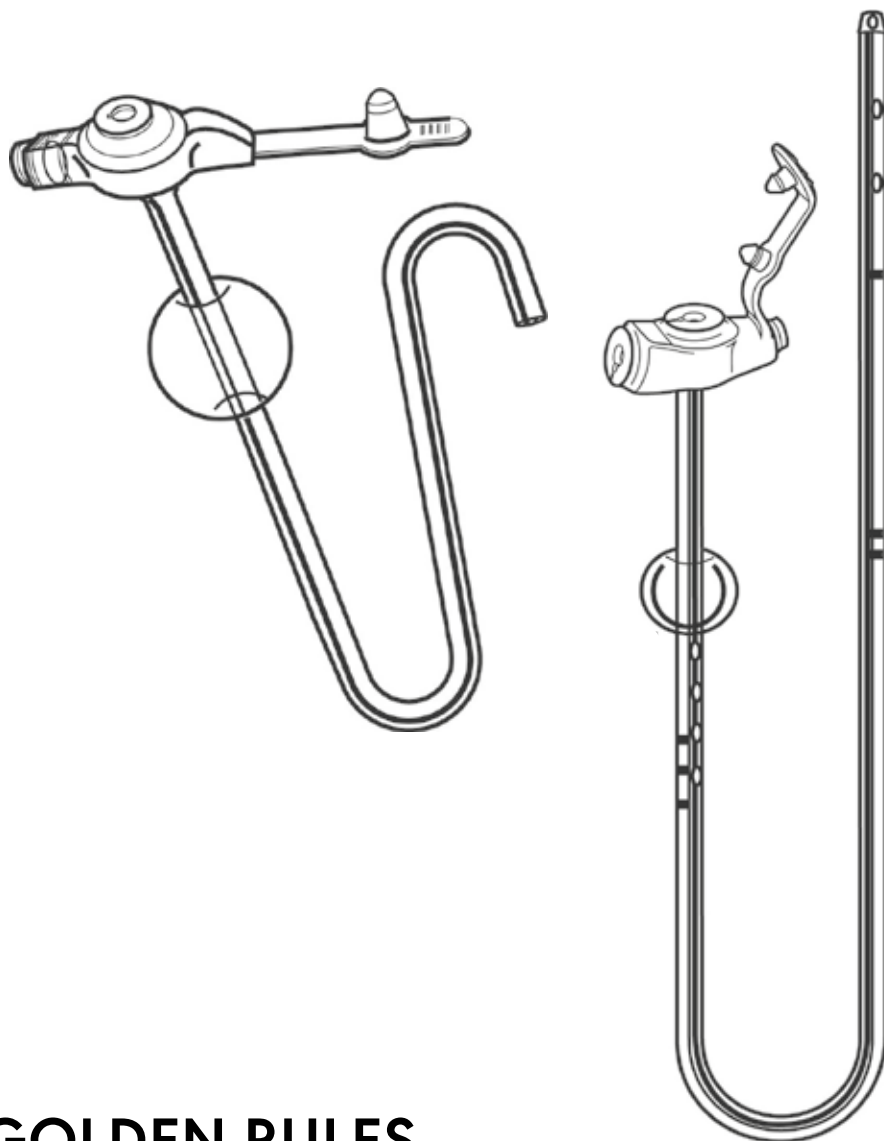


# AVANOS

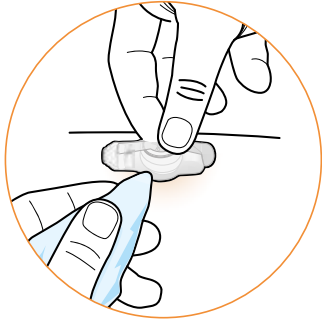
MIC-KEY<sup>+</sup> GJ-Tubes  
MIC-KEY<sup>+</sup> J-Tubes



## GOLDEN RULES

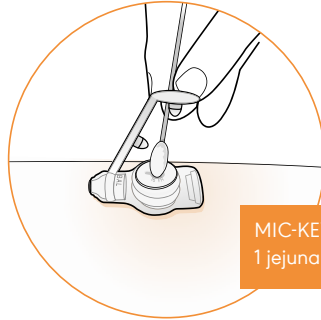
# DAILY CARE

- Always wash your hands with soap and water and dry before handling the tube.
- Inspect the stoma site for signs of leakage, redness and irritation. If this occurs, please contact your healthcare professional.



1

Clean the tube and the skin surrounding the tube daily with mild soap and water, rinse and dry thoroughly as directed by your managing healthcare professional.



MIC-KEY<sup>®</sup> J-tubes have only 1 jejunal access port

2

Open the cap of the tube and clean the outside of the jejunal and gastric access port carefully with a cotton tipped applicator. Remove all residual formula and medication.

- Keep the recess in the balloon insufflation port clean.
- Make sure both your tube and stoma are kept clean and dry.
- Do not use any dressings under the MIC-KEY<sup>®</sup> GJ-tube/J-tube unless clinically indicated.

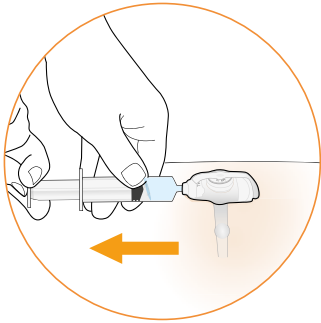


**Do not rotate the tube.**

This may cause the tube to kink and possibly lose position.

# EVERY 2 WEEKS

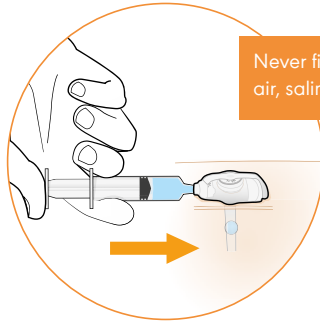
## CHECK THE VOLUME OF WATER IN THE BALLOON EVERY 2 WEEKS



1

Attach the Luer slip syringe to the balloon port and withdraw all the water while leaving the tube in place.

Caution: A balloon tube can easily slip out when checking the balloon content if you're not careful (e.g. the child suddenly moves or coughs).



Never fill the balloon with air, saline or glycerine.

2

Check the volume and fill up to the prescribed volume using either cool boiled or sterile water.



**Do not overinflate the balloon.**  
Overinflation may increase the risk of balloon damage.

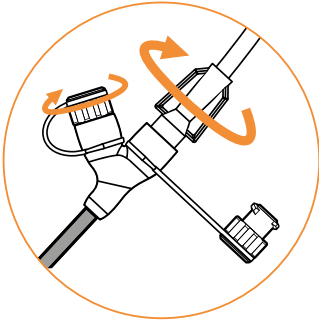
# START POST-PYLORIC FEEDING

## STEP 1: CHECK FOR PROPER TUBE PLACEMENT

- 1 In case of respiratory distress or vomiting the pH of the jejunal aspirate should be measured as instructed by your healthcare professional. The obtained pH of the jejunal aspirate should be 6 to 8. In case pH is  $<5.5$  the feed should be stopped as the tube might have migrated into the stomach.
- 2 Check if the distance between the external part of the tube and the skin is still the same as the previous day. Make sure the tube didn't move outside the stoma tract. If this occurred, stop the administration of enteral feeding immediately and contact your healthcare professional.

## STEP 2: CONNECT THE MIC-KEY® EXTENSION SET

- 1 Only use MIC-KEY® branded extension sets on your MIC-KEY® tube, other brands of extension sets might potentially result in problems such as leakage or damage of the anti-reflux valve.
- 2 First connect the extension set to the enteral feeding set and fill the line with feed to remove all air.
- 4 Push the extension set down firmly and "lock" it into place by turning the connector clockwise until you feel a slight resistance (approx.  $\frac{3}{4}$  turn).



- 3 Open the closure cap of the tube and attach the extension set into the tube by matching the black lines on the extension set and jejunal feeding port.

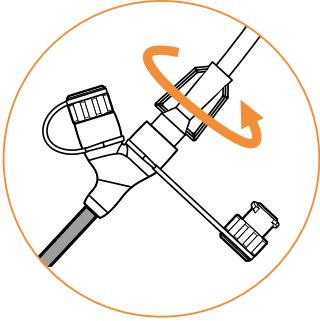


- 5 Do not turn the connector past the stop point.
- 6 Close the roller clamp on the feeding set and the quick release clamp of the extension set. Connect the ENFit® syringe filled with water to the medication port on the extension set, open the quick release clamp and flush the jejunal part of the tube with the prescribed amount of water (usually 10-25ml).
- 7 Close the quick release clamp, disconnect the syringe, close the cap of the medication port and re-open the roller clamp and quick release clamp.
- 8 Start the administration of the enteral feeding as recommended by your dietician or healthcare professional.
- 9 To help avoid clogging, use a feeding pump to deliver the enteral feeding and flush the jejunal port of the tube every 6 hours with 10-25ml of water.

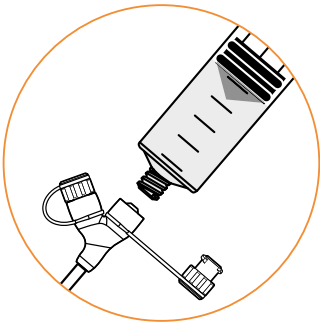
### STEP 3: DETACHMENT OF THE MIC-KEY® EXTENSION SET

It's recommended to disconnect the extension set from the MIC-KEY® tube after feeding. Work as follows:

- 1 Stop the administration of enteral feeding, close the roller clamp and the quick release clamp and disconnect the feeding set from the extension set.



- 2 Using your ENFit® syringe, open the quick release clamp and flush the extension set with the recommended flush volume (usually 10-20ml).



- 3 Disconnect the extension set from the jejunal port of the tube by rotating it counterclockwise until the black line on the feeding port lines up with the black line on the extension set.



- 4 Gently detach the extension set and cap the MIC-KEY® tube.



# MAINTENANCE AND STORAGE OF THE MIC-KEY\* EXTENSION SET

- Wash the extension set in warm, soapy water immediately after each use.
- Rinse thoroughly and store in a dry, clean place.
- For functionality and hygienic reasons this extension set should be replaced at least every two weeks.



## GASTRIC DECOMPRESSION HINTS & TIPS

- The MIC-KEY\* GJ-tube allows simultaneous gastric decompression and enteral feeding.
- Connect the MIC-KEY\* Bolus Extension Set to the gastric access port to drain the excess of gastric liquid or gas from the stomach. This can be done either by active aspiration with a large syringe or by gravity with a connected drainage bag.
- Do not use continuous or high intermittent suction as this could injure the stomach tissue.
- Replace the MIC-KEY\* Extension Set at least every two weeks.



Don't try to aspirate, measure liquid or content from the jejunal port. Never connect the jejunal port to an active suction.

- Check proper tube placement following methods recommended by your healthcare professional prior to starting enteral feeding.
- Stop the administration of tube feeds and measure the pH of the jejunal aspirate in case of respiratory distress or vomiting.
- If your tube accidentally moves outside the skin, stop the administration of tube feeds. Tape the tube to the skin and contact immediately your healthcare professional.
- If you're simultaneously decompressing the stomach while feeding (not possible with the MIC-KEY\* J-tube) and you see formula in the gastric drainage, stop the feeding and notify your healthcare professional.
- Do not use dressings under the MIC-KEY\* tube.
- Flush the tube through the jejunal port with the recommended amount of water before and after feeding and at least every 6 hours.
- Do not overinflate the balloon.
- Your medical professional will help you decide when to replace your MIC-KEY\* Tube. There is no recommended replacement frequency as replacement of this kind of tube needs to be done in the hospital setting by the endoscopic or radiological department.

# ADMINISTRATION OF MEDICATION

Most of the medications need to be administered in the stomach via a gastric port on the tube. However, the MIC-KEY® J-tube does not give access to the stomach and some patients with a MIC-KEY® GJ-tube won't tolerate the medication administered in the stomach. It's therefore recommended to check with your medical professional or pharmacist if administration of the medication through the jejunal port is allowed.

Work as follows to administer medication:

- Fill the ENFit® syringe with water, connect to the extension set and fill it with water up till the end. Connect the extension set to the recommended gastric or jejunal port of the feeding tube. Flush the tube with 10 to 20 ml of water. Close the quick release clamp on the extension set, disconnect the syringe and empty it.
- Crush the medication (pills or capsules) and mix with lukewarm water or as directed by your pharmacist.
- Aspirate the contents into the ENFit® syringe. Connect to the extension set, open the quick release clamp and inject the content into the tube.
- Close the clamp again, disconnect the syringe, fill the syringe with water and flush again.
- Disconnect the extension set and close the cap. Clean the extension set as earlier described.
- In case the medication is administered directly in the stomach, it's recommended not to drain nor aspirate the gastric contents for 20 to 30 minutes. Please check with your healthcare professional.

# HINTS & TIPS

Obstructions of the tube are usually caused by medication administration or tube feeds. It's therefore important:

- To flush the tube before and after the administration of medication or tube feeds.
- Never mix different medications. Always administer them one after the other, after having flushed the tube with water.
- Never add medication to the tube feeds or home brewed feed.

## In case of any additional questions:

Nutrition Support Nurse  
of the hospital:

Phone:

Home Care organisation:

Phone:

Home Care Nurse:

Phone:

Dietitian:

Phone:

**Important Note:** The above-mentioned guidelines are only recommendations for an appropriate care of the tube. These should only be followed when no instructions are available from the placing doctor or the local hospital. The Avanos guidelines can under no circumstances overrule the local medical or nursing guidelines. The end responsibility for the treatment should remain with the placing doctor. There are inherent risks in all medical devices. Please refer to the product labeling for Indications, Cautions, Warnings and Contraindications.

**IRL: Uniphar Hospital Services, T: +353 1 468 84 56 - E: [unipharhospitalservices@uniphar.ie](mailto:unipharhospitalservices@uniphar.ie)**

**Other countries: Avanos, T: +32 2 700 68 51 - E: [customerservice.export@avanos.com](mailto:customerservice.export@avanos.com)**

**AVANOS**  
**tubefed.co.uk**

For more information, please send an email to  
[customerservice.uk.ie@avanos.com](mailto:customerservice.uk.ie@avanos.com)