

Immediate (Day1) Pre and Post Op Care for the Secondary Insertion of an Enteral Feeding Gastrostomy Button (Mic-key Button)

All careplans must be used in conjunction with careplan 1

Full Name:	
Address: Addressograph	
HCR	

Care Plan <mark>No 27e</mark> Problem	Immediate (Day1) Pre and Post Op Care for the Secondary Insertion of an Enteral Feeding Gastrostomy Button (Mic-key Button) Goals	Issue Date: April 2020 Review Date: April 2023
Requires the Secondary Insertion of an Enteral	<ul> <li>Preoperatively, the infant/child will be safely prepared the gastrostomy button (Mic-key Button)</li> <li>Postoperatively, the infant/child will have a safe and company to the safe and comp</li></ul>	·
Feeding Gastrostomy button (Mic-key Button)	<ul> <li>Effective management of complications</li> <li>The child/infant will be safely discharged hom parents/guardians</li> </ul>	e under the care of their
Date inserted		

# **Nursing Intervention** (in conjunction with OLCHC's Guideline)

- Care plan used in conjunction with care plan 6- routine pre & post op care
- Use in conjunction with OLCHC NPC Enteral Guidelines
- For nursing care after day 7 refer to care plan 27
- 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	Date, Signature, Time, Grade	Date, time, Signature, Grade
1	Pre-operative care prior to the secondary insertion of a gastrostomy button		
<ul><li>Provide v</li><li>Adhere to</li><li>Contact intended</li></ul>	Dietitian to ensure they are aware of intended surgery		
2	Post-Operative Care		
<ul> <li>Documer</li> <li>Mic-key I</li> <li>Balloon V</li> <li>Demonstraction</li> <li>Emerger</li> </ul>	directed by the surgical team  Int the following as per post-operative medical notes for: Button Size:Frcm  Volumemls  Itrate Mic-key Button care to parents/guardian and encourage active tion in its care from time of insertion  Incy Mic-key Button Pack (container Mic-key Button (same size), 10ml water to refill the balloon, Mic-key Button Feeding Extension Set) by the bedside		



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	2a	Stoma Site / Wound Care	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
•	Observe	the stoma site frequently as per post op observations requirements.		
•		ne site remains dry and intact:		
•		e is evident, record and report to the Surgical Team/Nutrition Support CNSp		
	_	ed to consider the application of a dressing		
•	•	g present, observe to ensure it remains dry and intact, record in the nursing		
		d report any deviation from this to the Surgical Team/Nutrition Support		
	CNSp			
•	Observe	and record wound condition on the Wound Assessment Sheet		
	2c	Mic-key Button Feeding Extension Set		
•	Ensure tl	ne Mic-key button feeding extension set can connect to the Mic-key button		
•	Only acc	ess the Mic-Key Button via the Mic-Key Button Feeding Extension Set		
•	NEVER	NSERT A SYRINGE DIRECTLY into the Mic-Key Button		
•	Remove	and clean after each use and store in an airtight container		
•	Change	the set weekly		
•	Demonst	rate Mic-key Button Feeding Extension Set Care to parents/guardian and		
		ge active participation in its care from time of insertion		
	2d	Mic-key Button Position Check		
•	-	H initially prior to first accessing the Mic-key button post operatively using		
	•	stomach contents (pH must be between 0- 5.0 in the presence of acidic		
	•	ecretions).		
•		s any concern regarding the safe positioning of the gastrostomy button,		
	<b>2e</b>	he Surgical Team.  (Re)establishing Enteral Feeding via the Gastrostomy Button		
•		H prior to first accessing the new Mic-key Button using aspirated stomach		
	•	(pH must be between 0- 5.0 in the presence of acidic gastric secretions).		
		s any concern regarding the safe positioning of the gastrostomy button,		
	contact t	he Surgical Team/ Nutrition Support CNSp		
•	Recomm	ence the feeding regime as per Surgical Team		
•	Feed Re	gime post operatively (If applicable):		
Air	n: Feed T	•		
•		e to administer feeds as per Dietitian's enteral feeding regime		
•		now the infant/child tolerated the first feed post operatively, if there is any		
	2f	regarding this, contact the Surgical Team/Nutrition Support CNSp.  Medications		
•		H prior to administering the 1 <sup>st</sup> medication using aspirated stomach contents		
	-	the between 0- 5.0 in the presence of acidic gastric secretions).		
•	- <del>-</del>	s any concern regarding the safe positioning of the gastrostomy Mic-key		
		contact the surgical team.		
•	Medicati	ons can be administered via the feeding extension set via gastrostomy		
	button pi	rior to commencing 1st feed.		
•	Flush th	e Gastrostomy button before, between different medications and after		
	administ	ering medications		



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	3a	If the Gastrostomy Button is malpositioned	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
•	Observe leakage (without	te pH prior to first using the Mic-key button (as above) for signs or symptoms of Mic-key Button malpositioning: discomfort, pain, at the stoma site, no stomach contents on aspiration, pH greater than 5 the presence of PPI's) In the nursing notes and report to the Surgical Team/Nutrition Support CNSp		
	3b	If the Gastrostomy Button Dislodges		
•	Apply dir If trained Contact t required	•		
	3c	If the Gastrostomy Button Blocks		
•	Use push Smaller (reasona syringe t	er cool boiled water (cold or warm) to unblock the gastrostomy button.  n/pull action with a 60mls syringe to try and unblock the gastrostomy button gauge syringes may be used to try and unblock the gastrostomy button ble caution needs to be taken when applying pressure with a smaller gauge o prevent any gastrostomy button damage)  cessful, the Mic-key Button may be changed		
	3d	Other Complication (If present)		



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4	Discharge Support		Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
• Provide	parents/guardians with Gastrostomy Button Information:-			
<ul><li>Verb</li></ul>	pal:- Date: Yes			
<ul><li>Writ</li></ul>	ten:- Parental Advice Leaflet Given Date: Yes			
o Ward No	irse demonstrates on the spare Mic-key button to the parent/guardiar	n: -		
<ul><li>How</li></ul>	to check the Mic-key Buttons balloon water volume			
<ul><li>How</li></ul>	to rotate the Mic-key Button 360° daily			
<ul><li>Clea</li></ul>	n the Mic-key Button site daily			
<ul> <li>Nutrition</li> </ul>	al Support CNSp (Blue Referral Form) Completed Yes	S 🗆		
Nutr	re Mic-key Button, extension feeding set and necessary supplies proviition Support CNSp for first 7 days  n for all supplies is written □ and forwarded to PHN □ via post/fax/em	·		
	e (Prescription Template available in OLCHC 2017)			
	narge Letter completed by ward staff   and forwarded to PHN ail prior to discharge	I □ via		
Homecare (	teral Education and Support Services Referral Completed for Techhomecare@technopath.com) via email □ to: nge the Mic-key Button in 3/12 nge the water in the balloon after 7-14 days	nnopath		
Prescription	Templates available in Guidelines for Enteral Feeding (OLCHC 2017)			

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

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