

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Student Health and Human Services  
District Nursing Services

**GASTROSTOMY FEEDING: SLOW DRIP METHOD OR PUMP**

I. GENERAL GUIDELINES

A. PURPOSE

1. To deliver adequate fluid and nutrition directly to the stomach.
2. To administer medication when the oral route must be bypassed.

B. GENERAL INFORMATION

1. A gastrostomy is a surgical opening into the stomach through the surface of the abdomen.
  - a. The skin-level gastrostomy feeding device button is held in place by a mushroom-shaped dome or fluid-filled balloon inside the stomach. The device remains in place at all times and is capped by an attached safety plug between feedings. Most feeding devices have an anti-reflux valve to prevent leakage of stomach contents.
  - b. The gastrostomy tube is a flexible catheter held in place by a balloon or a widened flat “mushroom” at the tip of the tube inside the stomach. The tube remains in place at all times and is closed between feedings to prevent leakage of stomach contents.
2. The continuous (slow-drip) method is a feeding given slowly over a period of time, running continuously by gravity or by an infusion pump.
3. A pump may be used for students who cannot tolerate the faster intake of bolus or slow-drip feeding using a feeding bag or bottle. Most pumps are portable and can be clamped to the student’s wheelchair or other equipment and operate while student is engaged in classroom activities. Pumps may be time-programmed or may need to be set manually.
4. Generally, there are no restrictions where a student may be fed. The setting should be clean. The student’s instruction should be minimally impacted by feeding. Explain the procedure to the student at his or her level of understanding. Encourage participation as much as possible to help the student achieve maximum self-help skills. During feeding time, the student needs to remain stationary and should be able to continue sedentary school activities. In most cases, no feeding is to be administered while on the bus.

### C. GUIDELINES

1. **Feeding by mouth will be done only if ordered by the prescribing health care provider.**
2. Position student in a sitting or lying position with head elevated at least 30 degrees unless contraindicated. When the student is lying flat there is a greater danger of regurgitation.
3. Stop feeding immediately if a student regurgitates or vomits, complains of abdominal pain, becomes restless, has difficulty breathing, or becomes distended. If this occurs, vent the tube and notify the school nurse immediately.
4. The skin level device is vented by using the appropriate tubing to open the anti-reflux valve. When venting is required, open the gastrostomy tube, attach the barrel of a 60cc syringe until stomach contents can be seen in tube or gas is released.
5. If there is a change in color or breathing difficulties occur, stop feeding immediately, notify the school nurse and call 911 if indicated.

### D. PERSONNEL

1. School nurse or school physician
2. Trained designated school personnel under direct or indirect supervision of the school nurse.

### E. EQUIPMENT

1. Provided by parent:
  - a. Administration sets (bag with tubing and/or feeding pump)
  - b. Appropriate tubing with extra extension tubing sets (for button) or appropriate connecting tubing sets (for tube)
  - c. Prescribed formula
  - d. 60 cc catheter tip syringe
  - e. Container for measuring water
  - f. Container for measuring formula
2. Provided by school
  - a. Stand or hook to suspend feeding bag
  - b. Disposable non latex gloves
  - c. Mild liquid soap for skin cleansing
  - d. Gauze squares
  - e. Paper tape
  - f. Plastic bag for waste disposal
  - g. Liquid detergent (for washing equipment)

## II. PROCEDURE

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
1. Wash hands.	
2. Assemble supplies and arrange on a clean flat surface.	Maintain cleanliness.
3. Check formula expiration date and shake well. Measure the prescribed amount into a container.	Formula should be given at room temperature. Refrigerate any unused portion in covered container labeled with student's name, date and time. Unused portion may be refrigerated as recommended by manufacturer.
4. Prepare the administration set: <ol style="list-style-type: none"> <li>a. Clamp the administration tube attached to the feeding bag.</li> <li>b. Pour formula/fluids into the feeding bag.</li> <li>c. Squeeze the drip chamber until it is half full of formula.</li> <li>d. Unclamp administration tube until the contents has reached the end of the tubing.</li> <li>e. Re-clamp the tube.</li> </ol>	If feeding by gravity, suspend bag higher than the level of the student's stomach  If using a pump, place the tubing into the pump mechanism and use the prime feature to fill the tubing with formula/fluid.  This prevents air from getting into the stomach when initiating the feeding.
5. Position student with head elevated at least 30 degrees.	Helps prevent vomiting and/or aspiration of fluid into the lungs.
6. Put on gloves.	
<b>7A. For Skin Level Device:</b> <ol style="list-style-type: none"> <li>a. Remove the attached feeding port cover (plug) from the top of the device.</li> <li>b. Insert extension tubing with 60 cc syringe barrel attached to check for stomach contents or to release gas.</li> <li>c. Securely attach the feeding tube.</li> </ol>	This insures proper placement in the stomach. If no stomach contents or gas is obtained, do not proceed with feeding and notify the school nurse.  May need to use extension tubing with some gastrostomy devices. Make sure the connection is secure.

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
<p><b>7B. For Gastrostomy Tube:</b></p> <ul style="list-style-type: none"> <li>a. Attach 60 cc syringe barrel (without plunger) to the end of the gastrostomy tube.</li> <li>b. Unclamp the administration tube and lower the syringe barrel until stomach contents can be seen or gas is released.</li> <li>c. Clamp the administration tube and remove the syringe from the gastrostomy tube.</li> <li>d. Attach the administration tube to the gastrostomy tube.</li> </ul>	<p>Ensures proper tube placement in the stomach. If no stomach contents or gas is obtained, do not proceed with feeding and notify school nurse.</p> <p>Secure the connection with tape if necessary.</p>
<p>8. If medication is prescribed, administer as ordered by the licensed healthcare provider.</p>	<p>Use the appropriate port and syringe. Flush medication port with 5 – 10 cc water before and after administering each medication.</p>
<p>9. Open clamp of feeding tube and regulate fluid drip to prescribed rate either manually or with infusion pump.</p>	<p>Flow rate should be specified by licensed healthcare provider. Set rate according to manufacturer’s directions when using an infusion pump.</p>
<p>10. Monitor the student frequently until feeding is completed. If restlessness, difficulty in breathing, change in skin color, or abdominal distention occurs, stop the feeding immediately. Notify the school nurse immediately.</p> <ul style="list-style-type: none"> <li>a. <b>For device:</b> vent (decompress) the stomach using the extension tubing to open the anti-reflux valve</li> <li>b. <b>For tube:</b> open the G-tube and insert syringe barrel to vent. If no stomach contents or gas are obtained, do not proceed, notify the school nurse.</li> </ul>	<p>Check the flow rate periodically and adjust if needed.</p> <p>This allows release of gas and stomach contents. Venting prevents abdominal distention and discomfort.</p>

<b>ESSENTIAL STEPS</b>	<b>KEY POINTS AND PRECAUTIONS</b>
11. When feeding is completed, clamp the administration tube and disconnect from tube or device extension tubing.	
12. Follow the feeding with 30 to 50 cc of water to flush by gravity using a 60 cc syringe or via the pump.	This clears tubing and maintains patency.
13. Detach tubing and syringe. Close the safety plug on the device or clamp the gastrostomy tube.	
14. Student to remain upright for at least 30 minutes after feeding.	Helps prevent vomiting and/or aspiration should student regurgitate. Do not allow student to lie flat. Ambulatory students may resume school activities when tolerated.
15. Inspect area around gastrostomy device and gently clean around the stoma with mild soap and water as needed. Dry and cover with gauze if indicated and secure with paper tape.	Check for signs of redness, swelling, greenish/yellow drainage, foul odor, or leakage of stomach contents. If noted, inform the school nurse. Cleansing helps prevent skin irritation and excoriation from gastric juices. Use Universal Precautions (gloving and hand washing techniques).
16. Wash feeding bag, tubing, and syringe with liquid detergent. Rinse, dry, and store in a clean area.	Replace bag and tubing as needed.
17. Discard disposable equipment and waste material.	Universal Precautions require that all waste material be double bagged.
18. Remove gloves and wash hands.	
19. Document electronically: <ul style="list-style-type: none"> <li>a. Time feeding started and completed.</li> <li>b. Type, amount and rate of feeding.</li> <li>c. Amount of water given</li> <li>d. Student response</li> <li>e. Medication(s), if given</li> </ul>	

APPROVED: March 1, 2019  
Date



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Rosina Franco, MD  
Senior Physician, Student Medical Services



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Ron Tanimura, Ed.D  
Director, Student Medical Services



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Sosse Bedrossian, MSN, MA, RN, FNP  
Director, District Nursing Services

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