

MIC Gastrojejunal Tube (MIC GJ-Tube)

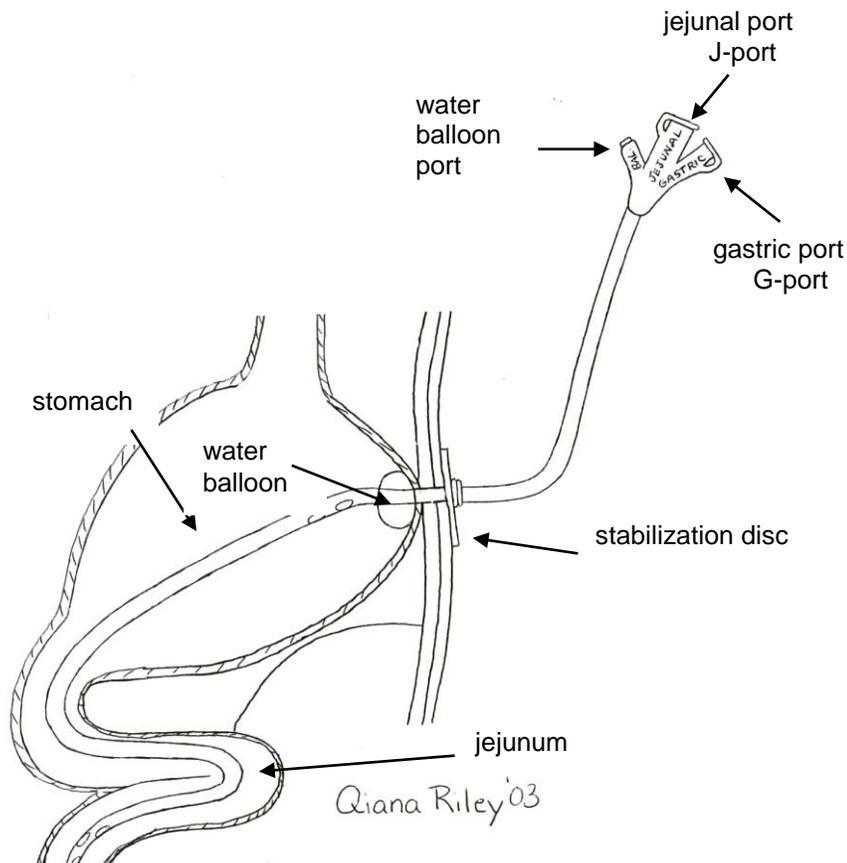
This teaching sheet should be used with the book Caring for a Child with a G-tube. If you did not get the care notebook, please ask your child's nurse.

What is a MIC GJ-tube?

- A MIC GJ-tube is a feeding tube that goes through the stomach by a gastrostomy tract.
- The tubing goes through the stomach and ends right in the jejunum. The jejunum is part of the intestine. That is where the feeding is given.
- There are different brands of tubes. MIC is one of the brand names.

Why does my child have a GJ-tube?

- Your child has had a hard time getting feedings in the stomach.
- This may be due to slow stomach emptying, severe belly pain, or gagging and vomiting during feedings.
- Some children can't gain weight when this happens.
- Some children may also have breathing problems such as asthma, wheezing or aspiration when feedings are given in the stomach.



How long will my child have a GJ-tube?

- A GJ-tube is a temporary tube.
- Most children need the GJ-tube for short periods of time.
- Once the first GJ-tube is placed and feedings are going well, attempts will be made to go back to stomach feedings.
- If your child can accept being fed into the stomach, the GJ-feeding tube will be changed to a gastrostomy tube (G-tube).
- If your child needs a GJ-tube longer than 6 months, your child's doctor may talk with you about the possible need for a jejunostomy (J-tube).

How do I care for a GJ-tube? (See page 12 and 15-16 in the book *Caring for a Child with a G-tube*)

Clean the site daily.

- Get your supplies.
 - Soap and water.
 - Washcloth or Q-tips®.
 - Tape.
 - 2x2 split gauze, if needed.

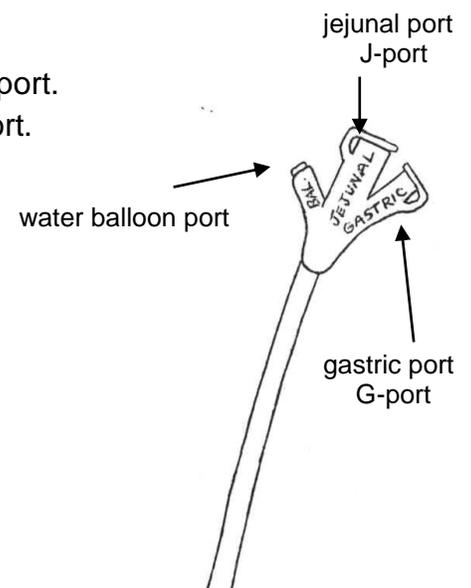
Note: Do **not** check amount of water in water balloon. Doing so might cause the tube to come out.

- Wash your hands with soap and water.
- Gently tilt the stabilization disc for cleaning.
- Clean the skin site with soap and water.
- Rinse the skin with water and dry the area well.
- Use one 2x2 split gauze if there drainage. This will protect the skin and absorb moisture.
 - Change this every day with site cares or more often if soaked.
 - If there is no drainage, leave the site open to air.
- Put a tension loop around the tube to help secure the tube.
 - Change the location of the tension loop every 1 to 3 days.
 - This keeps the tube from leaning the same way each time and making the hole larger.
- Wash your hands with soap and water.

How do I feed my child using a GJ-tube? (See pages 18 through 21 in the book *Caring for a Child with a G-tube*)

There are three ports on the MIC Key GJ-tube:

1. Jejunal clear feeding port = the middle port, also called a J-port.
2. Gastric clear feeding port = the side port, also called a G-port.
3. Water balloon port = port used to check the water balloon.



Feedings are given by a slow drip method to children with GJ-tubes.

- This helps to prevent vomiting, diarrhea or discomfort.
- The feedings go right into the intestine (jejunum) and this part of the body can only accept a slow drip-feeding.
- Do **not** give bolus feedings into the J-port.
- The center port is used to give feedings and flushes into your child's jejunum.

Feedings, continued

- Get your supplies
 - Formula
 - Feeding bag
 - Feeding pump
- Wash your hands with soap and water.
- Fill the feeding bag and prime tubing.
- Put feeding bag into pump.
- Attach the feeding bag to the center port of the GJ-tube.
- Set the feeding pump as you were told by the doctor and dietician.
- Start the feeding pump.
- When the feeding is done, close the clamp and disconnect GJ-tube from feeding pump.
- Flush the J-port of the GJ-tube with 10 mL of water or less if your child's doctor told you to do so.
- Close the clamp.
- Close the feeding port cover.
- Wash your hands with soap and water.

Flushing (See page 17 in the book *Caring for a Child with a G-tube*)

Flushing helps keep the tube from clogging.

- Flush two times every day and after each time you use the tube. Use 10 mLs of water.
- Get your supplies.
 - Syringes sizes 5 mL and 10 mL
 - Water
 - Amount for my child: _____mL
- Get 10 mLs of water in the syringe.
- Put the syringe tip in the J-port.
- Flush the J-port quickly with 10 mL of water. Do this two times every day.
- Flush the tube after any medicine is given.
- If more than one medicine is given at a time, flush after each medicine.
- Flush anytime a feeding is done.
- During continuous feedings, stop the feedings to do these flushes and then restart.
- If your child is less than 10 pounds or on a fluid restriction, do not flush the tube unless your child's doctor or nurse tells you to.
- Wash your hands with soap and water.

How do I vent or drain the stomach using a GJ-tube? (See page 22 in the book *Caring for a Child with a G-tube*)

Venting, sometimes called “burping through the G-tube,” lets your child’s stomach get rid of extra air or food. Venting can be done before, during or after feedings, or at any time your child is showing signs of discomfort.

- Get your supplies
 - For venting: 60 mL syringe
 - For gravity drainage: Drainage bag
 - MIC Extension set or Kanga adapter. This will help the drainage bag stay attached to the GJ-tube.
 - Other: _____.
- Wash your hands with soap and water.
- Close the clamp of the G-port. Then open the port cover.
- Put the syringe without the plunger into the G-port of the GJ-tube. Open the clamp.
 - Hold the syringe above the belly.
 - Keep syringe in place for 1 to 2 minutes, or longer if needed.
 - You may hear air or see excess food, stomach juices rise or drain into the syringe or bag.
- Be sure all stomach juices have gone back down to the stomach or empty them if you have been told to.
- Flush the G-Port with 5-10 mL of water if your child can tolerate it. If the tube is sluggish and your child can not tolerate any flush, then try flushing with 5 mL of water and pull the water back out.
- Close the clamp on the tube. Disconnect the syringe or drainage bag.
- Close the G-port.
- Wash your hands with soap and water.
- Some children need frequent or continuous drainage of the G-port.
 - Your child’s doctor or nurse will decide if this is needed.
 - If your child needs this done, you will be shown how to use a drainage bag.
 - You may need to replace the stomach juices with another fluid into the feedings.
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Troubleshooting problems (See pages 27 through 30 in the book *Caring for a Child with a G-tube*)

What if the GJ-tube is clogged?

- Use a 3 mL syringe filled with non-sugared carbonated water or club soda and try to flush.
- You may need to push and pull on the plunger in order to unclog.
- Continue this procedure using a 3 mL syringe filled with carbonated water.
- Use the push and pull action with the plunger until the tube flushes easily.

What do I do if the GJ-tube slips out of the tract or if I cannot flush it?

- All GJ-tubes are replaced in the Interventional Radiology Department using a special X-ray called fluoroscopy.
- If your child's GJ-tube comes out or is clogged and you can't get it unclogged, please call to have the tube replaced. Use the list below for calling:
 - Monday through Friday 7:00 AM – 5:30 PM: 414-266-3152 or 414-266-3648
 - All other hours: 414-266-3116
- If the GJ-tube becomes dislodged or clogged at other times, you can try to feed your child into the stomach with formula or Pedialyte® or Infalyte® until the tube can be replaced or repositioned.
- Some children may need IV fluids and possible hospital admission while the GJ tube is not functioning. It will depend on your child's age and special medical needs.
- If the GJ-tube is dislodged or clogged and your child is unable to get liquids, feedings or medicines during a time when the Interventional Radiology Department cannot replace the tube, please look at the instructions your doctor has given.
- If you have any concerns please call your child's doctor.

What do I do if the GJ-tube comes out all of the way?

- If your child's GJ tube falls out of the tract and you have been instructed on G-tube replacement, you may replace with an AMT long tube; then call for more instructions.
- If you are unable to replace a G-tube, call Interventional Radiology Department:
 - Monday through Friday 7:00 AM – 5:30 PM: 414-266-3152 or 414-266-3648
 - All other hours: 414-266-3116

****Other teaching sheets to help with this procedure: #3008 – Long Indwelling Tube with Water Balloon Insertion Procedure***

Information about putting in a G-tube when a GJ-tube has been in place

This information is only if you have been told that it is safe to replace a tube and if you were shown how to replace a tube.

- Keep an emergency kit in your child's backpack or diaper bag. Use a Ziploc™ bag to hold all of the supplies:
 - Spare tube (AMT long tube)
 - Water for balloon
 - 10 mL syringe to add water to balloon
 - Water soluble lubricant such as KY jelly®
 - Wash cloth/diaper wipes (to help you clean up)

Routine GJ-tube changes

- GJ-tubes need to be replaced every 3 to 4 months.
- This needs to be done Monday-Friday from 7:30 AM - 5:30 PM in the Interventional Radiology Department.
- Please call 414-266-3152 to schedule the tube replacement.

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if:

- Your child vomits and gags with feedings.
- Your child has diarrhea.
- The skin around the tube has drainage like pus.
- The skin around the tube is red, swollen or sore to touch.
- You are unable to use the tube or it came out.
- Your child has special health care needs that were not covered by this information.
- **Rarely**, the tube may cause a hole in the intestines. **This is an emergency.** Seek assistance immediately. **Signs of this would include increased size of belly, looking tired, and belly pain.**

This teaching sheet is meant to help you care for your child. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment, and follow-up.