

Foley™ 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.

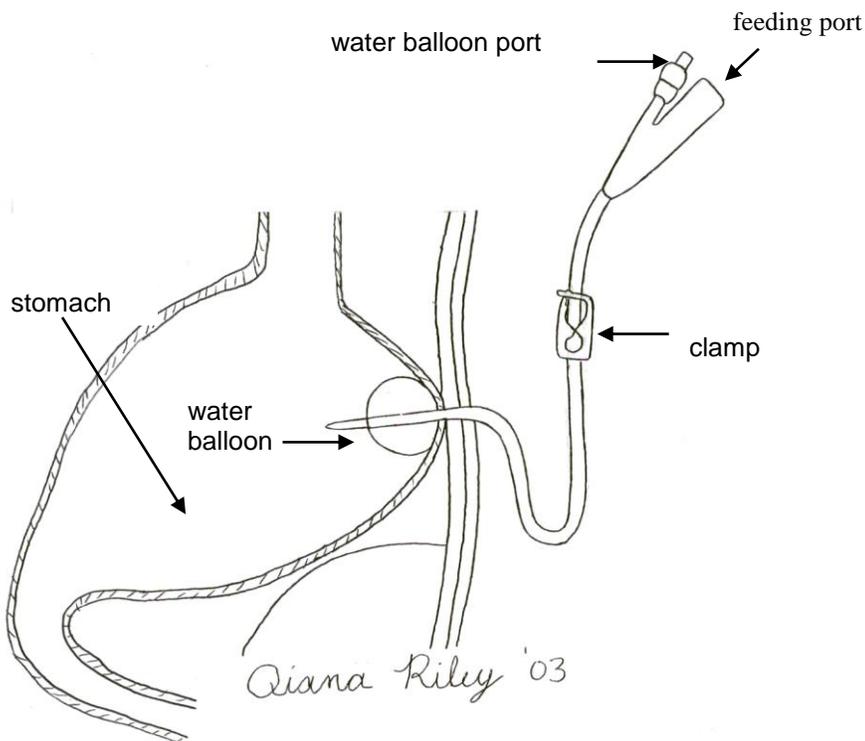
What is a Foley tube?

- A Foley tube is a long type of feeding tube.
- It is held in place in the stomach by a water balloon.

Why does my child have a Foley 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.
- If your child had a tube changed to a Foley tube, you will get more instructions on how to replace the Foley tube if it falls out.
- Your child's Foley tube size is _____

You will need to know this number when ordering supplies.



Tube replacement:

- If your child's tube has been changed to a Foley type of tube, a spare Foley tube of the same size will need to be kept at home.

How do I care for a Foley tube? (See pages 12 through 16 in the book *Caring for a Child with a G-tube*)

Clean the skin site daily.

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

How to care, continued

- Wash your hands with soap and water.
- Clean the 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.
- Gently pull back on the tube until you feel the balloon is snug against the stomach wall.
- Put a bolster dressing or gauze and tape dressing on to hold the tube in place.
- Put a tension loop around the tube to help secure the tube.

Securing the tube

- Bolster dressing method (see other teaching sheet to help with this procedure: # 3067- *Bolster Dressing for G-tubes and J-tubes*)
- Gauze and tape dressing method (see other teaching sheet to help with this procedure: # 3068 – *Gauze and Tape Dressing for G-tubes and J-tubes*)

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

- There are two ports on the end of the Foley tube
 - 1) A center port = feeding port.
 - 2) A side port = port used to check the water balloon.
- The center feeding port of the tube is used to get food and liquids into your child's stomach.
- Get your supplies.
 - Syringe
 - Feeding bag
 - Feeding pump
 - Formula
- Wash your hands with soap and water.
- Use your child's usual feeding times and instructions from the doctor or dietician.
- Use a feeding bag or 60 mL syringe.
- If using a pump, fill the feeding bag and prime the tubing.
- Put feeding bag into the pump.
- Close the clamp on the tube.
- Attach the feeding bag or syringe to the feeding port.
- Set the feeding pump as you were told by the doctor or dietician.

- Open the clamp on the feeding tube.

Feeding, continued

- Start the feeding pump.
- If using a syringe pour a small amount of formula in the syringe.
 - Open the clamp.
 - Don't finish the feeding in less than 20 minutes.
- When the feeding is done, flush the feeding from the tube with 5 to 10 mL of water.
- Close the clamp and remove the feeding bag tubing or syringe.
- Clean the feeding supplies.
- Wash your hands with soap and water.

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

- Flushing helps stop the tube from clogging. It gets rid of any medicine or formula left in the tube.
- Get your supplies.
 - Syringes sizes 5 mL and 10 mL
 - Water after giving medicine.
 - Amount for my child: _____.
- Briskly flush the tubing with 10 mL of water after feedings.
- Flush the tube after any medicine or food 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's stomach using a Foley 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
 - 60 mL syringe
- Wash your hands with soap and water.
- Close the clamp on the tube.
- Put the syringe without the plunger into the end of 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.

Venting, continued

- Flush the feeding 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 and take out the syringe.
- Wash your hands with soap and water.

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

Leaking at the skin site

- Check that the water balloon is pulled snug against the stomach wall and is stable.
- Check the water balloon to make sure the right amount of water stays in the balloon.
 - The amount of water is usually written on the balloon port.
- Put barrier cream, like Desitin®, on the skin site.
- Call your child's doctor or nurse if leaking keeps happening or you are not able to fix.

Granulation tissue

- This is extra growth of 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 little bit of bleeding.
- If you see this tissue, call the clinic for medicine to treat the tissue.

Blocked tube

- Make sure the clamp is open.
- Make sure the tube turns or spins easily (to check for proper position of the tube).
- Try to flush the tube with a small amount of water.
- If this doesn't work, use a small syringe and flush with carbonated water.
- If that doesn't work change the tube.

Balloon will not deflate

- 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 the 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.
- Call the clinic if this does not work.

Balloon leaks or breaks

- Replace the Foley tube with the same size tube.

The tube falls out

- Replace the tube with the same size Foley tube.
- If you are having a hard time replacing the tube, call your child's doctor or nurse.

Special Information

- If you have been shown how to change the tube
 - **Keep an emergency kit** in your child's backpack or diaper bag. Use a Ziploc™ bag:
 - Spare Foley tube
 - Bottled water
 - Lubricant
 - Syringe
 - 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 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.
- 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.