

Replacement of a Dislodged Balloon Gastrostomy Tube (BGT) in the ED for the Pediatric Patient

- 1 History:**
- Manner of dislodgement
 - Attempt to replace before arrival
- Traumatic? (yes/no)**
- Reason for BGT placement
 - Date of initial placement
 - BGT size (French and length)
 - BGT previously replaced (yes/no)
 - Date of last replacement
 - Past medical history
 - Medications
 - Ability for oral intake
- Assessment:**
- Hydration/nutrition status
 - Abdominal/stoma exam
- If Gtube tract is mature and there is a prolonged wait time for a room in the ED, the triage nurse may place a 10 Fr foley into the Gtube stoma to keep it patent. The foley should be secured with tape, not by inflating the balloon.**

- 2 Consult surgery if:**
- Immature tract (Typically less than 6-12 weeks after initial placement)
 - Only replacement with 10Fr or smaller possible
 - Hegar dilators are needed to dilate tract
 - Placement is unsuccessful

- 3 Documentation of BGT placement:**
- Size, manufacturer, and lot # of BGT
 - Number of attempts
 - Difficulty of replacement
 - Method to confirm placement
 - Consults if applicable
 - Patient tolerance of use

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