Purpose:
To provide direct nutritional route when oral route cannot be utilized.

Considerations:
1. The first gastrostomy tube (G-tube) change is commonly done by the physician.
2. Tubes are usually changed as ordered by the physician. Silicone tubes have longer life than latex tubes.
3. A specific G-tube should be used whenever possible. Foley catheters are not designed for this use and must be changed more often than G-tubes made for this use. In addition, Foley catheters do not have an external bumper and will migrate if an external stabilization device is not used.
4. Review feeding technique with patient/caregiver to be sure it is done correctly.
5. Special skin care is required if skin is denuded around stoma. Appropriate skin protective products may be applied until denuded area is healed.
6. Per Joint Commission recommendations, all tubes and catheters should be labeled to prevent the possibility of tubing misconnections.
7. Staff should emphasize to all patients the importance of contacting a clinical staff member for assistance when there is an identified need to disconnect or reconnect devices.

Equipment:
Foley catheter or G-tube balloon of prescribed size (if specific size not ordered, replace with size currently in use)
Sterile 30 mL catheter-tip syringe
Bottle of sterile water (50 mL) and syringe
4x4 dressings or tracheostomy dressing (optional)
Paper/cloth tape
Basin with soap and water
Towels
Stethoscope
Catheter plug
Suture set (if G-tube sutured)
Water-soluble lubricant
Skin-care products, as indicated
Gloves

Procedure:
1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Assemble and prepare equipment and supplies needed.
4. Place patient in supine position.
5. Deflate balloon and remove Foley catheter.
   (Occasionally, gastrostomy tube will have to be removed prior to reinsertion of catheter.)
   [Note: Note the distance between distal tip of tube (gastric end) and “skin level” point on tube. Mark new catheter to indicate appropriate depth of insertion.]
6. Wash stoma with soap and water. Pat dry.
7. Open catheter pack and Foley catheter package and place wet-proof towel near abdomen.
8. Lubricate catheter with water-soluble lubricant.
9. With moderate pressure, gently insert catheter along gastrostomy pathway until it passes into stomach, approximately 4 to 6 inches.
10. Test catheter placement by aspirating gastric contents.
11. Inflate balloon with sterile water (check port to determine amount of water needed).
12. Pull back gently on catheter until slight resistance is obtained and secure with tape using Chevron technique, an external stabilization device or the external bumper on the G-tube.
13. Apply small dressing around tube and tape as indicated.
14. Clamp catheter at distal end with catheter plug.
15. Discard soiled supplies in appropriate containers.
16. Assess fluid amount in balloon every 7 to 10 days. If less than manufacturer’s recommended amount, check for leaks and refill to recommended volume.

After Care:
1. Leave extra Foley catheter or balloon replacement G-tube in home.
2. Document in patient’s record:
   a. Procedure and observations.
   b. Stoma site appearance.
   c. Patient’s response to procedure.
   d. Instructions given to patient/caregiver.
   e. Communication with physician.