



**NATIONWIDE
CHILDREN'S**

When your child needs a hospital, everything matters.

Pediatric Surgery Gastrostomy Tube Placement Inpatient

**Center for
Clinical Excellence**

Inclusion

- Patient was tolerating full feeds via NG tube prior to surgery

Exclusion

- Attending surgeon discretion
- Concurrent major abdominal surgery (eg. fundoplication)

Standard GT Placement

- GT to straight drain x 4 hours

Continuous Feeding

Bolus Feeding

Start at 1/3 goal rate x 3-4 hours

Tolerated?

No

Yes

Increase to 2/3 goal rate x 3-4 hours

Tolerated?

No

Yes

Increase to goal rate and monitor x 3-4 hours

Tolerated?

No

Yes

Signs of Feeding Intolerance and Deterioration:

- Severe abdominal pain or irritability not resolved with prescribed pain medications
- Abdominal distention
- Vomiting
- Persistent tachycardia
- Fever (Temp $\geq 100.8^{\circ}\text{F}$)
- Tube site leaking, active bleeding, dislodgement
- Dyspnea/Resp Distress
- PEWS score ≥ 4

APP to Assess Patient

- Hold feedings
- Assess for signs of deterioration
- Clinically reassess in 1 hour

Signs of Deterioration

- Abdominal distention
- Bilious/persistent vomiting
- Tachycardia

- Fever
- Peritonitis
- Respiratory distress

Signs of
deterioration?

No

Yes

Restart feed at
previous volume/rate
step if symptoms
resolved

"Off Pathway"
APP to notify
Fellow/Attending

Discharge when meeting criteria

- Tolerating full homegoing feeding regimen
- Pain managed with enteral medication
- GT care teaching complete
- Educational booklet given

Give 1/3 goal volume per
home schedule

Tolerated?

No

Yes

Give 2/3 goal volume per
home schedule

Tolerated?

No

Yes

Give goal volume per home
schedule

Tolerated?

No

Yes

Gastrostomy Tube Care

Intra-Operative:

- Apply single-layer Mepilex Lite
- Bolster tube and tape if high risk for dislodgement
- Apply tube cinch and secure tubing
- Place Consult order for Wound Ostomy team

POD #1

- Wound Ostomy team to evaluate site
- No dressing change needed unless indicated by drainage

POD #2-7

- Wound Ostomy team to evaluate site
- Dressing change: Clean site with sterile water on cotton-tipped swab, dry, apply Cavilon no-sting barrier
- If tubing being used for continuous feeding, secure with cinch (Patients receiving bolus feeds will not have tubing connected)
- Leave open to air unless dressing is needed for drainage

POD #8

- May clean site with mild soap and water
- Leave open to air unless dressing indicated for drainage

Bolstered dressing indicated if: Leaking around GT site, Enlargement of GT site noted on exam, High-risk patient.

Patient/Family Care Policy 80:29: Gastrostomy Tube and Gastrostomy Skin Level Device Assessment/Care

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Medications

Gastrostomy tube may be utilized for medications immediately following surgery. If tube is on straight drain, clamp x 30 minutes after administration of medication.

Cefazolin administered within 60 minutes prior to the surgical incision is the preferred prophylactic antimicrobial for open, laparoscopic, or percutaneous gastrostomy tube. Post-operative antibiotic prophylaxis is not indicated.⁶

Post-Operative pain control

- Acetaminophen liquid 15 mg/kg Q6H via GT (Max dose 1000 mg)
- If >6 months old; Ibuprofen liquid 10 mg/kg Q6H via GT (Max dose 600 mg)
- Oxycodone liquid 0.05-0.1 mg/kg Q6H via GT prn severe pain (Max dose 10 mg)
- Provider to convert medications to IV alternatives if feeding intolerance is encountered

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Metrics

Pathway Goal

- A clinical care pathway to guide the initiation and advancement of post-operative feedings after gastrostomy tube placement. The pathway's goal is to standardize site care and reduce length of hospital stay.

Quality Measures

Outcome Metrics

- Reduced length of hospital stay after gastrostomy tube placement (Probably just capture Post-op admissions vs inpatient GT consults)

Process Metrics

- Pathway Utilization, post-op order set utilization

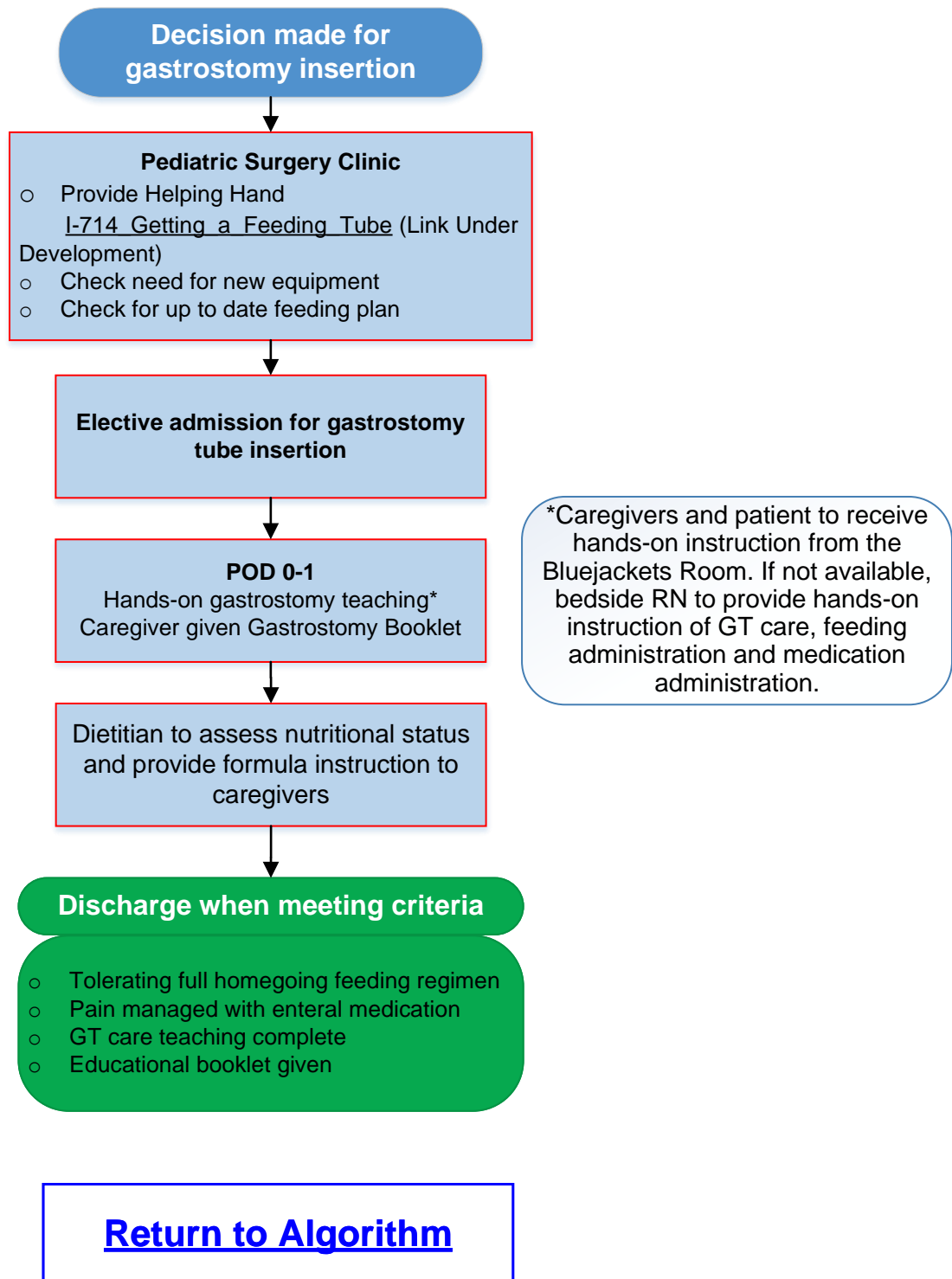
Balancing Metric

- Readmission within 7 days

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Patient & Caregiver Education

- Patient education documents:
 - Gastrostomy Booklet
 - Helping Hand: Getting a Feeding Tube HH-I-714 (Link Under Development)
 - Homegoing Discharge Instructions



References

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Pathway Team & Process

Pathway Development Team

Leader(s):

Pediatric Surgery:

Omar Nasher, MD

Karen Diefenbach, MD

Members:

Pediatric Surgery:

Cindy McManaway, APRN

Dana Noffsinger, CPNP-AC

Wound Ostomy Nursing:

Danielle Buker, RN, WOSC

Nurse Educator:

Michelle Roark, RN

Clinical Pharmacy:

Andy Sager, PharmD

Dietitian:

Terri Capello, RD

Clinical Pathways Program:

Medical Director – Surgery:

Dana Noffsinger, CPNP-AC

Medical Director – Hospital Pediatrics:

Gerd McGwire, MD, PhD

Medical Director – Clinical Informatics & Emergency Medicine:

Laura Rust, MD, MPH

Business & Development Manager:

Rekha Voruganti, MBOE, LSSBB

Program Coordinators:

Tahje Brown, MBA

Tara Dinh, BS

Clinical Pathway Approved

Medical Director – Associate Chief Quality Officer, Center for Clinical Excellence:

Ryan Bode, MD, MBOE

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Clinical Pathway Development

This clinical pathway was developed using the process described in the NCH Clinical Pathway Development Manual Version 6, 2022. Clinical Pathways at Nationwide Children's Hospital (NCH) are standards which provide general guidance to clinicians. Patient choice, clinician judgment, and other relevant factors in diagnosing and treating patients remain central to the selection of diagnostic tests and therapy. The ordering provider assumes all risks associated with care decisions. NCH assumes no responsibility for any adverse consequences, errors, or omissions that may arise from the use or reliance on these guidelines. NCH's clinical pathways are reviewed periodically for consistency with new evidence; however, new developments may not be represented, and NCH makes no guarantees, representations, or warranties with respect to the information provided in this clinical pathway.

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**For more information about our pathways and program please contact:
ClinicalPathways@NationwideChildrens.org**

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