Clogged Feeding Tube

Telephone Triage (Based on your Facilities Protocol and Availability)

Questions to ask:

1. What type of feeding tube including, tube size and manufacturer? *Gastrostomy tube (GT)*, *Percutaneous endoscopic gastrostomy tube (PEG)*, *Gastrostomy-Jejunostomy tube (GJ)*, *Naso-gastric tube (NG)*, *Naso-jejunal tube (NJ)*, *Naso-Duodenal tube (ND)* or *Jejunostomy tube (J)* - go to appropriate triage section.

2. When was the tube first placed?

3. Is the feeding schedule late? Any complications from not receiving feedings or signs of dehydration?

4. Are there medications that are late in being administered? Any side effects from not receiving medication?

5. Are there signs of dehydration such as dry lips, dry skin, decreased urine output (none in 6 hours) or sunken eyes/fontanel (infant)?

6. Any attempts to unclog the tube?

7. Any interventions that have worked in the past to unclog the tube?

8. Red Flags: ** referral to ED/PCP/sooner clinic visit if available

   1. Signs/Symptoms of dehydration (no urine output in > 6 hours, dry cracked lips, lethargy or other signs of dehydration -- send to ED and notify provider.

   2. Signs/symptoms of complications from missing medication doses -- send to ED and notify provider.

   3. If unable to unclog the feeding tube at home after advice given by the provider -- send to ED or immediate clinic visit. If sent to the ED, family should bring a spare tube from home, if available.

Treatment Goals: The feeding tube is unclogged and the child is able to receive his/her prescribed feedings and medications.

Advice:

1. Ask the parent to check the tube for kinks/clamps or faulty infusion pump as the cause of the occluded tube.

2. When attempting to remove the obstruction, try and withdraw any enteral solution remaining in the feeding tube with a 60 ml syringe. Irrigate the tube with 5-15 ml of warm water, using a 60 ml syringe, and alternate gentle pressure followed by suction
which often relieves the obstruction. When working with a GJ tube, consider which port may be clogged.

3. If the tube is still clogged, then ask the parent to attempt step #2 with carbonated/seltzer water. ClogZapper can be used if the family has this at home.

4. If the tube is still clogged, go to appropriate section below:
   A. **NG Tube**- Trained person at home replace NG and check placement. If no trained person, go to clinic, after normal business hours go to ED for replacement.
   B. **NJ/ND Tube**- go to ED for replacement.
   C. **G-tube**- Family should bring a spare tube from home, if available.
      1) < 12 weeks since placement- clinic, after normal business hours go to ED for replacement. An X-ray needs to be done to check placement of new G-tube since track is not well formed and there is a higher risk that the stomach may separate from the abdominal wall.
      2) >12 weeks- Trained provider can replace at home. If no trained person, go to clinic, after normal business hours go to ED for replacement.
   D. **PEG tube**-
      1) If original PEG tube has been already replaced with a GT with balloon, a trained provider can replace at home. If no trained provider, go to clinic, after normal business hours go to ED for replacement.
      2) If original PEG tube is in place, go to ED. The PEG tube will need to be replaced by endoscopy.
   E. **GJ Tube**- tube will need to be replaced in Interventional Radiology (IR). During normal business hours, direct patient to either IR or the ED. After hours, the patient will need to go to ED.
   F. **J- Tube**-
      1) < 12 weeks since placement- surgical clinic, after normal business hours go to ED for replacement. An X-ray will be needed since the track is not well formed.
      2) > 12 weeks- Trained provider can replace at home. If no trained provider, go to surgical clinic, after normal business hours, ED for replacement.

**Teaching:**

1. The key to prevent feeding tubes occlusions is prevention!
2. The parent should be giving a prescribed amount of water flushes before and after medications and bolus feedings. If the child is receiving continuous feedings, flushing should occur every 4 hours to maintain patency.
3. Whenever possible, elixir and solution forms of medications should be used.
References

