DISLODGED G-TUBE CLINICAL PATHWAY

**Child presents with G-tube dislocation**

**Triage level 2**

**Stoma Preservation** performed by provider

- Place same French (Fr) size foley as Fr tube in stoma.
- Progress 1 size smaller until able to place foley into stoma.
- Use lubricant, insert 2 inches, do not force.
- Do not inflate balloon.
- Tape Foley to abdomen.
- Do not use temporary Foley for feeds or medications, keep patient NPO.

**Stoma Preservation is performed by provider**

**Tube Assessment** performed by provider

- Is the G-tube new or established?
  - New < 6 weeks OR has not previously been changed
  - Established > 6 weeks
- When was the tract created?
- Who placed the tube initially?
- Where did the placement happen?
- Has the tube ever been changed?

**Serial dilation of stoma is required for G-tube replacement**

**Is the G-tube easily replaced and balloon inflated?**

**Did at least 1 method confirm correct placement?**

- Methods include:
  - Gastric contents aspirated
  - pH test

**Consult Pediatric Surgery or GI Service**

**Discharge patient**

**Follow up as needed**

**Consultation for Further Imaging:**

- Difficult or unsuccessful attempts at replacement prior to arrival
- Abdominal pain
- Feeding intolerance
- Reaching
- Gagging
- Vomiting
- Leakage from site

**Is proper tube placement confirmed?**

**When is the G-tube new or established?**

**Placement by GI, Surgery, or outside facility?**

**Is the G-tube easily replaced and balloon inflated?**

**Did provider aspirate gastric content and perform pH test AND pH < 5?**

**If there are indications for further imaging**

**Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.**

ChildrensNebraska.org/Pathways

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