On-Call Pediatric Radiology G-J tube Guidelines

The Pediatric Radiology section currently provides placement and maintenance of pediatric G-J tubes in fluoroscopy. When we are not on-call the abdominal imaging division covers pediatric fluoroscopy but they are not experienced with manipulating pediatric enteral tubes. In the adult hospital, these procedures are usually performed by DVI. Some members of DVI are comfortable with pediatric patients and others are not.

The vast majority of after hours GJ cases can be handled in a non-urgent manner. Only cases of tubes that have fallen out and non-fluoroscopic efforts to place a temporary tube have failed need urgent replacement by a radiologist to protect the stoma. Depending on the radiologist this may be a temporary G-tube only.

All patients and their caregivers receive education regarding urgently replacing dislodged tubes to protect the stoma. All patients should have standing contingency plans established by their gastroenterologist, surgeon, or pediatrician to determine that, in the event of a temporary g-tube, gastric feeds are permissible with reflux precautions, if feeds can be held, or if the patient should be admitted for temporary IV hydration or IV medication. Patients that cannot tolerate brief periods of discontinuing enteral feeds or medication, or that will require jejunal feeding indefinitely, should be evaluated for permanent direct jejunal access.

Tubes that have fallen out: The stoma should be immediately maintained with a temporary tube. (Foley or button G-tube) This can be placed by the home care provider, clinic or in the ER as a last resort. Once the stoma is protected the patient should be scheduled for GJ replacement during normal fluoroscopy hours. The contingency feeding plan should be activated. **If efforts to place a temporary tube fail, pediatric radiology or DVI should be called to attempt to urgently reestablish access to the stoma.**

Tubes with failed retention devices, in situ: The tube should be aggressively secured with tape and/or other dressing material. Once the stoma is protected the patient should be scheduled for GJ replacement during normal fluoroscopy hours. The contingency feeding plan should be activated.

Obstructed or leaking tubes: Standard methods of mechanical and chemical removal of obstruction should be implemented. Leaks should be temporized with water resistant adhesive tape. The patient should be scheduled for GJ replacement during normal fluoroscopy hours. The contingency feeding plan should be activated if needed.