circle around the tube. This mark provides a placement landmark to ensure that the catheter does not move into the lower stomach and small intestine during peristalsis. 10. Close the end of the tube with one of the following: <ol style="list-style-type: none"> a. Use a plastic catheter plug. b. Fold tubing and wrap a rubber band securely around the tube. c. Place a C-clamp on the tube and tighten it. 11. The tube may be secured with tape or stretch netting, depending on each pupil's need. 12. Notify the parents and document the entire incident. 13. Record the procedure on the SPHCS log. 	<p>This is a clean, not a sterile procedure.</p> <p>Insertion may be easier if the catheter is lubricated.</p> <p>If any resistance is felt, stop the procedure. Do not force the tube in; cover the area with sterile gauze and tape the gauze in place. The pupil will need to see a physician as soon as possible.</p> <p>To dispose of a needle, place it in an appropriate sharps container and dispose of the container appropriately when it is full.</p> <p>A tube that is providing patency only must be taped securely in place to prevent dislodging.</p>	