CSHCN – FEEDING TUBES

Feeding tubes are used in the home care setting to provide feedings for children usually due to impaired or insufficient oral intake. They can be placed in the stomach or jejunum (upper part of the small intestine) through the nose, mouth, or abdomen. These tubes may be positioned through the nasal orifice, mouth, or percutaneously.

Note: Caregivers are the best resource for tube care and troubleshooting malfunctions. Some percutaneous tubes continue on into the **jejunum**, therefore, **DO NOT TRY TO REPLACE OR REMOVE TUBE.**

There can be many reasons for leaking catheters such as balloon deflation, coughing, constipation, bowel obstruction, and seizures. Treat any medical problem according to the appropriate protocol.

A.   Perform **Initial Treatment / Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.

B.   Stabilize the tube in place.

C.   If there are fluids infusing through the feeding tube:

    1.   Stop all infusing fluids.

    2.   Have family members flush the tube with water.

    3.   Clamp the tube.

D.   Initiate cardiac monitoring:

    1.   Treat any arrhythmias with appropriate protocol.

E.   If signs and symptoms of shock, obtain IV access as age-appropriate and infuse a fluid bolus of 20 ml/kg of NS. If IV access cannot be readily accessed within 90 seconds or two (2) peripheral attempts an IO may be established per order of **Medical Command**.

    1.   20 ml/kg fluid bolus NS may be repeated per order of **MCP** as necessary.

    2.   If peripheral perfusion is maintained, IV should be infused at a KVO rate.

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F.   Transport child in semi-fowlers sitting position with head of cot in 30 - 45 degree elevated position unless contraindicated, i.e., trauma, etc.

G.   Bring all of the child's medical charts or medical forms that the caregiver may have, the child's "**go bag"** or other similar bag, and any supplies that the caregiver may have.