Tube Feeding in School

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FEEDING TUBE
AWARENESS FOUNDATION
Introduction to Tube Feeding

- Over 300 medical conditions can lead to tube feeding (List can be found at http://www.feedingtubeawareness.org/tube-feeding-basics/tests-conditions/condition-list/)
- No two children’s tube feeding experience will ever be the same
- Children have varying levels of mobility and ability
Feeding Tubes and Supplies
Feeding Tubes

- NG/NJ tube- Enters the body through the nose and feeds directly into the stomach (NG) or jejunum (NJ)
- G tube- Enters the body through the abdomen and feeds directly into the stomach
- GJ tube- Uses the same stoma as a G tube but has 2 ports; gastric and jejunal
- J tube- Enters the body through the abdomen and feeds directly into the jejunum
Feeding Tubes

- PEG/PEG-J: long, one-piece tubes
- Button: low-profile feeding tube that requires an extension set for feeding and medication administration
  - MIC-KEY
  - AMT Mini One
  - Bard/Boston Scientific; AMT Non-Balloon
Feeding Pumps and Backpacks

- Kangaroo Joey
- MOOG/Zevex EnteraLite Infinity

Kangaroo Joey
- 4.1” (10.4 cm) H x 5.1” (13 cm) W x 3.6” (9.1 cm) D
- 1 pound 11 ounces (770 g)

MOOG EnteraLite Infinity
- 4.05” (10.3 cm) H x 5.65” (14.4 cm) W x 1.95” (4.9 cm) D
- 14.4 ounces (408 g)
Syringe and Gravity Feeds

- Gravity
  - Open Syringe
  - Gravity Bag
- Syringe Push
ENFit Transition

◊ ENFit is a global initiative for safer enteral connections through prevention of medical misconnections

◊ Current enteral connectors can potentially connect with other devices and vice versa

◊ ENFit connectors are incompatible with any other medical devices

◊ Transition will happen during 2016-2017 school year as supply companies work through their stock and release new supplies

◊ There may be “Christmas tree” adapters during the transition period
Questions?
Connecting Feeds

✧ PEG tubes
  ✧ One-piece tube, no extension set needed
  ✧ Feed bag connector or syringe connects directly into PEG tube

✧ Button-style tubes
  ✧ Extension set (aka extension tube or feed set) connects to button by holding button between thumb and forefinger, aligning lines on the button and extension set connector, pushing in slightly, and turning (for locking buttons) or by pushing directly into the button (for non-locking buttons)
  ✧ Feed bag connector or syringe connects to extension set

✧ Things to remember:
  ✧ Fill extension set with clean water and clamp it prior to connecting to the button to avoid putting air into the child’s stomach or intestine
  ✧ Make sure clamp is open before attempting to push medications, formula, or water with a syringe and closed before disconnecting a syringe or feed bag connector
Flushding and Disconnecting

☮ All feeding tubes need to be flushed after administering meds and after feeds
  ☑ Continuous feeds may require intermittent flushes to prevent clogging

☮ Things to remember:
  ☑ Make sure clamp is open prior to pushing the water flush
  ☑ Make sure extension set is clamped prior to removal from button
  ☑ Anti-reflux valves often leak, so be ready to catch drips from the button when disconnecting extension set
Venting and Draining

- **Venting:**
  - Some kids are unable to burp and need trapped air released via G tube
  - Some need intermittent venting with an open syringe and others need continuous venting with a Farrell bag

- **Things to remember:**
  - *Clamp tube before connecting* extension set
  - *Hold open syringe upright and point away from people*
Venting and Draining

Draining:

- Kids with GJ tubes often need frequent or continuous drainage and venting from the G port of the GJ.
- Can be done with a single port extension set and catheter bag or with a Farrell bag.

Things to remember:

- Venting tubes and syringes can be reused many times but need to be rinsed and allowed to dry with each use.
- Drainage bags need to be replaced regularly but not necessarily every day.
Administering Feeds

✧ Considerations:
 ✧ Minimize time out of classroom
 ✧ Inclusion
 ✧ Food safety & sanitation
 ✧ Health precautions
Feed Scheduling

- Work with parents to schedule feeds in a way that will minimize time spent out of the classroom
  - Utilize interval/intermittent setting on feeding pump when possible
    - Avoids pump alarms during instruction time
    - Pump can be turned off during a break time instead of interrupting class time
  - Allow connection/disconnection outside of health office when possible
Inclusion

❖ Are the child’s tube feeds isolating him or her from peers?
❖ Can tube feeds be scheduled around lunch time to allow socialization with peers?
❖ Can syringe boluses be administered in the cafeteria to allow socialization with peers rather than isolation in health office?

❖ Child A: 6 year old female; Able to eat some food by mouth on most days (depending on how her stomach is functioning) and receives formula in pump boluses; tube feeds are scheduled apart from lunchtime to promote hunger during lunchtime and can spend it in the cafeteria with peers

❖ Child B: 12 year old female; Unable to eat by mouth; receives diet of homemade blenderized food via syringe bolus. Has 1:1 aide who takes her to health office (for privacy) to connect bolus extension, then takes child to cafeteria to sit with peers; administers syringe boluses at lunch table

❖ Child C: 9 year old male; Child is continuously fed and does not eat by mouth but enjoys being with peers, so he chooses to sit with his class while they eat. Due to non-anaphylactic allergies, he brings a wet wipe and a placemat so he can avoid coming in contact with foods that his friends are eating. Sometimes brings his only “safe foods,” which are various flavors of Dum-Dum suckers, and often likes to draw while his friends eat.
Food Safety and Health Precautions

◊ Are feeds or medications being prepared and administered in the same room as sick children?

◊ What is being done to prevent healthy children who are often immune compromised and/or prone to complications from typical childhood illnesses from catching everything that goes through the health office?

◊ How is their medical equipment being handled on campus? (including bathrooms)
  ◊ Put a 3M Command hook on the wall of a bathroom stall to give child a place to hang feeding pump/TPN backpack to avoid it being on the floor
  ◊ Store feeding pump in a designated location when not in use; ensure multiple people have access to that location in case nurse is unavailable when pump is needed
Feeding Tube Emergencies and Prevention
Accidental Tube Pull-Outs

◊ Playground Safety and PE
  ◊ For all kids with tubes:
    ◊ Avoid activities where they lay on or put pressure on the feeding tube
  ◊ For those whose schedules cannot be modified to disconnect during recess and PE:
    ◊ Recheck tubing to be sure it is secure and out of the way prior to recess/PE
    ◊ Avoid any games involving grabbing at the waist
    ◊ Encourage use of protective belt for contact sports
Accidental Tube Pull-Outs

- Classroom safety
  - Secure tubing
    - Hang backpack on chair if student is unable to wear it all day; hang tubing on 3M hook adhered to chair, or clip into a metal carabiner attached to backpack
    - Farrell bag could be placed into a plastic bucket under the chair to avoid being stepped on or tripped over
  - Wheelchair transfers
    - Check position of tubing before transferring into or out of wheelchair
  - Non-accidental tube pull-outs
    - Keep tube covered with clothing or belt

- Encourage parents to keep an emergency kit in the health office even if school policy does not allow tube replacement
- Encourage parents to have a list of individuals who can be called if tube is pulled out and parents aren’t available
School Bus

- If child will be connected to the pump during the bus ride
  - Secure pump to something in case of a sudden stop
  - Secure tubing
- If child will not be connected to the pump during the bus ride
  - Make sure feeding pump gets sent home at the end of the day
Formula Leaks

- **Formula Leaks**
  - First- make sure extension set is still connected to button and pump bag connector is still connected to extension set
  - Second- check med port

- **Pump bag breaks**
  - Wet clothes or backpack? Check pump bag for leaks or pinholes
  - If the pump bag is leaking, call parents

- **Benign/chronic vomit**
  - Vomit in the absence of illness
Pump Errors

- **Moog EnteraLite Infinity**
  - No Flow Out = blockage or kink in tubing between pump and child
  - No Flow In = blockage or kink in tubing between pump bag and pump, OR pump bag is empty
  - No Food = air in line (pump bag may or may not be empty)
  - ER63 (or any other numbers) = Internal software problem (restart pump; call parents if restarting does not fix the error)
  - Push Run To Feed
  - Dose Done
  - Low Batt
  - Chk Int = feed interval setting is not compatible with rate & dose
- **Kangaroo Joey**
  - Follow prompts on screen
    - Hold error = pump is inactive for more than 10 minutes
    - Rotor error = problem with pump set tubing around rotor
    - Feed error = bag is empty or there is a clog
    - Flow error = clog in tubing between pump and child
    - Pump set dislodged = pump needs to be turned off and pump set reloaded
    - Battery low
    - Feeding complete
- **Resource**: [www.kangaroopumptraining.com](http://www.kangaroopumptraining.com)

*Ask parents to write pump settings on a 3x5 note card and keep in a plastic bag inside pump backpack in case settings get changed or erased*
Infinity Troubleshooting Guide

Available at: http://www.feedingtubeawareness.org/navigating-life/on-the-go/feeding-at-school/
Planning for Absences, Field Trips, and Special Occasions

- Absences
  - Encourage parents to talk to teachers and aides about plans for handling teacher/aide absences.
  - Provide important care information to substitutes and specials teachers.
  - When possible, notify parents in advance if you will be absent and let them know who will be caring for the child.

- Field Trips
  - Who will handle tube feeds if a parent is unable to attend?

- Field day, water day, class parties, etc.
  - Communicate with parents and teachers about potential concerns for any of these activities with enough time for accommodations or modifications to be made.
Stoma Care

- Things to look for:
  - Granulation tissue - New or changing
  - Site leakage - More or different than usual
  - Site trauma - Report all site trauma to parents
  - Infection or abscess
Working With Parents
Working With Parents

◊ What to ask from parents:
  ◊ At least 1 extra of all supplies you might need
    ◊ Pump bags, syringes, extension sets, a change of clothing, formula, and an emergency G tube kit
  ◊ Clearly written emergency plan for any foreseeable emergencies for their child’s specific needs
    ◊ If an emergency plan includes 911 and transport to hospital, ask them to specify which hospital
    ◊ Names of additional emergency contacts who are familiar with child's medical needs and able to assist if parents can't be reached
  ◊ Information about their child’s diagnosis so that you can better understand his/her needs

◊ What to include in emergency G tube kit:
  ◊ Foley catheter or extra G tube button
    ◊ Same French size or a size smaller than current
  ◊ Water-based lubricant (K-Y Jelly or SurgiLube)
  ◊ 5 ml slip tip syringe
  ◊ 60 ml syringe
  ◊ Extension set
  ◊ Bottle of water
  ◊ Clamp from an old extension set if kit includes a Foley catheter

Printable guide available at:
Ultimately, we all have the same goal: to provide children with the nutrition support they need, as safely as possible, in the least restrictive environment. When we all work together to accomplish that goal we see these children achieve amazing things!