

**NURSING CARE PLAN No 27d**  
**Immediate (Day1-7) - Pre and Post Op Care for the Primary Insertion of an Enteral Feeding Laparoscopic Assisted Gastrostomy Button (Mic-key Button)**  
*Please use all careplans in conjunction with careplan 1*

Full Name: .....

Address: **Addressograph** .....

HCR.....

| Care Plan No 27d Problem   | NURSING CARE PLAN name  | Issue Date: November 2018                  | Review Date: November 2021                 |
|--|---|--|--|
| .....<br>Requires the primary insertion of an Enteral Feeding Laparoscopic Assisted Gastrostomy button (Mic-key Button)<br>Date inserted<br>.....  | <ol style="list-style-type: none"> <li>1. Preoperatively, the infant / child will be safely prepared for the primary insertion of the laparoscopic assistant gastrostomy button (Mic-key Button)</li> <li>2. Postoperatively, the infant/child will have a safe and comfortable recovery</li> <li>3. Effective management of complications</li> <li>4. The child / infant will be safely discharged home under the care of their parents / guardians</li> </ol> |  |  |
| <b>NURSING INTERVENTION</b>  |   | Commencement, Date, Signature, Time, Grade | Discontinued, Date, time, Signature, Grade |
| <b>Nursing Intervention</b> (in conjunction with OLCHC's Guideline)<br>Care plan used in conjunction with care plan 6- routine pre & post op care<br>Use in conjunction with OLCHC NPC Enteral Guidelines<br><b>For nursing care after day 7 refer to care plan 27</b><br><b>NB. Loop all enteral feeding tubes when not in use to prevent tubes catching in equipment if not connected to feeding pumps.</b><br><b>Special care when moving and handling infants/ children</b><br><b>(For example transferring to a buggy, placement in parents arms or weighing)</b>   |   |  |  |
| <b>1</b>   | <b>Pre-operative care prior to the primary insertion of laparoscopic assisted gastrostomy button</b>  |  |  |
| <ul style="list-style-type: none"> <li>• Explain procedure to patient / parent / guardian</li> <li>• Provide written &amp; verbal information</li> <li>• Adhere to correct site surgery policy (OLCHC, 2009)</li> <li>• Contact the <b>Nutrition Support CNSp</b> (Bleep 8742/8743) <b>Yes</b> <input type="checkbox"/></li> </ul> to inform of them of intended surgery and <b>Blue Referral Form</b> Completed <b>Yes</b> <input type="checkbox"/> <ul style="list-style-type: none"> <li>• Contact <b>Dietitian</b> <b>Yes</b> <input type="checkbox"/> to inform them of intended surgery, to organise pump training and post-operative feeding regime and <b>Blue Referral Form</b> Completed <b>Yes</b> <input type="checkbox"/></li> </ul> Additional information ..... |   |  |  |
| <b>2a</b>  | <b>Post-Operative Care</b>  |  |  |
| <ul style="list-style-type: none"> <li>• Care as directed by the surgical team</li> <li>• Document the following as per post-operative medical notes for:               <ul style="list-style-type: none"> <li>○ Mic-key Button Size: _____Fr _____cm</li> <li>○ Balloon Volume _____mls</li> </ul> </li> <li>• <b>DO NOT Rotate the Mic-key Button until sutures / steristrips are removed</b><br/>               (Day 7: 1 week post operatively)</li> <li>• <b>NEVER INSERT A SYRINGE DIRECTLY into the Mic-Key Button</b></li> <li>• Demonstrate Mic-key Button care to parents/guardian and encourage active participation in its care from time of insertion</li> </ul>  |   |  |  |
| <b>2b</b>  | <b>Dressing / Wound Care</b>  |  |  |
| <ul style="list-style-type: none"> <li>• Observe the dressing frequently as per post op observations requirements.</li> <li>• Ensure the dressing (gauze and tegaderm) covering the Mic-key Button and Mic-key feeding extension set remains dry and intact:               <ul style="list-style-type: none"> <li>○ If leakage is evident, record and report to the surgical team/CNSp as required</li> <li>○ If excessive leakage observed, discuss with the surgical team/CNSp to consider changing the dressing</li> </ul> </li> <li>• Otherwise, do not disturbed the dressing for 7 days</li> </ul>   |   |  |  |

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|           |   | Commencement<br>, Date,<br>Signature, Time,<br>Grade | Discontinued,<br>Date, time,<br>Signature,<br>Grade |
|-----------|---|--|---|
| <b>2c</b> | <b>Drainage Bag:</b>  |  |   |
|           | <ul style="list-style-type: none"> <li>Ensure the drainage bag is attached to the Mic-key button feeding extension set and then attached to drainage bag</li> <li>Observe, record and report the volume and type of fluid drained in the Intake and Output Sheet</li> <li>Remove the Drainage Bag Day 1 post operatively (or immediately prior to commencing enteral feeding)</li> </ul>  |  |   |
| <b>2d</b> | <b>Mic-key Button Feeding Extension Set</b>   |  |   |
|           | <ul style="list-style-type: none"> <li>Mic-key button feeding extension set remains attached to the Mic-key button for 7 days post op.</li> <li>Only access the Mic-Key Button via the Mic-Key Button Feeding Extension Set</li> </ul>  |  |   |
| <b>2e</b> | <b>Medications</b>  |  |   |
|           | <ul style="list-style-type: none"> <li>Check pH prior to administering the 1<sup>st</sup> medication using aspirated stomach contents (<b>pH must be between 0- 5.0</b> in the presence of acidic gastric secretions).</li> <li>If there is any concern regarding the safe positioning of the gastrostomy button, contact the surgical team.</li> <li>Medications can be administered via the gastrostomy button prior to commencing 1<sup>st</sup> feed.</li> <li>Clamp the gastrostomy button for 30mins after the administration of medication to promote its absorption</li> <li>Flush the Gastrostomy button before, between different medications and after administering medications</li> </ul>  |  |   |
| <b>2f</b> | <b>(Re)establishing Enteral Feeding via the Gastrostomy Button</b>  |  |   |
|           | <ul style="list-style-type: none"> <li>Nil by mouth/gastrostomy button for 4 hours post-surgery.</li> <li>Commence feeds as per surgical/ dietician regime.</li> <li>Check pH prior to commencing feed using aspirated stomach contents</li> <li>Liaise with the dietician to develop an individualised nutrition plan to (re)establish feeds</li> <li>Check pH prior to commencing feed using aspirated stomach contents (<b>pH must be between 0- 5.0</b> in the presence of acidic gastric secretions). If there is any concern regarding the safe positioning of the gastrostomy button, contact the surgical team.               <ul style="list-style-type: none"> <li><b>For infants/children with an established NG feeding regime</b><br/>Start with 1/3 of feed volume for first feed, increase by 1/3 every feed, so by the 3rd feed infants/children should be back on full feeds</li> <li><b>For infants/children on supplemental enteral feeding (e.g. on overnight feeds)</b><br/>Allow to eat and drink as normal<br/>Administer 50mls of gastrostomy feed to ensure no issues.<br/>Further feed volumes as per dietician, no restrictions required</li> <li><b>For infants/children post Fundoplication and gastrostomy button insertion</b><br/>Start continuous feeds at 5mls/hr, increase up by 5-10ml every 12 hours (depending on weight) and if tolerated. Once established on continuous feeds, switch to bolus feed regime</li> </ul> </li> </ul> <p><i>(The slower rate of feed introduction reduces the incidence of vomiting and gagging prevalent post fundoplication particularly in children with neurological conditions)</i></p> <p>Aim: Feed Type _____ Rate _____ Duration _____</p> <p>Aim: Feed Type _____ Rate _____ Duration _____</p> |  |   |

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| 3a | If the Gastrostomy Button Dislodges  | Commencement<br>, Date,<br>Signature, Time,<br>Grade | Discontinued,<br>Date, time,<br>Signature,<br>Grade |
|----|--|--|---|
|    | <ul style="list-style-type: none"> <li>• Observe the child</li> <li>• Observe the gastrostomy site for bleeding and / or leaking</li> <li>• Apply direct pressure to the site with gauze</li> <li>• Contact the surgical team:-               <ul style="list-style-type: none"> <li>○ If dislodged within one month of initial placement a contrast via gastrostomy will be performed.</li> <li>○ If dislodged one month after initial placement (pH check is sufficient unless there is a concern regarding the safe position of the Mic-key Button)</li> </ul> </li> <li>• Time is vital as the tract may close quickly</li> </ul>  |  |   |
|    | <p><b>3b If the Gastrostomy Button Blocks</b></p> <ul style="list-style-type: none"> <li>• Administer cool boiled water (cold or warm) to unblock the gastrostomy button.</li> <li>• Use push/pull action with a 60mls syringe to try and unblock the gastrostomy button</li> <li>• Smaller gauge syringes may be used to try and unblock the gastrostomy button (reasonable caution needs to be taken when applying pressure with a smaller gauge syringe to prevent any gastrostomy button damage)</li> <li>• If unable to unblock the Mic-key Button, contact Surgical Team / Nutrition Support CNSp</li> </ul>   |  |   |
|    | <p><b>3c Other Complications (If present):</b></p>   |  |   |
|    | <p><b>4 Discharge Support</b></p> <ul style="list-style-type: none"> <li>• Provide parents/guardians with Gastrostomy Button Information:-               <ul style="list-style-type: none"> <li>○ Verbal:- Date: _____ Yes <input type="checkbox"/></li> <li>○ Written:- Parental Advice Leaflet Given Date: _____ Yes <input type="checkbox"/></li> </ul> </li> <li>• Ward Nurse teaches the parent/guardian to:-               <ul style="list-style-type: none"> <li>○ Use the feeding pump</li> <li>○ Connect the extension feeding set (leave connected for 1 week post procedure)</li> <li>○ Observe the wound site for leakage</li> </ul> </li> <li>• <b>Pump Training:</b> Dietitian will contact Pump Company (Nutricia)<br/>Date: _____ Yes <input type="checkbox"/></li> <li>• <b>Post Op Nutrition Support CNSp Appointments:</b><br/>1 week post insertion of Gastrostomy Button: <input type="checkbox"/><br/>Date: _____ Time: _____               <ul style="list-style-type: none"> <li>○ for removal of sutures / steristrips,</li> <li>○ how to rotate the Gastrostomy Button daily &amp; to cleanse the site daily</li> </ul> </li> <li>• 1 month post insertion of Gastrostomy Button: <input type="checkbox"/><br/>Date: _____ Time: _____               <ul style="list-style-type: none"> <li>○ to commence training on how to replace Mic-key button</li> <li>○ to demonstrate how to change water in the balloon</li> </ul> </li> <li>• <b>Technopath Referral Completed</b> (1 month post procedure)<br/>Date: _____ Yes <input type="checkbox"/></li> <li>• <b>Spare Equipment</b> <ul style="list-style-type: none"> <li>○ Spare Mic-key Button, extension feeding set and necessary supplies provided by Nutrition Support CNSp for first 7 days</li> </ul> </li> <li>• <b>Prescription</b> for all supplies is written <input type="checkbox"/> and forwarded to PHN <input type="checkbox"/> via post/fax/email prior to discharge (<i>Prescription Template available in OLCHC 2017</i>)</li> <li>• <b>PHN Discharge Letter</b> completed by ward staff <input type="checkbox"/> and forwarded to PHN <input type="checkbox"/> via post / fax / email prior to discharge</li> </ul> |  |   |