



Gastric Tubes in the Child Care Setting

What are gastric tubes?

Gastric tubes—also called gastrostomy tubes or G-tubes—are feeding tubes for the purpose of administering liquid nutrients, medications, or both. Unlike nasogastric tubes (plastic tubes that stretch from the nose down the back of the throat to the stomach) gastric tubes are surgically inserted directly into the stomach.

There are many types of gastric tubes. The most common, called button tubes, are level with the skin. A tube or syringe is attached to the button opening in order to deliver the formula or liquid nutrients and/or medication. Some children with gastric tubes may receive a slow, continuous infusion with the help of a small pump device.

How are gastric tubes inserted?

They are inserted into the stomach through a surgical opening in the abdomen. A gastric tube is kept in place by either sutures (stitches) or an inflated balloon, just inside of the stomach. One end of the tube is in the stomach and the other end is outside of the body. Once the incision is healed the child usually does not experience any discomfort at the tube site.

Who will need a gastric tube?

Infants or children who are not able to eat normally because of problems with their mouth, throat, stomach or intestines may require a gastric tube in order to take in enough nutrients to grow normally and stay healthy. Infants or children with sucking or swallowing difficulties could require a gastric tube as well.

Can gastric tubes come out accidentally?

Yes, they can be dislodged if pulled on and should be kept protected from hazards that could cause

snagging. Most gastric tubes have an anchoring device, but extreme care should always be taken to prevent trauma or accidental injury to the site. Gastric tubes should be kept away from the hands of young children and infants—including the child with the gastric tube—to avoid them accidentally pulling out the tube. It is recommended that the child wear a one-piece shirt with the gastric tube tucked inside. If the G-tube comes out accidentally, don't panic. Cover the site with a clean piece of gauze or a washcloth, and call the parent. The child care provider should not attempt to reinsert the G-tube.

Does the ADA cover gastric tubes in child care?

The Americans with Disabilities Act (ADA) gives children with special health care needs the right to participate fully in child care programs. The law mandates that child care programs make reasonable modifications in order to accommodate children with special health care needs so that they are fully included in the child care setting.

What should I do if I have a child with a gastric tube in my care?

Understand the reasoning for the gastric tube. Children that have a gastric tube usually have had some other medical problem requiring it. Respond to the whole child so that your focus is not only on this one area.

Develop a written daily plan for the special care of the child with a gastric tube. Involve the parents and all staff members who care for the child in the creation of this plan (a Special Health Care Plan form example is available on the CCHP Web site). If available, involve your Child Care Health Consultant or public health nurse for guidance, resources and continued consultation.

Daily assess the child as he or she enters into care to make sure the gastric tube is not dislodged, infected or causing local irritation of the skin.

Communicate with the child’s family about the gastric tube care on a regular basis. Your open and positive attitude will let them know that their child’s needs are being met and that their child is being cared for responsibly and lovingly. Let the family show you how to hold the child during feedings. Ask if they provide any sucking, texture or taste stimulation in the mouth during feeding that you might do as well.

Provide opportunities for the other children in care to be part of the planning for the participation of the child who uses a gastric tube. Children are naturally curious about a child who is different than themselves. Encourage them to share their anxieties and fears, explore their questions and interests, and discuss the issue with each other and in play. Answer their questions with simple and factual answers, using examples that they will understand. Share children’s books, songs and other materials that promote the acceptance of individual differences.

Does Community Care Licensing allow feeding by gastric tube in child care?

There is nothing in Community Care Licensing (CCL) in California to prohibit child care personnel from administering routine gastric tube feedings, or administering routine *liquid* medication through a gastric tube to a child in care, as it is not considered a medical procedure. However, child care personnel are prohibited from administering *crushed* medication (pills) to a child through a gastric tube.

Licensed facilities *must* notify CCL in writing of their intent and provide a plan of operation to provide gastric tube care. This must include information on how staff are to be trained in gastric tube care. The facility must obtain approval from CCL to provide gastric tube care for a child [Section 101173(c)].

Written permission from the child’s parent/guardian *must* be obtained to provide gastric tube care. It must include parental consent to be able to contact the child’s health care provider. Licensing form

LIC 701B, “Gastrostomy-Tube Care Consent / Verification (Child Care Facilities)” is to be used to document this permission and must be kept on file at the facility [Section 101226(e)(3)(B)].

A qualified health care professional must properly instruct staff personnel who provide gastric tube care about the procedure for the child. This designated person may be the child’s parent/guardian if the physician approves. Licensed facilities must ensure that personnel who give gastric tube feedings are competent to do so and that there is written verification that the personnel completed the necessary training/instruction in gastric tube care. Form LIC 701A, “Gastrostomy-Tube Care: Physician’s Checklist (Child Care Facilities),” is to be used for this purpose and must be kept on file at the facility. A separate form must be used for each person who provides gastric tube care. It is important to ensure that there is trained back-up staff available to assist if necessary [Section 101216(a)].

Personnel who provide gastric tube care must follow specific written instructions from the child’s health care provider. The instructions including what to do, who to notify if complications occur, and how to receive training should be attached to the child’s LIC 701A form and kept on file at the facility. These instructions must include the exact steps needed to provide gastric tube feeding or liquid medication to the child and provide related necessary care. This includes, but may not be limited to: limitation or modifications to normal activity, frequency of feeding and amount/type of formula or liquid medication, hydration with water or other liquids, method of administering nutrients or medications, positioning of the child, potential side effects, how and when to flush the gastric tube and what to do if becomes clogged, proper sanitation/cleaning procedures, proper storage of equipment and emergency procedures and contact information. These instructions must be updated by the child’s health care provider annually, or whenever the child’s needs change, by the child’s physician or health care provider working with the physician [Section 101226(e)(3)].