

Care of an Enteral Feeding Mic-Key Gastrostomy Button
(Day 2 post initial insertion and onwards)
Use careplan in conjunction with careplan 1

Full Name:
Address: Addressograph
HCR

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Care Plan No 27g Problem			Care of an Enteral Feeding Mic-Key Gastrostomy Button (Day 2 post initial insertion and onwards) Goals		e Date: ew Date:		nber 2017 nber 2020
Us NI CC SI	Nursing Intervention (in conjunction with OLCHC's Guideline) Use in conjunction with OLCHC NPC Enteral Guidelines NB. Loop all enteral feeding tubes when not in use to prevent tubes catching in equipment if not connected to feeding pumps. Special care when moving and handling infants/ children (For example, transferring to a buggy, placement in parents' arms or weighing)						
	No		NURSING INTERVENTION		Commence Date, Sign Time, G	ature,	Discontinued, Date, time, Signature, Grade
	1a		Individualised Mic-Key Button Details				
• Er 10	Document the following as per post-operative medical notes for:						
ра	itient's beds	side	Ctomp Cito				
_	1b	tomo oi	Stoma Site				
•	daily If leakage as required Observe a 3 for care	ng is req is evide d to cor and reco	uired however if present ensure it remains dry and intact and character, record and report to the surgical team/Nutrition Support Consider the application of a dressing and /or protective barrier created wound condition on the Wound Assessment Sheet (See Setted site)	:NSp eam			
	1c		Mic-Key Button Feeding Extension Set				
• • • •	Only acces	ss the N ISERT A set afte	ey button feeding extension set can connect to the Mic-key butt Mic-Key Button via the Mic-Key Button Feeding Extension Set A SYRINGE DIRECTLY into the Mic-Key Button r each use, allow to dry and store in an airtight container eekly	on			
	1d		Mic-Key Button Position Check				
ke ga be	t is an estal y Button us strostomy	se, How button,	Mic-key Button, the pH does not need to be check before each vever, if there is any concern regarding the safe positioning of check the pH using aspirated stomach contents (pH mus ne presence of acidic gastric secretions) and contact the Sur	f the			
	1e		Medications				
•	Medication prior to con	mmenc Gastro	be administered via the feeding extension set via gastrostomy being 1st feed. Ostomy button before, between different medications and				



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1f	Enteral Feeding via the Gas	trostomy Mic-key Butto	on	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
 Liaise with the dietician to develop an individualised nutrition plan to commence or re-establish feeds Ensure the enteral feeds are ordered via the Dietitian on admission Administer feeds as per dietician regime. 					
Feed Type Rate Duration					
1g Retention Balloon Verification and Change					
Verify the fill volume of the retention Balloon as per post-operative notes Change the water in the balloon weekly Fill a 10ml luer slip syringe with recommended volume of sterile water (as per Mickey Button Table below)					
Size	Recommended Fill Volume	Max fill Volume			
12fr	3mls	5mls			
14fr	5mls	10mls			
16fr	5mls	10mls			
18fr	5mls	10mls			
20fr	5mls	10mls			
24fr	5mls	10mls			
Attach and balloon. Hold button Attach syriwater into Do not insom the balloon of					
	Liaise with re-establish Ensure the Administer at the Administer a	Liaise with the dietician to develop an individual re-establish feeds Ensure the enteral feeds are ordered via the Die Administer feeds as per dietician regime. The definition of the retention Balloon as Change the water in the balloon weekly Fill a 10ml luer slip syringe with recommended key Button Table below) Size Recommended Fill Volume 12fr 3mls 14fr 5mls 16fr 5mls 18fr 5mls 20fr 5mls 24fr 5mls Attach an empty 10ml syringe to balloon port an balloon. Hold button in place Attach syringe containing appropriate volume water into balloon. Do not insert air into balloon If the balloon will not deflate: Clean balloon port with a cotton but balloon again. If the balloon does not deflate, conta Surgical Team Check the position of the Gastrostomy Mic-key obtain a gastric aspirate to check pH ever fill the balloon with more that 10mls (5mls of the contains the contains the contains to the contains the contains the contains the contains agastric aspirate to check pH ever fill the balloon with more that 10mls (5mls of the contains the balloon with more that 10mls (5mls of the contains the balloon with more that 10mls (5mls of the contains the balloon with more that 10mls (5mls of the contains the balloon with more that 10mls (5mls of the contains the balloon with more that 10mls (5mls of the contains the balloon with more that 10mls (5mls of the contains the balloon with more that 10mls (5mls of the contains the balloon with more that 10mls (5mls of the contains the conta	Liaise with the dietician to develop an individualised nutrition plan to corre-establish feeds Ensure the enteral feeds are ordered via the Dietitian on admission Administer feeds as per dietician regime. 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If the balloon will not deflate: Clean balloon port with a cotton bud and water and try to compare the balloon of the Gastrostomy Mic-key Button following volu obtain a gastric aspirate to check pHerer fill the balloon with more that 10mls (5mls of 12Fr sizes) of sterile over fill the balloon with more that 10mls (5mls of 12Fr sizes) of sterile over fill the balloon with more that 10mls (5mls of 12Fr sizes) of sterile over fill the balloon with more that 10mls (5mls of 12Fr sizes) of sterile over fill the balloon with more that 10mls (5mls of 12Fr sizes) of sterile over fill the balloon with more that 10mls (5mls of 12Fr sizes) of sterile over fill the balloon with more that 10mls (5mls of 12Fr sizes) of sterile over fill the balloon with more that 10mls (5mls of 12Fr sizes) of sterile over fill the balloon with more that 10mls (5mls of 12Fr sizes) of sterile over fill the balloon with more that 10mls (5mls of 12Fr sizes) of sterile over fill the balloon with more that 10mls (5mls of 12Fr sizes) of sterile over fill the balloon with more that 10mls (5mls of 12Fr sizes) of sterile over fill the balloon with more that 10mls (5mls of 12Fr sizes) of sterile over fill the balloon with more that 10	Liaise with the dietician to develop an individualised nutrition plan to commence or re-establish feeds Ensure the enteral feeds are ordered via the Dietitian on admission Administer feeds as per dietician regime. 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If the balloon does not deflate, contact the Nutritional Support CNSp / Surgical Team Check the position of the Gastrostomy Mic-key Button following volume check, obtain a gastric aspirate to check pH Ever fill the balloon with more that 10mls (5mls of 12Fr sizes) of sterile or distilled	Liaise with the dietician to develop an individualised nutrition plan to commence or re-establish feeds Ensure the enteral feeds are ordered via the Dietitian on admission Administer feeds as per dietician regime. 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	2a If Malpositioning of the Gastrostomy Mic-key Button is suspected	
•	Check the pH as above	
•	Observe for signs or symptoms of the Gastrostomy Mic-key Button malpositioning:	
	discomfort, pain, leakage at the stoma site, no stomach contents on aspiration, pH	
	greater than 5	
•	Record in the nursing notes and report to the Surgical Team/Nutrition Support CNSp	
	2b If the Gastrostomy Stoma Site is Infected	
•	Observe site for signs of redness/swelling/oozing	
•	Perform daily dressings or as directed by Surgical Team and Nutrition Support CNSp	
•	Apply topical creams as prescribed	
•	Administer pain relief as required and monitor effectiveness of same	
•		
•	Document condition of site on assessment sheet	
•	Obtain microbiological Swab for Culture and Sensitivity	
Da	ate Performed:	
Ac	Iminister antibiotics as prescribed:	
••••		
Add	ditional information:	
	2c If the Gastrostomy Mic-key Button Dislodges	
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•		
•	Observe the child Observe the gastrostomy site for bleeding and / or leaking	
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	3	Discharge Support (If appl	icable)		
•	Provide parents	ts/guardians with Gastrostomy Button Information Date:	n: - Yes □		
	o Written:- Pa	Parental Advice Leaflet Given Date:	Yes □		
0	Ward Nurse de	emonstrates on the spare Mic-key button to the $\mathfrak p$	parent/guardian: -		
	o How to che	eck the Mic-key Buttons balloon water volume			
	 How to rota 	tate the Mic-key Button 360° daily			
	 Clean the N 	Mic-key Button site daily			
0	Nutritional Supp	pport CNSp (Blue Referral Form) Completed	Yes □		
0	• •	eral Education and Support Services Re	·		
	•	omecare (<u>homecare@technopath.com</u>) via emai	I □ to:		
	•	ne Mic-key Button in 3/12			
	-	ne water in the balloon after 7-14 days			
•	Spare Equipm				
	•	k-key Button, extension feeding set and necessar	y supplies provided by		
		Support CNSp for first 7 days			
•	-	for all supplies is written and forwarded to PH	•		
	•	rge (Prescription Template available in OLCHC 2	•		
•	• PHN Discharge Letter completed by ward staff □ and forwarded to PHN □ via				
	post/fax/email p	prior to discharge			

Created by Renagh Thomlinson - Nursing Department Issue Date: December 2017 / Review Date: December 2020

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