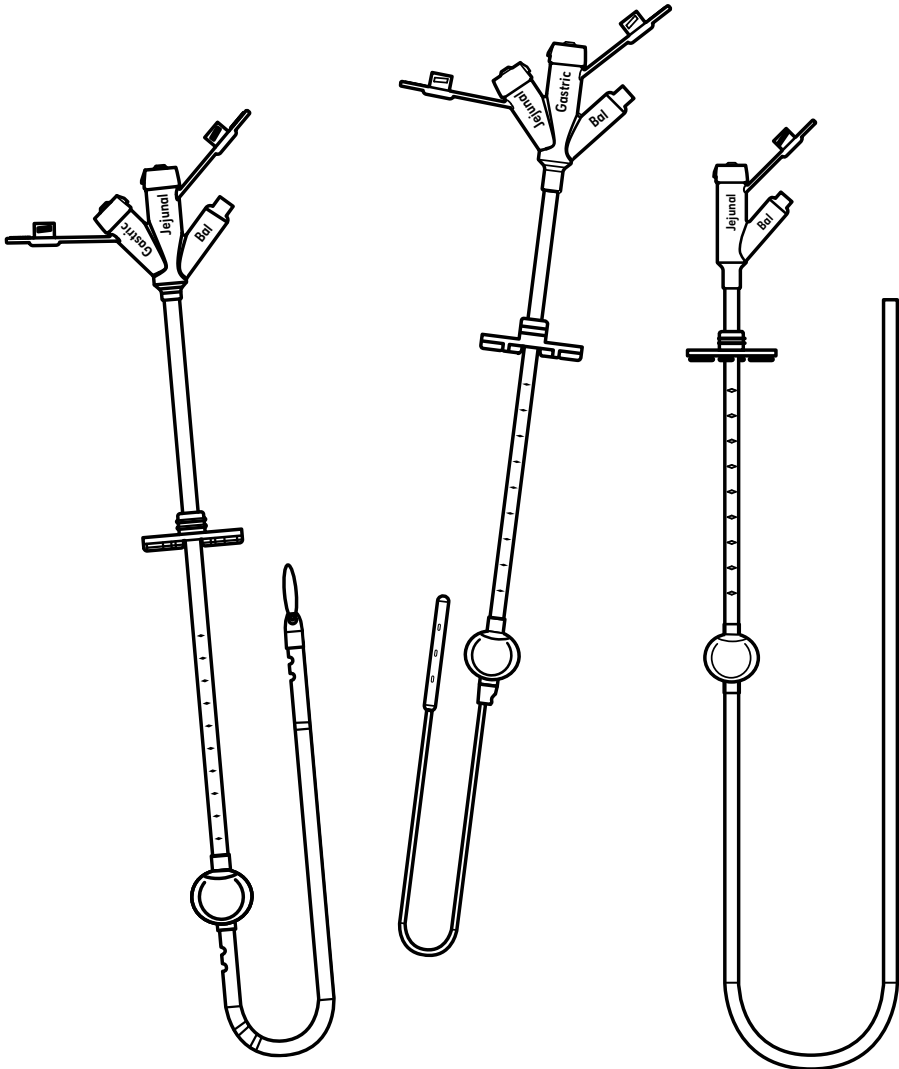


ΔVΔNOS

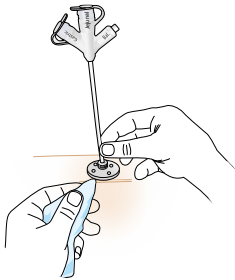
MIC* GJ-tube – MIC* GE-tube
MIC* J-tube



GOLDEN RULES

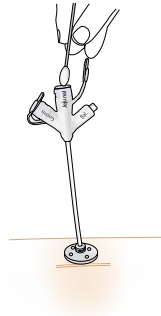
DAILY CARE

- 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.
- Clean the tube and the skin surrounding the tube daily with mild soap and water. The external retention disc is flexible allowing you to reach all areas around the tube.
- Slide the external retention disc upwards for cleaning and bring it back in its original position afterwards.



1

Rinse and dry thoroughly as directed by your managing healthcare professional.



2

Open the caps of the tube and clean the jejunal and gastric access port and the plugs on the caps 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⁺ GJ-tube/J-tube unless clinically indicated.

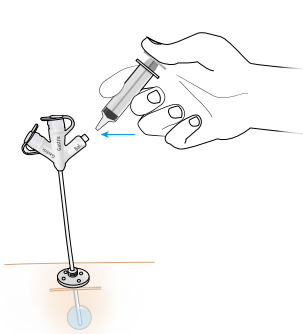


Do not rotate the tube.

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

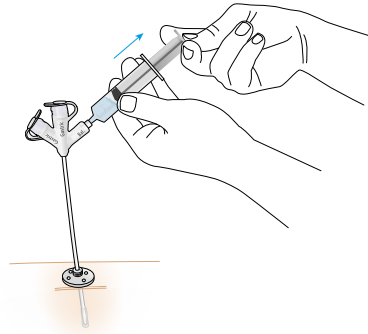
EVERY 2 WEEKS

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



1

Attach the Luer slip syringe to the balloon port.



2

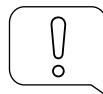
Withdraw all the water while leaving the tube in place. A balloon tube can easily slip out when checking the balloon content if you are not careful (e.g. the child suddenly moves or coughs). For safety reasons it can be useful to fix the tube with a plaster strip during the balloon checking.



Never fill the balloon with air, saline or glycerine.

3

Check the volume, reinject the water 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.

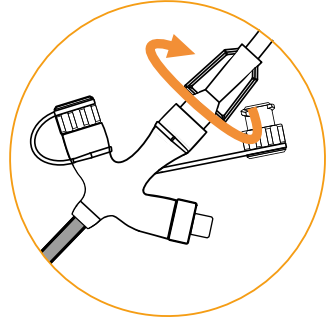
START POST-PYLORIC FEEDING

STEP 1: CHECK FOR PROPER TUBE PLACEMENT

- 1 Read the centimeter marking on the MIC⁺ GJ-tube at the level of the skin and compare this length with the length mentioned in the nurse chart. Both numbers should be equal. Make sure the tube didn't move outside your body. If this occurred, stop immediately the administration of enteral feeding and contact your healthcare professional.
- 2 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.

STEP 2: CONNECT THE TUBE TO THE PUMP SET

- 1 First connect the feeding set or pump set to the enteral feeding bag, fill the line with feed to remove all air.
- 2 Close the roller clamp and insert the pump set in the pump.

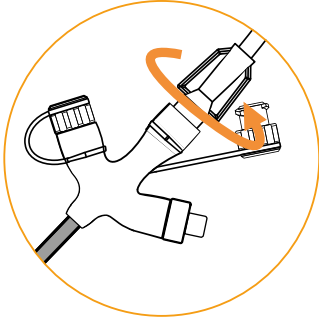


- 3 Connect the patient end of the pump set to the jejunal feeding port of the tube.
- 4 Fill the ENFit[®] syringe with water and connect to the medication port of the pump set and inject the prescribed amount of water (usually 10-20ml) in the jejunal channel of the tube. Disconnect the syringe, close the cap of the medication port and re-open the roller clamp.
- 5 Start the enteral feeding pump at flowrate recommended by your dietician or healthcare professional.
- 6 To help avoid clogging, it's recommended to always use an enteral feeding pump for the administration of feed and to flush the jejunal channel of the tube every 6 hours with 10-20ml of water.

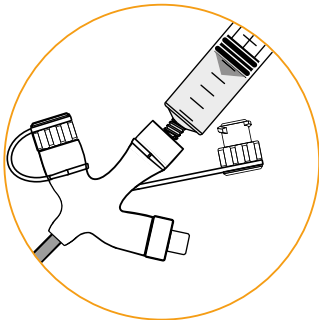
STEP 3: DETACHMENT OF THE FEEDING SET

It's recommended to disconnect the feeding set (pump set) from the MIC⁺-tube after feeding.

Work as follows:



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



- 2 Using your ENFit[®] syringe, flush the jejunal port of the tube with the recommended flush volume (usually 10-20ml).



- 3 Disconnect the syringe from the jejunal port of the tube and close the cap.

GASTRIC DECOMPRESSION

The MIC[®] GJ-tube and MIC[®] GE-tube allow simultaneous gastric decompression and enteral feeding.

Use one of the following procedures:

- Active aspiration: Connect the ENFit[®] syringe to the gastric channel of the tube and aspirate carefully the excess of gastric liquid or gas from the stomach.

Do not use continuous or high intermittent suction as this could injure the stomach tissue.

- Gravity drainage: Connect a drainage bag to the gastric channel of the tube and position the recipient lower than the stomach (e.g. under the bed). Allowing the liquid to drain or the air to escape.



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

HINTS & TIPS

- 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[®] 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[®] 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[®] GJ-/J-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⁺ J-tube does not give access to the stomach and some patients with a MIC⁺ 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 10-20ml of water, connect the syringe to the recommended gastric or jejunal port of the feeding tube. Inject the water in the tube.
- Disconnect the syringe.
- 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 the syringe to the tube and inject the content into the tube.
- Disconnect the syringe, fill the syringe with 10 to 20ml of water, connect the syringe again to the tube and inject the water.
- 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.

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