

## **Long Indwelling Tube with Water Balloon Insertion Procedure**

This teaching sheet should be used with the book Caring for a Child with a G-tube and the teaching sheet #3009 - AMT Long Tube.

### **What is a long indwelling tube?**

- A long indwelling tube is a tube that can be put into your child's tract so feedings can be given into the stomach. There are many types of long indwelling tubes that can be used. Children's Hospital of Wisconsin uses the AMT long tube.
- The tube is held in the stomach by a water balloon.
- The tube is secured on the belly with a disc.

### **Why does my child need this tube?**

This type of tube is used for a few reasons.

- If your child's usual tube could not be put back in.
- If your child has a GJ-tube, this type of tube will be used as part of the plan of care in case the GJ-tube falls out. Sometimes, this long indwelling tube will need to be placed in the tract so it doesn't get too small.
- If your doctor had decided this type of tube is best for your child.

### **How do I change my child's long indwelling tube at home?**

- Get your supplies
  - Long indwelling tube of ordered type and size.
  - Water soluble lubricants such as K-Y jelly™ or Surgilube®.
  - 5 mL or 10 mL slip tip syringe.
  - Bottled water or normal saline. Use the amount that is written on the tube.
  - 2 x 2 split gauze, if needed.
  - Tape, if needed.
- Wash your hands with soap and water.
- Get the new tube ready.
  - Pull the disc up toward the top of the tube.
  - Put lubricant on the balloon tip of the tube.
  - Draw up the correct amount of bottled water or normal saline into a slip tip syringe.

## Changing the tube, continued

- Take out the old tube if it is still in place.
  - Put the syringe with plunger into the balloon port.
  - Pull back on plunger until all the water is out of the balloon.
  - Take out the syringe.
  - Gently pull up on the tube until it is out of the tract.
  - Lay gauze or washcloth over the opening on the belly.
- Gently ease the new tube 1 to 2 inches into the tract.
- Put the syringe of water into the Balloon (BAL) port of the tube.
- Fill up the water balloon by pushing the plunger in.
- Gently pull up on the tube until it feels like it won't come up anymore. This means the balloon is snug against the stomach.
- Wipe away the extra lubricant from the skin.
- Push the stabilizing device down so that it is resting gently against the skin.
- If there is drainage, put a 2 x 2 split gauze dressing and tape on the site.
- Pull back on the plunger until you see gastric juices or formula.
  - It is important to check gastric content after a tube change.
- Close the feeding port.

## Tips

- Keep spare tube, supplies, and bottled water or saline in a Ziploc® bag. Take this with you wherever you go with your child. You never know when the tube may fall out.
- When changing the tube, have all your supplies set up and ready to go. This makes it easier and quicker when replacing the tube.
- Change the tube on an empty stomach so the food does not leak out.
- Your child may have a little bleeding or soreness after a tube change.
  - It is helpful to use distraction while changing the tube.
- If your child's tube falls out, do **not** panic. It is not an emergency. Try to get the tube back in as soon as you are able.
- After you use the spare tube at home, call your supply company (DME) so they can send another spare tube to your home.

## Troubleshooting

### My child's tube fell out! What do I do?

- Always try to replace the tube as soon as you can, even if you did not know when the tube fell out.
  - The tract starts to shrink after one hour.

Troubleshooting, continued

**The tube I am trying to replace won't go in**

- Never force the tube in.
- Try using more lubricant at the site.
- If you are not able to place the tube because of too much resistance, stop and call your child's doctor or nurse.

**I am not able to pull back any gastric content after changing the tube. What do I do?**

- Try leaving the tube unclamped and see if any contents drain from the tube.
- If still nothing seen after 20 minutes, then call your child's nurse or doctor. There may be a chance the tube could be in the wrong spot.

**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 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.
- Call the clinic to talk to the nurse or doctor if none of these work.

**My child needs their tube changed and I don't have a spare tube**

- If the tube needs to be replaced because the tube is broken, put the broken tube in the tract and tape in place. Then call your child's doctor or nurse.
- If you never got a spare tube sent to your home, call your child's doctor or nurse so they can get you a spare tube for home.

**I was never taught how to change my child's tube or I forgot**

- There are many resources you can use to try to replace the tube
  - [www.appliedmedical.net](http://www.appliedmedical.net) has a video and instructions for AMT long tubes.
  - Use the instructions on this teaching sheet.
- If you still are not able to change the tube, and need to be shown how to do this, please call your child's doctor or nurse.

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

- you are unable to replace the long indwelling tube.
- the tube site is closing up.
- you are unable to turn the tube in the tract.
- your child has special health care needs that were not covered by this information.
- your child has feeding problems such as vomiting or gagging.
- if your child looks tired or has belly pain after a tube change.

**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.**