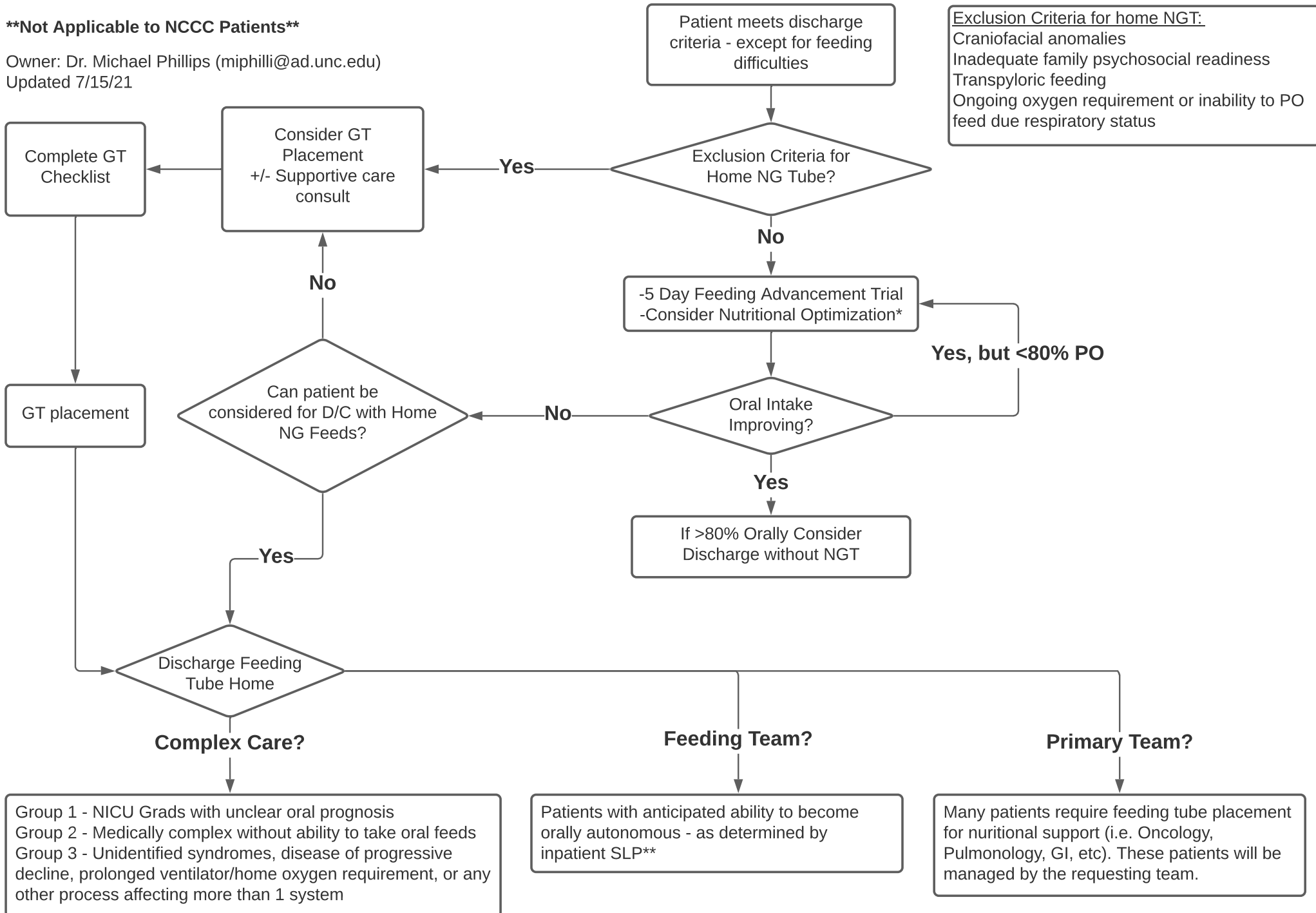


Children's Hospital Discharge with Home Feeding Tube Pathway

****Not Applicable to NCCC Patients****

Owner: Dr. Michael Phillips (miphilli@ad.unc.edu)

Updated 7/15/21



*Considerations for Nutritional optimization
-Consider peds GI consult for feeding difficulties
-Continuous feeds or bolus over 1h
-Hydrolyzed/elemental formula
-Milk of magnesia (up to 1ml/kg) or Miralax (5.6 grams per 2 ounces clear fluid) titrate to 1-2 soft stools/day
-Acid suppression (H2 blocker and if ineffective transition to PPI 1mg/kg/day divided BID)
-Visceral hyperalgesia - gabapentin 5mg/kg/dose TID titrated to maximum 10mg/kg/dose TID - drowsiness may be limiting factor

If felt by medical team and speech language pathology therapist to be candidate for oral autonomy, **strongly consider modified barium swallow study prior to discharge

Patient Name:		
MRN:		
<i>Criteria for utilizing this checklist include patients who are candidates for GT placement. Please deliver to Hannah Burgess, Dierdre Edwards, or the Pediatric Surgery Consult Resident</i>		
Date Checklist Started:		
Pre-operative Checklist for Pediatric Gastrostomy Tube	Yes/No?	Date Completed
1. Trial of Full NG or ND feeds (unless contraindicated):		
2. Routine UGI not required (except: concern for reflux/feeding intolerance, or midline congenital anomaly)		
3. G-tube medical home identified? Who?		
Feeding Team		
Complex Care Team		
4. Post-operative nutrition/tube feeding plan determined?		
5. Is patient followed by dietician at UNC (if not, place ambulatory referral to nutrition services)?		
6. Is patient followed by feeding therapist at UNC (Amb Referral Speech and Language Therapy if anticipate oral intake and consider MBSS prior to discharge)?		
7. Family social/psych readiness assessed?		
8. Pre-op G-tube education performed?		
9. Home health care company for nursing and DME for supplies identified?		
10. Based on questions above is the patient ready?		
Date Checklist Completed:		
Date Surgery Scheduled:		