Caring for my child’s Gastrostomy Tube

Feeding Tube
Inserted by Dr. ____________________________
Date: ____________________________
I know:
☐ The type of feeding tube my child has
  (PEG or skin level gastrostomy tube)
☐ The size of the feeding tube: ____________

Gastrostomy Tube
I know:
☐ What is a gastrostomy tube
☐ What happens if the tube falls out
☐ How to travel with my child

Skin Care
☐ I know how to check the skin around the tube
☐ I know how to care for the skin around the tube
☐ I know how to change the dressing, if needed
I know what to do if the skin is:
☐ Red, swollen, draining or sore
☐ Thick and bumpy (granulation tissue)

Feeding
I know:
☐ What type of formula to use
☐ How to prepare the formula
☐ How to store the formula
☐ What method to use to feed my child
  (gravity, syringe or pump)
☐ How to prepare the feeding equipment
☐ How to care for the feeding equipment
☐ How to position my child during feedings
☐ How to feed my child, including connecting
  and disconnecting
☐ What to do if my child coughs or gags during
  or right after feeding

Medication
☐ I know what the medication is for
☐ I know how to give my child medication
  through the feeding tube

Other
I know:
☐ What my child can take through his/her mouth
☐ The required consistency of the food
☐ The type of mouth care my child requires
☐ The activities my child can do

Managing problems
I can spot problems and know when to call for help
☐ Diarrhea
☐ Constipation
☐ Cramping
☐ Bloating
☐ Nausea
☐ Vomiting
☐ Fever
☐ Changes in urine colour or amount of urine
☐ Leaking around the tube
☐ The tube is blocked
☐ The tube comes out

Financial help
I know about these sources of funding:
☐ ADP
  ☐ I have my ADP form
☐ CCAC
☐ ACSD

My child’s follow-up appointment for the G-tube is: ____________________________

See pages 28 to 34 of the Gastrostomy Tube book