Gastrostomy Tube Pathway

University of Iowa Stead Family Children's Hospital

Address all of following items:
-Agree with indication for G tube (aspiration, inadequate PO intake) consult Peds GI/PedSurg
-Need for further medical evaluation/intervention (Speech therapy, swallow study, feeding clinic)
-Anticipated G tube need ≥ 2 months (if <2 months continue PO, NG/NJ feeds)
-Successful NG trial at full enteral feeding target for ≥ 24 hrs (no emesis or other signs of feeding intolerance)

Agree with GT need at current time

Further medical follow-up/evaluation needed

↑risk of anatomic GI abnormalities?

Request UGI study

Follow-up by Peds GI service

Yes (see criteria, section A)

No

Risk for difficult PEG placement and/or
For high morbidity with PEG-related complication

Aberrant anatomy (malrotation, etc.)

Not present

Yes, malrotation suspected

Low risk

Moderate risk (risk stratification)
Prior minor abdominal surgery

High risk (risk stratification)
*Expected difficult placement (Prior extensive abdominal surg, ENT abnormality)
*Need for other abdominal surgery (malrotation, fundoplication..)
*High complication risk (peritoneal dialysis, epidermolysis bullosa)
*Poor outcome if complication occurs (severe cong heart disease)

Proceed with PEG

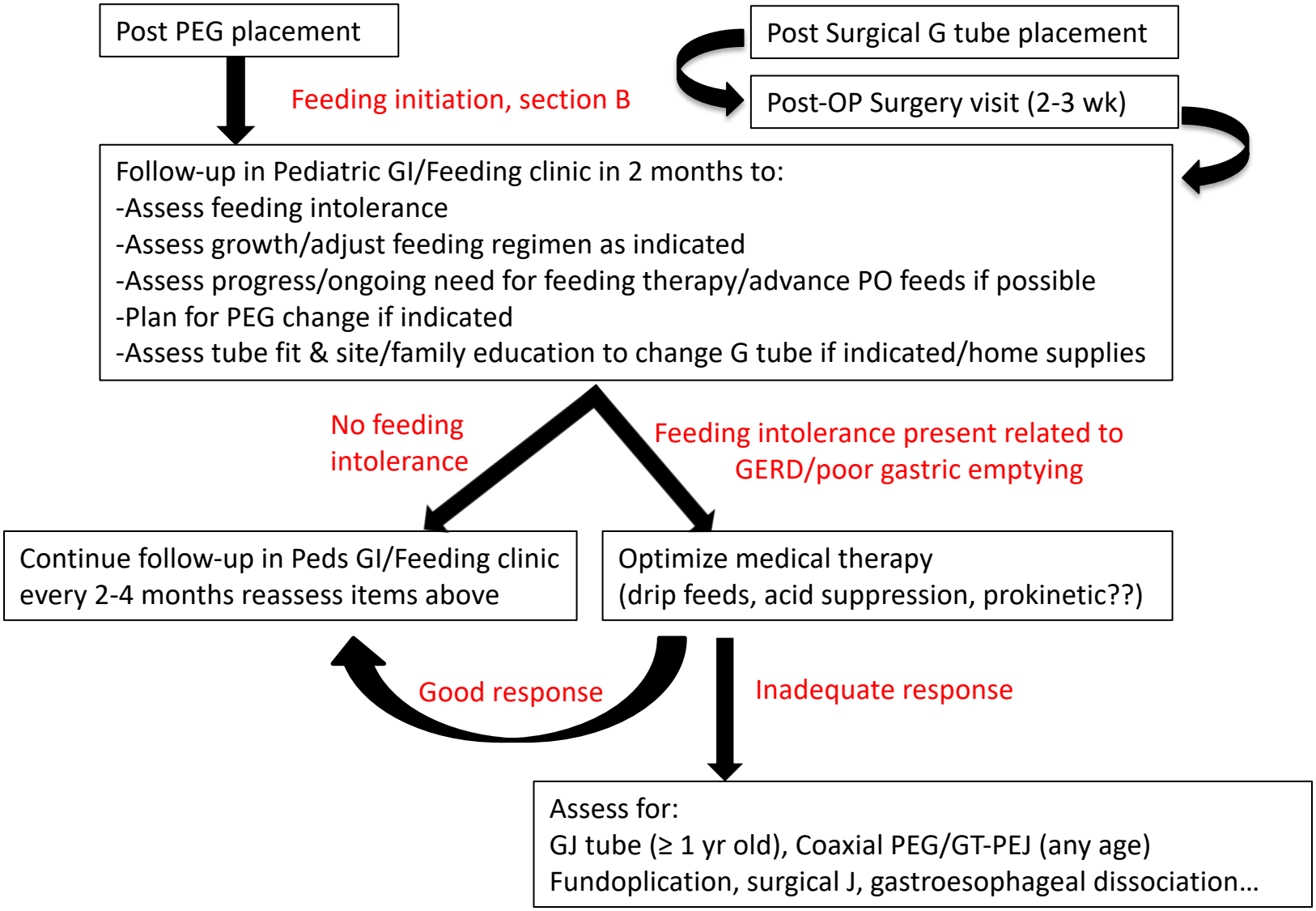
May proceed with PEG in OR (?) with surgery backup

Failed PEG

Proceed with surgical G tube

Feeding and Follow up

University of Iowa Stead Family Children's Hospital



Criteria for UGI (Section A)

Patients with increased risk of anatomic GI abnormalities (UGI study recommended)

- Heterotaxy
- Anterior abdominal wall defects and congenital diaphragmatic hernias (especially right sided)
- Major congenital anomalies (esophageal atresia, chromosomal abnormalities, anorectal malformations and biliary atresia)
- Patients who fail PEG tube placement (added by group following discussion)

Feeding post PEG placement Section B

University of Iowa Stead Family Children's Hospital

- Start feeds 6 hrs after insertion
- If NPO period ends before 5PM, provide bolus feeds as per nutrition plan, allow 3 hrs after last bolus of the day before starting drip (typically starts 8-10PM). Switch to bolus in AM then discharge if well tolerated
- If NPO period ends after 5PM, provide drip feeds (typically starts 8-10PM) as per nutrition plan. Switch to bolus in AM then discharge if well tolerated

Feeding post surgical gastrostomy tube placement (section B)

University of Iowa Stead Family Children's Hospital

Fast track:
NPO except medications
G-tube to gravity for 6 hours
Start at 25% of goal bolus feed with electrolyte solution.
If tolerated increase to 50 % of goal bolus feed with formula 4 hours later.
If tolerated increase to 75% of goal bolus feed with formula 4 hours later.
If tolerated increase to goal bolus feed 4 hours later.
All feeds should be administered via a vented system (open and elevated).

At risk patients, slow track:
NPO except medications on POD #0. G-tube to gravity drainage during this time.
POD #1 start continuous feeds with electrolyte solution at 25% of goal rate.
If tolerated after 6 hours may advance to 50% of goal rate with formula.
If tolerated after 6 hours may advance to 75% of goal rate with formula.
If tolerated after 6 hours may advance to goal rate.
Once continuous feeds at goal rate have been tolerated for 6 hours, may switch to goal bolus feed.
All feeds should be administered via a vented system (open and elevated).

Risk stratification for PEG/GT

University of Iowa Stead Family Children's Hospital

- Low risk → PEG in procedure area
- Moderate risk → PEG in OR with surgical back up
- High risk → Surgical G tube
  - Expected difficult placement (prior extensive abdominal surgery, ENT abnormality)
  - Need for other abdominal surgery (Ladd's, Fundoplication...)
  - High complication risk (peritoneal dialysis, epidermolysis bullosa)
  - Poor outcome if complication occurs (severe cong heart disease)