

Problem Solving

There are common problems that can occur with any feeding tube. Knowing what to watch out for will help you quickly manage these problems with your health care team.

Aspiration

This is the highest risk for patients with tube feedings. The tube may be misplaced, and the feeding has been inhaled into the lungs.

THE SIGNS AND SYMPTOMS INCLUDE THE FOLLOWING:

- ▶ Frequent coughing, wheezing, rapid breathing, and bluish color of the skin caused by lack of oxygen
- ▶ Chest pain
- ▶ Cough with foul-smelling sputum, pus, or blood
- ▶ Fatigue or feeling of sleepiness
- ▶ Shortness of breath
- ▶ Excessive sweating
- ▶ Swallowing difficulty

WHAT YOU CAN DO

- ▶ **DO NOT PANIC.**
- ▶ Stop the feeding immediately.
- ▶ Maintain an upright sitting position or elevate the head of the bed at least 45 degrees.

Call 911 for professional medical assistance, as this can be a life threatening emergency.

G-Tube or J-Tube Moves from Its Original Placement

The tube has moved from its marked position.

WHAT YOU CAN DO

- ▶ Shut off any feedings that are in progress.
- ▶ Check the marker or tape to verify if the tube has moved and how much.
- ▶ Check the placement. Try to withdraw fluid from the tube with the catheter-tip syringe. A tight sucking feeling with little or no fluid returned may indicate that the tube is in the small intestine.
- ▶ A large amount of fluids may indicate that a tube that should be in the small intestine has moved back up into the stomach.
- ▶ Check the color and pH of the contents returned. A pH of less than 5 with clear to light green contents should indicate that a gastrostomy tube is correctly placed in the stomach. A pH greater than 6 can indicate that the tube may be in the small intestine if secretions are yellow.
- ▶ Call your provider for directions on how to proceed.

G-Tube or J-Tube Pulled Out

Tube is obviously not inserted in its site.

WHAT YOU CAN DO

- ▶ **DO NOT PANIC.**
- ▶ Shut off any feedings that are in progress.
- ▶ For a G-tube: Cover the stoma with a small, clean dressing and tape. The G-tube needs to be replaced as soon as possible (within 1 to 3 hours) so that the tract will not close.
- ▶ Replace a gastrostomy tube if you have a backup tube and have been properly trained by your health care provider.

J-tube: Do not attempt to reinsert. Notify your doctor's office if the J-tube is out of place or removed.

Irritation of Skin at the Stoma Site

SIGN AND SYMPTOMS:

- ▶ Irritated or red skin around the tube's stoma site
- ▶ Soreness
- ▶ Bad odor
- ▶ Infection



WHAT YOU CAN DO

- ▶ Check the feeding tube marker or tape to make sure it is in the correct position. There should not be much leakage once the stoma site has healed in 2 to 3 days.
- ▶ Wash the skin gently with soap and water. Use a Q-tips cotton swab or gauze to swab around and dry the site.
- ▶ Apply skin barrier powder if available and a dry sterile dressing if necessary.
- ▶ Rotate the bolster of a G-tube daily to prevent skin breakdown.

Call the doctor's office if your skin does not improve or worsens.



Nausea or Vomiting Caused by Certain Medications, the Tube Moving in the Stomach or Blocking the Stomach Outlet, or Tube Feeding Intolerance

WHAT YOU CAN DO

- ▶ Stop the feedings if continuous.
- ▶ Check the feeding tube for residual volume with the feeding syringe.
- ▶ Check the placement of the tube and readjust if necessary.
- ▶ Check to see if the abdomen is firm or painful to the touch.
- ▶ Watch for signs of dehydration such as dry mouth, thirst, or decreased urine.

Call the doctor's office if there is a large residual volume after 2 feedings, if the abdomen is firm or swollen, or if there are signs of dehydration.

Diarrhea Caused by Feeding Intolerance, Too Much Water, Medication, a Virus, or Infection

WHAT YOU CAN DO

- ▶ Watch for signs of dehydration such as dry mouth, thirst, or decreased urine output.
- ▶ Continue to feed, watching and recording the amounts closely.

If diarrhea lasts more than 2 days, call your doctor's office.

Constipation: Infrequent and/or Hard Stools, Bloating, Gas, Cramping, or Pain

THIS MAY BE CAUSED BY:

- ▶ Inadequate fluid intake or fiber
- ▶ Certain medications
- ▶ A bowel obstruction
- ▶ Inactivity

WHAT YOU CAN DO

- ▶ Increase fluids.
- ▶ Increase activities like walking.

Call your doctor if you have not had a bowel movement in 2 days, you have abdominal swelling or cramping, or you begin vomiting. Your doctor may need to review your medications, give you a stool softener or add fiber to your feedings, or change the amount of your daily fluids. Tests may be necessary if your bowels are blocked or obstructed.

Granulation Tissue Due to Friction, Chafing, or Dragging Downwards

SIGNS AND SYMPTOMS:

- ▶ Pink to red overgrown tissue or skin at the stoma site
- ▶ Bleeding



WHAT YOU CAN DO:

- ▶ Practice good hygiene to the site.
- ▶ Handle the tube gently.
- ▶ A poorly secured tube can also increase granulation tissue and lead to infection, bleeding, or an increase in drainage and odor.
- ▶ For low-profile devices, have the stoma length remeasured by your physician.

Contact the doctor's office to provide local care to the site.

Clogged Feeding Tube

The feeding tube can be clogged due to feeding sediment in the tube, causing slow delivery rates of feeding or inability to flush the tube or deliver medications.

WHAT YOU CAN DO

- ▶ Try to slowly flush the tube with warm water using a 10 mL syringe and repeat every 10–15 minutes until the clog is cleared.

Do NOT attempt to clear blockage by inserting an object. This could result in damage to the tube or injury to the GI tract. Do NOT use cranberry juice, meat tenderizer, or carbonated beverages (for example, cola) to unclog tube. These products can make the clog worse. Notify the doctor's office if the tube remains clogged.

Tube Leakage

Your feeding tube can have leakage due to the amount of feeding, weight gain or loss, enlarged stoma, underinflated balloon or loose bumper, incorrect tube position, feeding intolerance, or constipation. Incorrect button length for the stoma can also be a cause.

SIGNS AND SYMPTOMS:

- ▶ Fluid, feeding, or blood noted at the tubing insertion site
 - ▶ Need for a dressing more than 2 days after tube insertion
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WHAT CAN YOU DO

- ▶ Most leakage is due to intolerance of the rate and the amount of feeding. Do not overinflate the balloon if there is leaking. Call the doctor's office to determine if the feeding should be slowed down or the amount adjusted.

If there is another cause:

- ▶ Determine the reason for weight change and treat.
- ▶ Deflate the balloon and reinflate using the correct amount of water.
- ▶ Treat constipation by increasing activity and providing adequate feedings and fluids.
- ▶ Adjust medications if necessary.
- ▶ For low-profile buttons, have the stoma length remeasured and confirmed by your physician.

Buried Bumper Syndrome

Buried bumper syndrome can occur due to the internal bumper holding the tube too tightly against the abdominal wall as well as weight gain or loss.

SIGNS AND SYMPTOMS:

- ▶ Ulceration
- ▶ Leakage
- ▶ Bleeding
- ▶ Infection
- ▶ Pain with resistance to feeding

WHAT YOU CAN DO

Call the doctor's office to confirm the condition and obtain medical advice or to possibly be remeasured.

Medical Emergencies

Contact your surgeon or nurse immediately or go to the nearest emergency room if you have the following issues:

- ▶ Choking or difficulty breathing
- ▶ The feeding tube has come out and you have not been trained or cannot replace it
- ▶ Bleeding, tears, or change in color around the G-tube stoma
- ▶ Vomiting or diarrhea that continues for more than 2 days
- ▶ Unusual weakness, fever, chills or other symptoms
- ▶ Redness, pain, or drainage from the tube insertion site
- ▶ Temperature of 101°F or 38.3°C for more than 2 to 3 days