This form is developed in partnership and has co-ownership with the South Australian Department for Education and the Department for Health and Wellbeing, Women's and Children's Health Network

Government of South Australia

Gastrostomy care instruction

for education and care

There are a number of children in South Australia who have a gastrostomy inserted for a variety of reasons. This may be due to a medical condition which makes eating and/or drinking unsafe, psychological reasons for refusing to eat and/or drink or medication needs to be given and the child is unable to take orally. A gastrostomy is usually inserted for a long term period – a nasogastric tube may be inserted initially or if the condition is predicted to be short term (refer to HSP213 Nasogastric care instruction).

There are many different types of gastrostomy device made by a number of different manufacturers. The term gastrostomy may also be referred to a as a “PEG”, low profile gastrostomy device” or “button”.

The child will go to hospital for surgery where a surgical opening will be made from the abdomen to the stomach – this is called a stoma. The gastrostomy device is then inserted. The child is usually discharged within a few days of surgery. Initially there may be suture stays to adhere the stomach to the abdominal wall while the stoma is forming. The stoma is a tract which is kept open by the gastrostomy device. If this device was to come out the stoma will eventually close (similar to having your ears pierced and the hole closing when you no longer wear earrings!). Generally the device can be reinserted safely if prompt action is taken.

If a child in South Australia has a gastrostomy inserted they are eligible for support by WCHN Disability Services. If the child is in preschool or school they will be supported by the RN Delegation of Care Program and the Access Assistant Program. School staff should be aware first aid procedures if the device was to fall out if they have a student on their site that has a gastrostomy.

In a non-school setting (childcare, OSHC, respite, accommodation etc.) the child is eligible for support from the RN Delegation of Care Program. A Registered Nurse will provide training, competency assessment and delegation for staff to safely administer nutrition/fluids/medication via the gastrostomy. The WCH Disability Services referral form is accessible from the Department for Education website or the Women's and Children's Hospital website.

Swimming and physical activity

A child with a gastrostomy can participate in swimming and other activities.

After a new gastrostomy insertion there is usually an exclusion period from swimming of 6 weeks (or as advised by the child's medical team). After this there are no issues with swimming in clean, non-contaminated water.

If there are any signs of infection/leaking at the site then they should not swim until treated.

Mic-Key low profile gastrostomy device

This is one of the most common devices used in South Australia for children.

The device is held in place with a balloon which is inflated with water and is checked regularly by parent/guardian or health professional.

It can become dislodged if pulled or if the balloon bursts or is deflated.

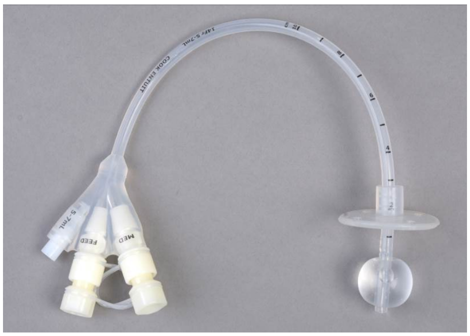
Mini One low profile gastrostomy device

This is also a relatively common device used in South Australia for children.

They can either have a balloon (see above) or a bolster to hold it in place.

This device is less likely to be accidently pulled out as the bolster is firmer and will not perish or deflate.

PEG (Percutaneous endoscopic gastrostomy)

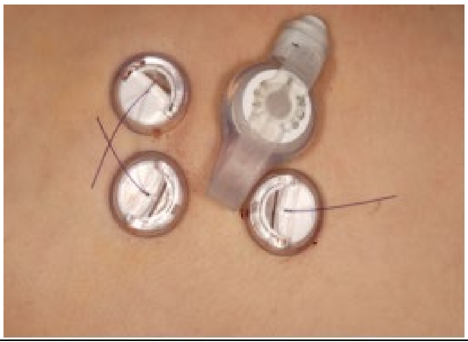


This is less common in children as the long tube is at greater risk of accidently being pulled out.

It is held in place by a balloon.

If a child has this type of tube inserted it is usually change to a low profile device after 2 months.

Suture stays



The suture stays adhere the stomach to the abdominal wall while the stoma is forming.

They remain in place for approximately 2 weeks after insertion of the device.

Parent/guardians will be given education in the hospital before discharge on how to care for them.

The suture stays will be removed if they have not fallen off by themselves.

GASTROSTOMY FIRST AID

OBSERVABLE SIGN		FIRST AID RESPONSE
The gastrostomy device (held in place with a balloon inflated with water – this is only attended to by a parent/legal guardian or treating health professional) is becoming loose.	⇨ ⇨	Contact parent/guardian to check the balloon and re-inflate the balloon as needed. This will help stop it being accidently removed.
The gastrostomy device is accidently pulled out by force.	⇨ ⇨	**DON'T PANIC!** There may be some blood if it has been pulled with force (this should be minimal and stop quickly). If the bleeding continues please contact parent/guardian and arrange medical review immediately. If unable to contact parent/guardian call 000 (ambulance). If the bleeding stops quickly and is minimal – follow step below.
The gastrostomy device is accidently removed and there is no bleeding or the bleeding is minimal and stopped quickly. There may be some leakage of stomach contents from the stoma (surgical opening from the abdomen into the stomach).	⇨ ⇨	**DON'T PANIC!** Cover the area with a clean, dry dressing and contact parent/guardian to attend to reinsert device. If unable to contact them or they cannot attend <u>within an hour</u> the child or young person will need to go to hospital for reinsertion. Call 000 (ambulance) if there is no other means of transporting the child or young person to hospital. Send the device with the child or young person to hospital so they can insert the correct type and size of device.
The gastrostomy device has been reinserted successfully by parent/guardian or treating health professional	⇨ ⇨	Child or young person may resume normal activities including administration of nutrition/fluids/medication via gastrostomy as per Health Plan/Nursing Care Plan.