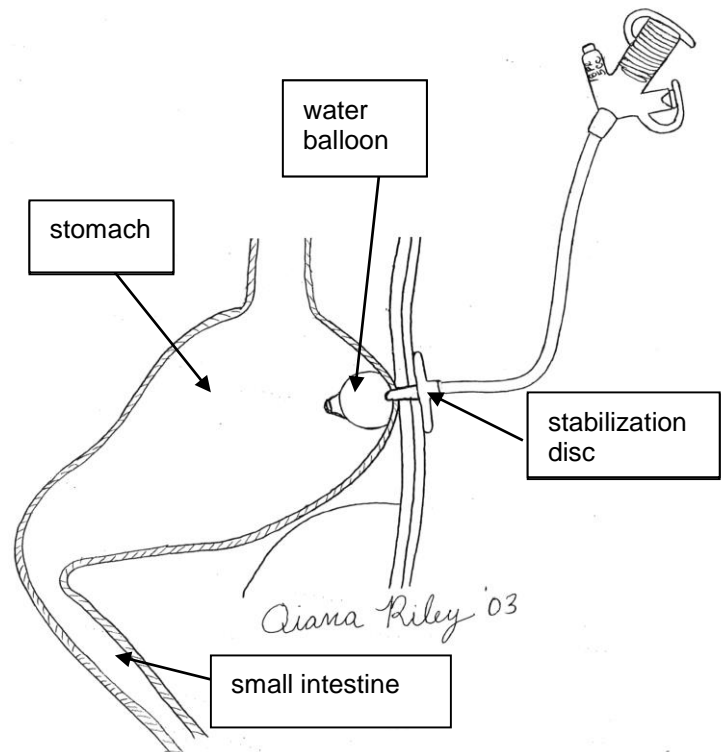


AMT Long Tube

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 an AMT long tube?

- The AMT long tube is a long type of feeding tube. It is held in place in the stomach by a water balloon.
- Some children may have an AMT tube placed as their very first tube.
 - If this is your child's first tube, it needs to stay in place for at least 6 weeks before it is changed.
 - This is needed for healing and to create a good tract for the tube.
 - After this time, the tube will be changed by a doctor or nurse and teach you how to change the tube at home.
- If your child had a tube changed to an AMT long tube, you will be given further instructions on how to replace the AMT long tube if it should fall out.



Why does my child have an AMT long tube?

- You and your child's doctor decided that this kind of feeding tube would be the best way to feed or supplement your child at this time.
- Your child's AMT long tube size is _____
You will need to know this number when ordering supplies.

Tube replacement

- If your child's tube has been changed to an AMT long tube, an AMT long tube of the same size will need to be kept at home.
- It is important to check gastric content after a tube change. (See teaching sheet #3008, Long Indwelling Tube with Water Balloon Insertion Procedure).
 - Your child's AMT long tube size is _____. You will need to know this number when ordering supplies.

Tube replacement, continued

- **If this is your child's first tube**, you should **NOT** replace it. You will **NOT** have a spare tube in the home.
 - Call your child's doctor or nurse for instructions if the tube comes out and it has never been changed before.
- It is important to check gastric content after a tube change. (See *teaching sheet #3003 – AMT Button Insertion Procedure*).

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

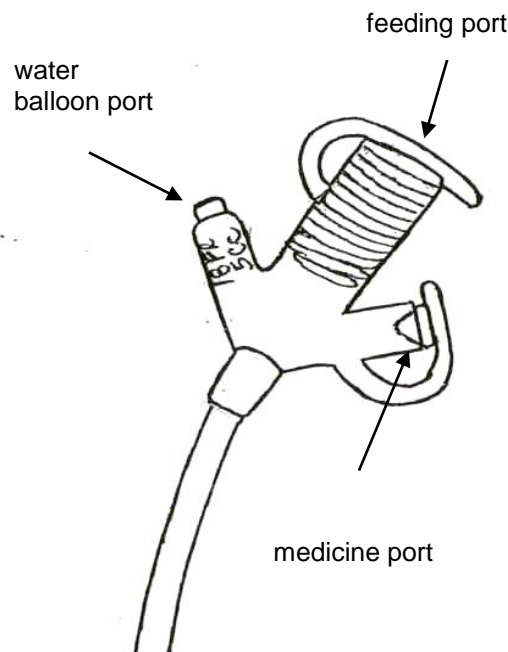
Clean the site daily. This is important for skin health.

- Get your supplies:
 - Soap and water
 - Washcloth or Q-tips™
 - Tape
 - 2x2-split gauze (optional)
- Wash your hands with soap and water.
- Gently tilt the stabilization disc for cleaning.
- Clean the skin site with soap and water.
- If the skin site around the tube has dried, crusty drainage, soak it with a warm wet washcloth to help get it off.
- Rinse the skin with water and dry the area well.
- Gently turn or spin the tube in the tract with site cares.
 - This stops the skin from sticking to the tube.
- Use one 2x2 split gauze if there is drainage. This will protect the skin and absorb moisture.
 - Change the gauze 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.
 - Move the location of the tension loop every 1-3 days.
 - This keeps the tube from leaning the same way each time and making the hole larger.
- If this is your child's very first tube, your child can take a sponge bath or shower 2 days after it is placed.
 - Do not let the skin site and tube go under water for one week after it is placed.
 - Your child may go swimming one month after the tube is placed.
- Wash your hands with soap and water.

How do I feed my child using an AMT G-tube?

(See pages 18-21 in the book *Caring for a Child with a G-tube*)

- Get your supplies.
 - Syringe
 - Feeding bag
 - Feeding pump
 - Formula
- There are three “ports” on the end of the AMT long tube:
 - Center port = feeding port
 - Side port = medicine port
 - Balloon port = port used to check the water balloon
- The center port is used to give feedings, liquids and medicines into your child’s stomach.
- Attach a syringe or feeding bag into this port.
- Use your child’s usual feeding routine and recommendations from the doctor or dietitian.
- When the feeding is done, flush the feeding from the tube with 5-10 mL of water.
- Close the feeding port cover.



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

- Flushing helps stop the tube from clogging.
- Get your supplies.
- Syringes sizes 5 mL and 10 mL
- Water flush after giving medicine.
 - Amount for my child: _____.
- Briskly flush the tubing with 10 mL of water after feedings.
- Flush the tube after any medicine is given.
- If more than one medicine is given at a time, flush after each medicine.
- 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.

How do I vent my child using an AMT 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.

Venting, continued

- Get your supplies:
 - 60 mL syringe.
- Wash your hands with soap and water.
- Close the clamp on the tube.
- Open the port cover.
- Put the syringe without the plunger into the feeding port.
- 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 tubing as explained above.
- Wash your hands with soap and water.

Troubleshooting Problems (See pages 27-30 in the book *Caring for a Child with a G-tube*)

Leaking at the skin site

- Make sure the water balloon is pulled snug against the stomach wall and the stabilization disc rests gently on the skin.
- Check the water balloon to make sure the correct amount of water is in the balloon (**do not do this if this is not your child's first tube**).
 - The amount of water is usually written on the tube.
- Put barrier cream on the skin site.
- Call your child's doctor or nurse if leaking keeps happening or not able to fix.

Granulation tissue

- This is extra healing tissue which can be seen where the tube comes out of the skin.
- It is very common for granulation tissue to grow. It is a normal body response.
- The tissue is pink and moist. There may be yellow-green drainage or a small amount of bleeding.
- If you see this tissue, contact the clinic for medicine to treat the tissue.

Leaking from the top of the tube

- Check to be sure the feeding port is closed.

Troubleshooting, continued

Tube blocked

- Make sure the tube turns or spins easily (to check the position of the tube).
- Try to flush the tube with a small amount of water.
- If that doesn't work, use a small syringe and flush with carbonated water.
- If that doesn't work, change the tube.
- **Note: If this is your child's first tube, do not replace.** Call the clinic to talk to the nurse or doctor for instructions.

Balloon will not deflate

- **Note: If this is your child's first tube, you should not check water balloon.** Call the clinic to talk to the nurse or doctor for instructions.
- Gently twist the slip tip syringe in the balloon port until the valve is opened.
- Using a moist cotton-tipped applicator, clean out the balloon port. Attach a syringe and try again.
- Gently pull up on the tube to see if the balloon is broken.
 - If the balloon is broken, replace the tube if you were told to do so.
- Call the clinic to talk to the nurse or doctor if this does not work.

- It is important to check gastric content after a tube change. (See teaching sheet #3008, Long Indwelling Tube with Water Balloon Insertion Procedure).

The tube appears to be too tight or too loose

- Move the stabilization disc up or down until the stabilization disc rests gently on the skin.

The tube falls out or balloon is leaking or is broken

- **Note: If this is your child's first tube, do not replace.** Call the clinic to talk to the nurse or doctor for instructions.
- If the tube has been changed before, change the tube with the same size tube. It is important to check gastric content after a tube change. (See teaching sheet #3008, Long Indwelling Tube with Water Balloon Insertion Procedure).
- If you do not have a new AMT long tube or if you are having a hard time replacing the tube, call your child's doctor or nurse.

Special Information

- If this is your child's first tube, it needs to stay in place 6 weeks before it is changed.
- This is needed for healing and to create a good tract for the tube.
- After this time, the tube can safely be changed.
- After your child's tube is replaced for the first time and **if** your doctor told you that you can replace your child's tube:
 - Keep an emergency kit in your child's backpack or diaper bag. Use a Ziploc™ bag:
 - Spare AMT button kit
 - Bottled water
 - Lubricant
 - Gauze to help clean up

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

- The tube is the first tube and it has fallen out.
- The tube comes out and can't be replaced.
- The skin around the tube has drainage (pus).
- The skin around the tube is red, swollen or sore to touch.
- The tube is blocked and you are not able to get it working.
- Your child has feeding problems such as vomiting or gagging.
- You need to change your child's tube more than every 2 months.
- If your child looks tired or has belly pain after a tube change.
- Your child has special health care needs that were not covered by this information.

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.