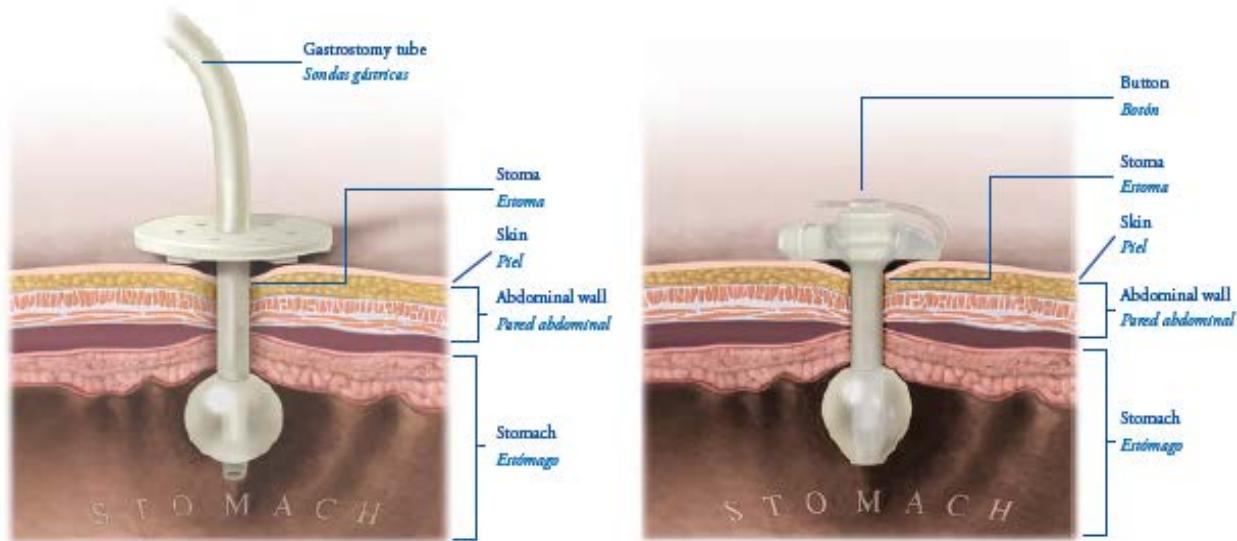


G-tube Dislodgement in Pediatrics

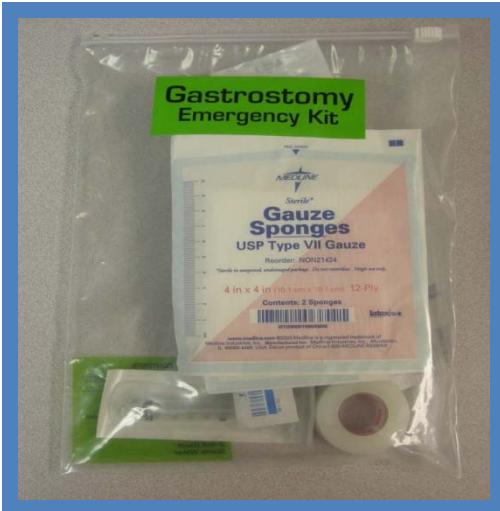


Advances in medicine are resulting in larger numbers of children surviving previously fatal conditions. Some of these conditions limit the child's ability to consume adequate nutrition orally. Increasingly, gastrostomy and/or enteric tubes are being placed to provide nutrition for these children. When a tube is inadvertently removed, the opening may shrink and the tract may close within hours (1).

Enterally-fed children entering the school systems create a dilemma for parents, teachers, nurses, and emergency personnel: What should be done when the child's tube is dislodged at school? School nurses are able to replace tubes, but may not be at the child's school when a tube is dislodged. Teachers however, are not trained in replacement of the tube, nor should they be expected to have this skill.

Children having a g-tube placed at Primary Children's Medical Center are provided with an emergency replacement kit, and parents are instructed to keep this with the child at all times. Parents are trained in the care and replacement of G-tubes, and most have provided this care for several years. Thus, they may have a difficult time understanding the apprehension of teachers to replace a tube.

A discussion between the parents, teacher(s), and school nurse should be conducted each time the child is registered for a new class, to determine the course of action for dislodgement of the G-tube.



If a tube is displaced at school, the school nurse should be contacted. In the event the nurse is unable to get to the school, the child's parent should be contacted to come to the school and replace the tube or, if necessary, take the child to a clinic or the emergency department. Ambulance transport of a child to the hospital is not warranted. This is an urgent situation, not an emergency. The parent or school nurse is usually able to replace the tube when they arrive. Should the stoma be too narrow, the patient can then be transported to the clinic or emergency room by the parent, consequently avoiding the added expense of ambulance transfer.

A discussion between the parents, teacher(s), and school nurse should be conducted each time the child is registered for a new class to determine the course of action for dislodgement of the G-tube. It is recommended that an agreement signed by the parent(s) or guardian(s) be kept in the child's file.

1. Borkowski, S. (1998). Pediatric stomas, tubes, and applicances. *Pediatric Clinics of North America*, 45(6), 1419-1435.