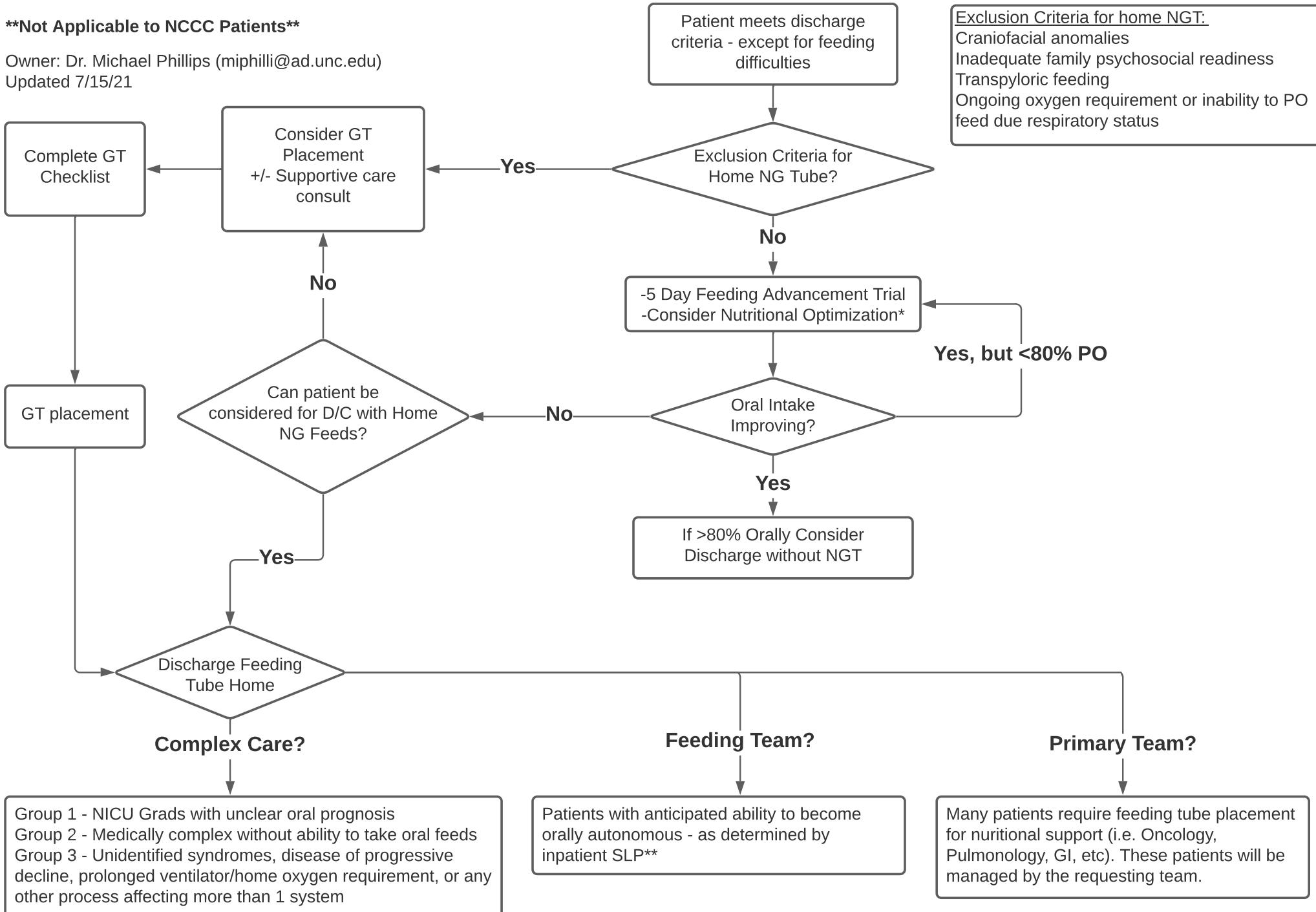


Children's Hospital Discharge with Home Feeding Tube Pathway

Not Applicable to NCCC Patients

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

Updated 7/15/21



*Considerations for Nutritional optimization

-**Consider pediatrics 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:

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

Date Checklist Started:

Pre-operative Checklist for Pediatric Gastrostomy Tube

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 dietitian 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: