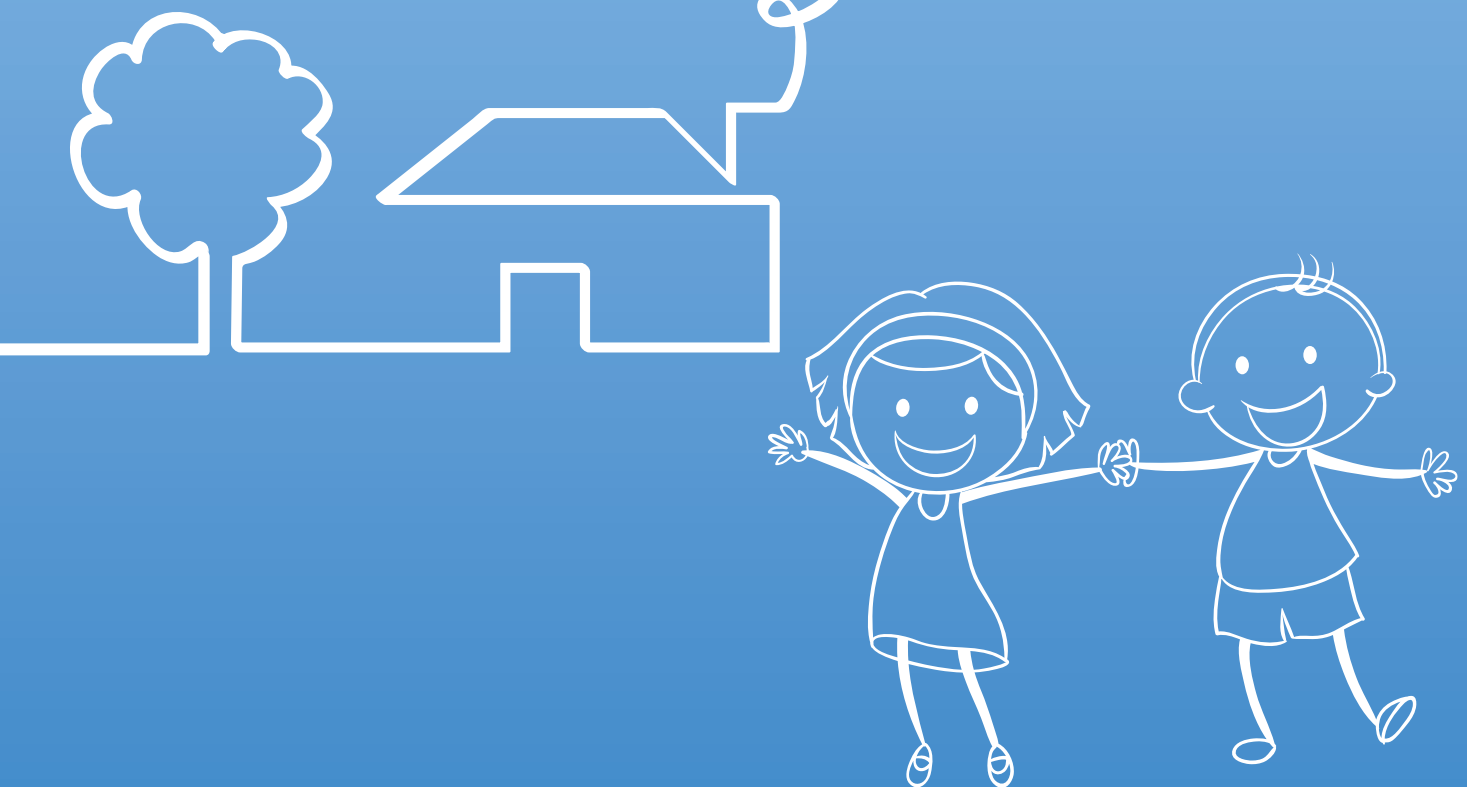




a smooth transition

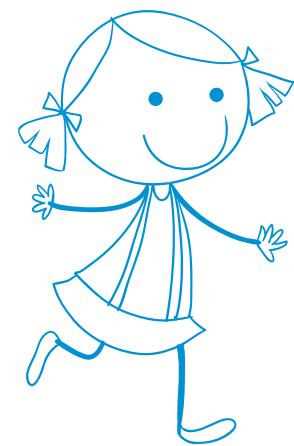
*home* for children

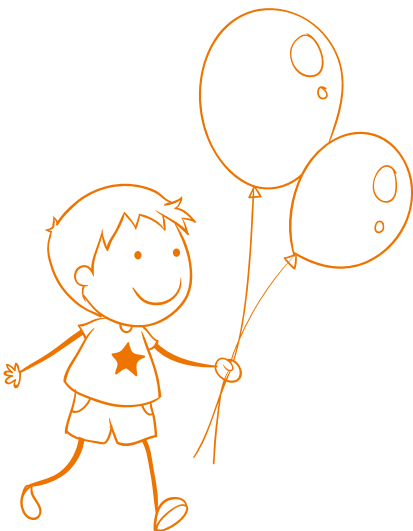


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**WHY DOES YOUR CHILD NEED A TUBE FEED?**

Good nutrition is an important factor that contributes to your child's health.

Receiving nutrition through a feeding tube will take some time to get used to, but it is important to remember that children can still enjoy many of the things they have always enjoyed.

Tube feeding is given when a child cannot eat or drink enough to provide adequate nutrition for the body. With time and patience, tube feeding will become as ordinary as playing with favourite toys or going to the park.

This folder is designed to help you and your child understand how to tube feed effectively.



**ABBOTT HOSPITAL TO HOME HELPLINE:**

**Freephone: 1800 22 11 66**

**Email: [h2h@abbott.com](mailto:h2h@abbott.com)**

**IMPORTANT NUMBERS:**

Dietitian:.....

GP:.....

Pharmacy:.....

Public Health Nurse:.....

Abbott Representative:.....

Other:.....

**Hospital to Home: we're here to help**

Abbott Hospital to Home, established in 1998, is a service for healthcare professionals, carers and patients to ease the transition from hospital to home and provide ongoing back up and support.

**Q: What support is there for us when feeding at home?**

**A:** Help is available from your child's Dietitian, Public Health Nurse, Pharmacy, GP and the Abbott Hospital to Home Helpline should you require it.

**FREEPHONE: 1800 22 11 66**

**Q: Is there a helpline and if so, when is it open?**

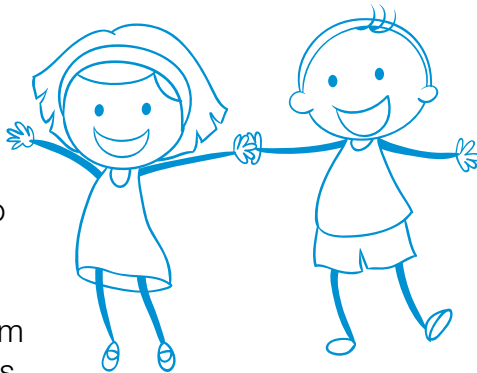
**A:** Yes, Abbott Nutrition operates a Hospital to Home helpline (**1800 22 11 66**). It is a freephone number and is open Monday to Friday from 9.00am – 5.00pm.

You can also contact our Hospital to Home (H2H) by email at *h2h@abbott.com*

For queries outside of normal business hours, please dial the freephone number and an 'out of hours' number will be provided. In a medical emergency, please contact your child's Dietitian, Public Health Nurse, Pharmacist or GP.

**Q: What happens if we want to go on holiday?**

**A:** If you are going on holiday, please contact the Hospital to Home helpline on **1800 22 11 66** or email *h2h@abbott.com*. The Hospital to Home service will be able to advise on requirements while your child is tube feeding away from home. Please allow 4 weeks for any special arrangements that may be required.



**NOTE**

**This folder is not intended to replace the advice from your dietitian or healthcare professional.**

**PRESCRIPTIONS: FREQUENTLY ASKED QUESTIONS**

**Q: Where does the prescription for my child's feed come from?**

**A:** From your child's GP/hospital doctor who writes the prescription on the advice of your child's dietitian.

**Q: When should I arrange my child's next prescription?**

**A:** Your child's prescription is for 28 days. You should get a repeat prescription from your GP/hospital doctor every 28 days. Always remember to bring the prescription to your local pharmacy. It is advisable to get the next prescription at least 7 days before you run out of feed.

**Q: Where do I get my child's giving sets and syringes?**

**A:** When leaving the hospital, your child's dietitian will arrange an order for giving sets, syringes and flexitainers with your local health centre or local pharmacy. When you have **7 days supply** left, contact your local health centre or local pharmacy to re-order more giving sets and syringes.



FEEDING METHOD

Route of Feeding ☐ Nasoenteric (e.g. NG/NJ/ND) ☒ or ☐ Gastrostomy (e.g. PEG/RIG/Button)

☐ Jejunostomy (e.g. PEJ/JEJ/RIJ)




FEEDING TUBE

Type of feeding tube: .....

French size: ..... Shaft size (of Button): ..... Date of insertion: .....

Balloon volume (if balloon present): .....

EQUIPMENT

Pump	<input type="radio"/> FreeGo 	<input type="radio"/> Patrol 	<input type="radio"/> Companion ClearStar 
Giving Sets (order codes)	FreeGo <input type="radio"/> Giving Set (S665) <input type="radio"/> NPSA* Giving Set (S675)	Patrol <input type="radio"/> Giving Set (S615) <input type="radio"/> NPSA* Giving Set (S660)	Companion ClearStar <input type="radio"/> Giving Set (S580) <input type="radio"/> NPSA* Giving Set (S605) <input type="radio"/> Ambulatory (S595)
Backpacks (order codes)	FreeGo Adult Colour options: <input type="radio"/> Black (S405) <input type="radio"/> Blue (S532) <input type="radio"/> Red (S530) FreeGo Paediatric Colour options: <input type="radio"/> Black (S404) <input type="radio"/> Blue (S533) <input type="radio"/> Red (S531)		<input type="radio"/> CarryStar Bag (092201) <input type="radio"/> CarryStar Insert (required with CarryStar Bag) (757301) <input type="radio"/> Shoulder Bag (050400)
Dripstands (order codes)	<input type="radio"/> Dripstand (S407)	<input type="radio"/> Dripstand (800A00)	
Flexitainers (if applicable) (order codes)	<input type="radio"/> 1000ml (M240)	<input type="radio"/> 500ml (M241)	
Syringe	Type: ..... Volume: .....		

tube feeding plan

your child's feeding equipment & feeding regimen

notes



FEEDING REGIMEN

Feed	Volume	Time/Rate
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Total amount of fluid per day\*

Additional Fluids*	Volume	Time/Rate
.....	.....	.....
.....	.....	.....
.....	.....	.....





# your child's feeding tube

## NASOENTERIC TUBE

A nasogastric tube is a general term for a feeding tube that enters the body through the nose ("naso") and its tip lies in the stomach or intestine. It is an alternative way of feeding children who are unable to take adequate food, water and medicines by mouth to help maintain good health.

When the tube tip is in the stomach it is called a nasogastric (NG) tube. For some children the tube is passed into the top of the small intestine called nasoduodenal (ND) feeding, or into the second part of the small intestine called nasojejunal (NJ) feeding.

## GASTROSTOMY TUBE

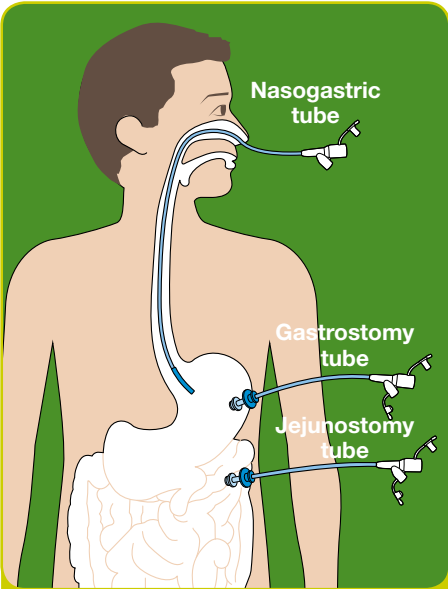
A gastrostomy tube is a feeding tube that is placed directly through the child's abdominal wall into his/her stomach to give the food, water and medicines that they need. The gastrostomy feeding tube can be secured by a balloon or spongy bumper on the inside of the stomach and a firm fixation device or skin disc on the outside.

Most gastrostomy tubes are inserted by the Percutaneous Endoscopic Gastrostomy (PEG) technique. They can also be inserted surgically or under radiological guidance. Those gastrostomy tubes inserted radiologically are known as a Radiologically Inserted Gastrostomy (RIG) tubes.

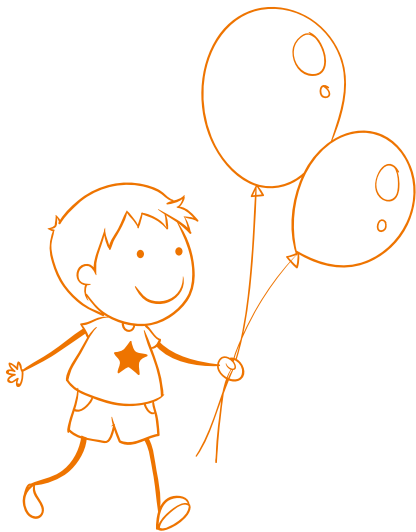
## JEJUNOSTOMY TUBE

Feeding tubes can also be placed into the jejunum (a section of the small intestine), using a jejunostomy tube.

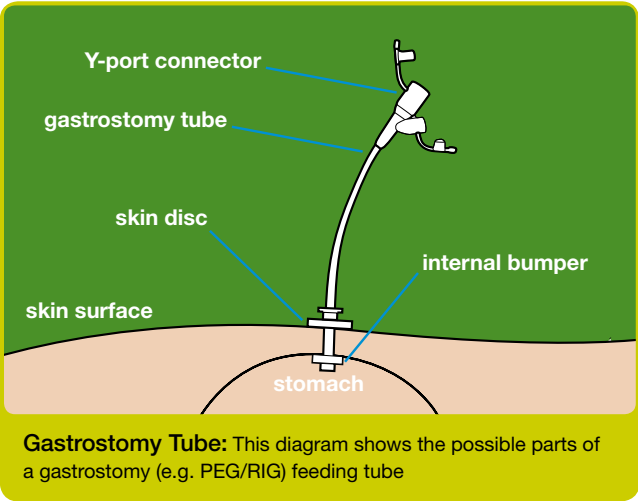
Jejunostomy tubes can be inserted surgically (JEJ), under endoscopy (PEJ) or can be inserted under radiological guidance (RIJ).



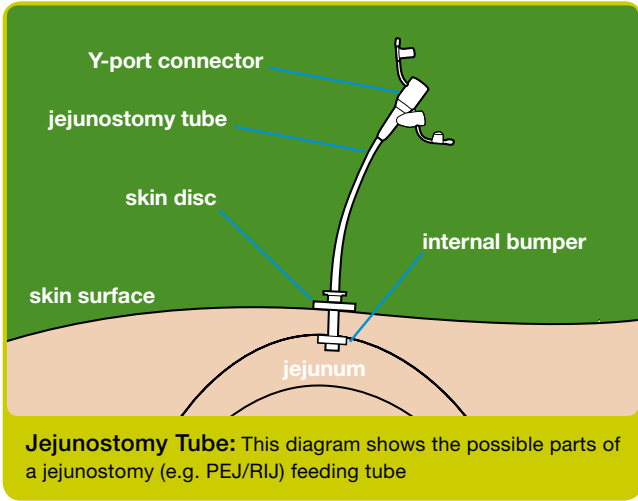
This diagram shows the position of a nasogastric, gastrostomy and jejunostomy tube after being inserted.



# care of your child's tube



**Gastrostomy Tube:** This diagram shows the possible parts of a gastrostomy (e.g. PEG/RIG) feeding tube



**Jejunostomy Tube:** This diagram shows the possible parts of a jejunostomy (e.g. PEJ/RIJ) feeding tube

## NOTE

**Your child's feeding tube may look different to the above images. Your child's dietitian will explain the various parts of the feeding tube.**

## CARING FOR YOUR CHILD'S FEEDING TUBE

Nothing should be given through the feeding tube except:

- water\* (sterile/cooled boiled)

*\* Type of water as advised by your child's dietitian. If using sterile water, once opened it must be discarded after 24 hours as it is no longer sterile. If using cooled boiled water, this requires special attention. Boil freshly drawn tap water. After boiling, this water must be stored in a clean covered container in a refrigerator. Any unused water must be discarded after 24 hours.*

- feed
- medication (see medication section)

# preparing to feed

## WHAT DO YOU NEED TO DO?

Wash and dry your hands thoroughly and clean the table you will be putting the equipment on.

Equipment required:	<input checked="" type="radio"/> <b>Pump Feeding</b>	<input type="radio"/> <b>Bolus Feeding/ Gravity Feeding</b>
	Feed Giving set Pump Syringe Sterile/cooled boiled water* for flushing Dripstand Flexitainers (if decanting/pouring feed)	Feed Syringe Gravity set Sterile/cooled boiled water* for flushing

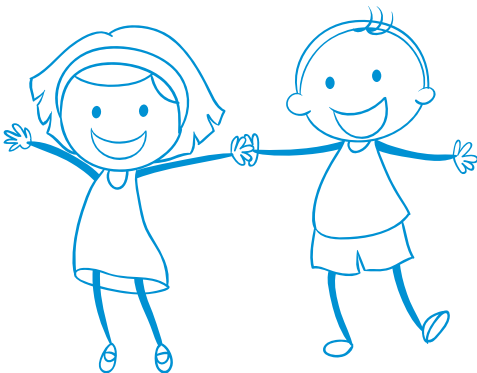
## CHECKING RESIDUALS

If your child has a gastrostomy tube, the dietitian may instruct you to check the residual before feeding and show you how to do this.

Residuals are the amount of remaining feed in the stomach after the last feed. Checking the residual is an easy way to make sure that the stomach is emptying after each feed.

If your child has an upset stomach or continuously feels full, seek advice from the Dietitian, Public Health Nurse, Pharmacist, or GP.

If your child has a jejunostomy tube in place you **should not** check residuals.



**Wash your hands with soap and water, rinsing and drying them thoroughly before feeding.**

## NOTE

**Store any unused feed or sterile/cooled boiled water in the refrigerator and use within 24 hours.**

**Remember to allow feed or sterile/cooled boiled water to reach room temperature before use.**

**ALWAYS USE A NEW GIVING SET, FLEXITAINER & SYRINGE EVERY 24 HOURS.**

# preparing to feed



## NOTE

**Flushing your child's feeding tube regularly with water helps to prevent it from clogging and causing blockages.**

## FLUSHING YOUR CHILD'S FEEDING TUBE (PUMP FEEDING)\*

Always remember to flush your child's feeding tube before and after each feed and medication administered. If you need to flush the feeding tube during feeding, clamp off the giving set, switch the feeding pump to the "HOLD" position (if used) and disconnect the giving set from your child's feeding tube.

- 1 Fill the syringe with sterile/cooled boiled water\*\*.
- 2 Connect the syringe to the feeding tube. If you have a Y-port connector on your child's feeding tube you may not have to disconnect the giving set from the feeding tube for flushing the tube.
- 3 Slowly and gently press the plunger down until the syringe is empty.
- 4 Reconnect the giving set to your child's feeding tube to commence feeding. If your child has finished feeding, flush the feeding tube and place the cap on the feeding tube.



## CAUTION

**Never syringe water or feed using excessive force. No resistance should be felt.**

\* This advice may differ slightly from what your healthcare professional recommends. Therefore, please follow the advice of your dietitian or healthcare professional.

\*\* Type of water as advised by your child's dietitian

## FLUSHING YOUR CHILD'S FEEDING TUBE (BOLUS FEEDING)\*

Always remember to flush your child's feeding tube before and after each feed and medication administered.

- 1 Fill the syringe with sterile/cooled boiled water\*\*.
- 2 Connect the syringe to the feeding tube.
- 3 Slowly and gently press the plunger down until the syringe is empty.
- 4 Place the cap on the feeding tube.



# preparing to feed

## FEEDING TUBES: FREQUENTLY ASKED QUESTIONS

### Q: How and why do I flush my child's feeding tube?

**A:** You should flush your child's feeding tube with sterile or cooled boiled water before AND after every feed. It is also very important to flush the feeding tube before AND after receiving medication via the feeding tube. This will help prevent the feeding tube from blocking.

- 1 Draw up water in a syringe. Remember to change the syringe every 24 hours, as advised by your child's dietitian. You should not use the syringe for anything other than water, feed or medications.
- 2 At the beginning of a feed, undo the cap on the feeding tube. During a feed, clamp the giving set and switch the feeding pump to the "HOLD" position.
- 3 Attach the syringe containing the water to the end of the feeding tube and depress the plunger slowly and gently. The water will be released and will flush the feeding tube. If you have a Y-port connector on your child's feeding tube you may not have to disconnect the giving set from the feeding tube for flushing the tube.
- 4 Now you can start feeding again. If your child has finished feeding, replace the cap on the feeding tube.
- 5 Remember to always follow your child's dietitian's instructions regarding the amount and frequency of flushes required.

### Q: What do I do if my child's feeding tube breaks or appears to be blocked?

**A:** If your child's feeding tube is blocked, follow the guidelines in the problem solving section of this folder. If this is unsuccessful or if your child's feeding tube is broken, contact your GP or Public Health Nurse as soon as possible.

### Q: What do I do if my child's feeding tube comes out?

**A:** If your child's tube comes out, you should go to the A&E department. Bring your child's spare gastrostomy tube or button with you.



# pump feeding

## starting to feed

## PUMP FEEDING



Wash and dry your hands thoroughly



Check the expiry date on your child's feed



Open the giving set



Shake the feed container gently before opening



Unscrew the protective white cap, taking care not to touch the foil lid



Do not touch foil lid with your fingers, and do not pierce it with scissors



Screw the cap of the giving set securely onto the feed container. The built-in foil cutter will pierce the foil lid automatically



Hang the container upside-down from the hook on the drip stand

## PRIME YOUR GIVING SET

Now you need to prime the giving set. For instructions on how to do this, please refer to the pump instruction booklet/DVD/website [www.abbottnutrition.ie](http://www.abbottnutrition.ie)

## BEGIN TO FEED

Switch on the pump and follow the advice of your child's healthcare professional and/or instructions from the pump user manual.

## GETTING COMFORTABLE

It is best for your child to be in an upright position while feeding.

Ensure their head and shoulders are raised to an angle of at least 30 degrees during feeding and for at least 60 minutes after feeding.

If your child is lying down, support the upper body with cushions or pillows so that they are not lying flat.

## CAUTION

**Do not top up flexitainers with feed.**

**Discard any unused feed and its container after 24 hours.**

# pump feeding

starting to feed

## POWDER OR DECANTED FEED

- If using a powder feed, mix the powder as instructed by your child's dietitian.
- If decanting feed, make sure you clean the top of the container with an alcohol wipe before pouring into a flexitainer.

## CAUTION

For decanted feeds discard after 8 hours or as per your child's dietitian's instructions.

For powder or reconstituted/decanted feeds, discard after 4 hours.



# bolus feeding via gravity\*

starting to feed



## BOLUS FEEDING\*\*

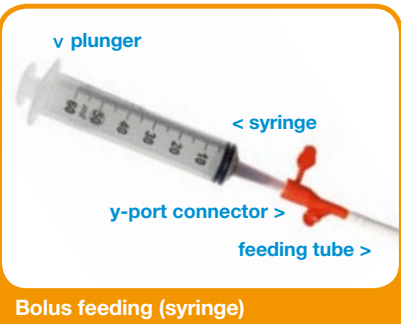
1. Collect all the equipment together that you require for feeding.
2. Check the expiry date on your child's feed.
3. Wash and dry your hands thoroughly.
4. Sit your child in an upright position if possible.
5. Flush the feeding tube with water\*\*\* (see "Preparing to Feed" section).
6. Shake the feed container gently before opening.
7. Decant feed into a clean jug.
8. Fill the syringe with the required amount of feed as recommended by your child's dietitian or healthcare professional.
9. Attach the syringe to the feeding tube.
10. If clamp present, unclamp the feeding tube, slowly and gently press the plunger down until the syringe is empty.
11. Alternatively, take the plunger out of the syringe and attach the syringe to the end of the feeding tube. Slowly, pour the required amount of feed into the syringe. This process may need to be repeated until the desired volume recommended by your child's dietitian or healthcare professional is fed. Hold the syringe at the height that is comfortable for your child and allow the feed to flow through the feeding tube. This will occur naturally due to gravity.
12. When the feed is finished, if clamp is present, clamp the feeding tube and prepare to flush your child's feeding tube.
13. If clamp is present, unclamp before flushing the feeding tube with sterile/cooled boiled water or as advised by your child's healthcare professional.
14. To prevent spillage, if clamp is present, remember to clamp your child's feeding tube before you remove the syringe.
15. Close the cap on the feeding tube until the next feed.

## NOTE

- There are two ways of bolus feeding:
1. Gravity feeding where gravity naturally draws the feed into your feeding tube
  2. Plunger/push syringe feeding where you help the feed through your feeding tube using the syringe plunger.

## TIP

If you hold the syringe at a lower height, this will slow the feeding rate. Raising the height of the syringe will speed up the feeding rate.



Bolus feeding (syringe)

## NOTE

Discard the syringe every 24 hours.

\* This method of feeding is not recommended if your child has a jejunostomy tube.

\*\* This advice may differ slightly from what the healthcare professional recommends. Therefore, please follow the advice of your child's healthcare professional.

\*\*\*Type of water as advised by your child's dietitian



# do's & don'ts of medications

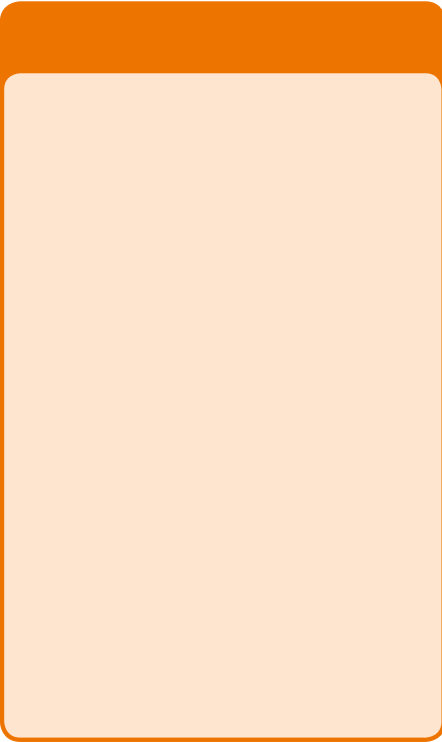
Most medication can be taken safely through your child's feeding tube by following these simple rules:

## DO:

- ✓ Use liquid medication whenever possible
- ✓ If a tablet must be crushed, be sure to crush it into a fine powder and mix it well in sterile/cooled boiled water\*
- ✓ Clear the feeding tube by flushing it with sterile/cooled boiled water before and after administration of medications as well as in between each different medication administered.

## DON'T:

- ✗ Mix medication. If more than one medication is to be taken, each one should be given separately
- ✗ Add medication to your child's feed



\* Type of water as advised by your child's dietitian

# daily care

## CARE OF YOUR CHILD'S STOMA SITE

If your child is feeding with a gastrostomy or jejunostomy tube they will have a stoma site. The stoma site is the place where the feeding tube goes into the stomach or jejunum. It is important that this is kept clean.

There is usually a discharge at the stoma site for the first few days after the feeding tube has been placed. A loose absorbent dressing may be placed at the site. Ensure that the dressing is changed daily.

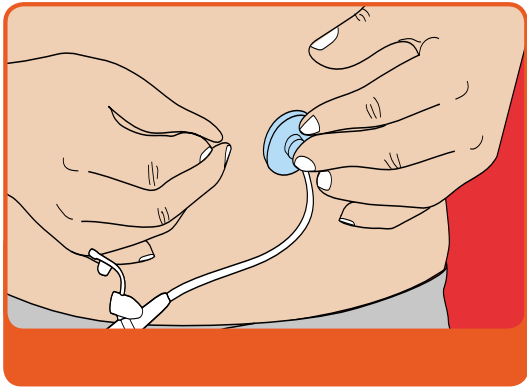
Your child's dietitian will advise with regards to dressing and cleaning the stoma site. Once the stoma site has healed (approx. 21 days) a dressing is generally not required.

If advised by your child's Dietitian, GP or Public Health Nurse rotate the feeding tube 360° daily. However this is not always advised and will depend on the type of feeding tube inserted. It is important to follow the advice of your child's dietitian or healthcare professional.

Refer to your child's dietitian or hospital's instructions for specific care of your child's feeding tube.



**Wash your hands with soap and water, rinsing and drying them thoroughly.**



## DAILY ROUTINE:

For your child's comfort, it is important that you follow this simple routine every day. It will help to keep the stoma site clean.

1. Wash your hands with soap and water, rinsing and drying them thoroughly before touching the stoma site.
2. Check the skin surrounding the feeding tube for redness, soreness, skin irritation or swelling. Make sure there is no leakage or extra movement of the feeding tube.
3. Clean the skin around the feeding tube with mild soap and water or as directed by your child's dietitian/medical team. Use circular movements, starting next to the stoma site and working outwards. Remember to clean carefully under the skin disc (if present) or around the sutures/stitches (if present).
4. Dry the area thoroughly and leave it open to the air until it is completely dry.
5. Remember to close the cap on the feeding tube fully before bathing.
6. Do not use talcum powder or cream around the site, unless prescribed by medical team as skin irritation can occur.

\* Type of water as advised by your child's dietitian



Oral hygiene: daily routine

## YOUR CHILD'S PERSONAL ORAL HYGIENE ROUTINE

### HEALTHCARE

Even though your child may not be eating and drinking, you will still need to keep their mouth and teeth clean. It is important to follow the advice of your child's healthcare professional.

- Brush all the surfaces of your child's teeth, gums and tongue at least twice a day, using a regular toothpaste and toothbrush. This helps to prevent infection.
- To moisten the lips, use a moisturising cream or lip balm.

### GENERAL CARE QUESTIONS

#### Q: What about bathing?

**A:** After the stoma site has healed (approximately 2-3 weeks) your child can bath as normal, once you ensure the cap on the feeding tube is firmly closed. Your child's Dietitian, GP, Stoma Care Nurse or Public Health Nurse can provide guidance of what to do while the stoma site is healing.

#### Q: Can my child play sports?

**A:** Yes, once healed the feeding tube will not restrict any normal activities. Swimming is allowed 6 weeks post-insertion providing the stoma area is not infected or sore. After swimming the stoma should be cleaned with cooled boiled water to prevent any irritation from chlorine or salt water. Ensure that the stoma site is completely healed and ensure that the cap on the feeding tube is closed.

#### Q: If my child is not using the feeding tube, what care does it need?

**A:** Flush the feeding tube daily (at least once per day) with sterile/cooled boiled water\* and clean around the stoma site.

#### Q: What support is there for us when feeding at home?

**A:** Help is available from your Hospital, Public Health Nurse, Pharmacy, GP, Dietitian and the Abbott Hospital to Home Helpline (1800 22 11 66) should you require it. Always seek advice if you are unsure about any aspect of your child's feeding.

\* Type of water as advised by your child's dietitian

## SITE INFECTION

If you notice any redness, pain or oozing from the stoma site, contact your Public Health Nurse, GP or Dietitian who will examine it to find out what is causing the problem.

## UNBLOCKING THE FEEDING TUBE

1. Switch off the feeding pump if it is running
2. Wash your hands
3. Make sure all clamps are open and the tubing is not kinked.
4. With your hand try to locate the blockage and gently squeeze the feeding tube to try and break it down.
5. Flush lukewarm (not hot) sterile/cooled boiled water\* into the feeding tube and let it sit for a few minutes.
6. Tube unblocking products are available from your pharmacy.
7. If this does not work, contact your hospital.
8. Wash your hands

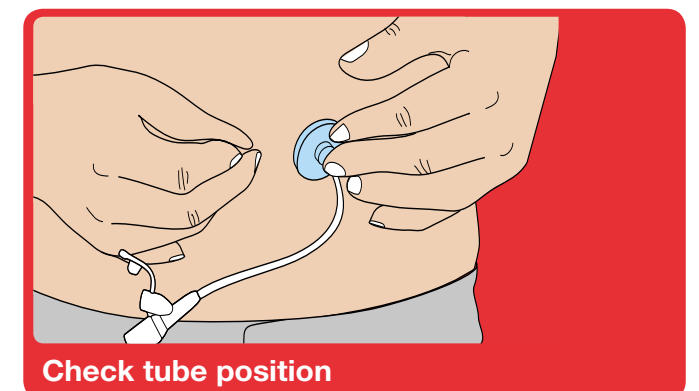
### NOTE

**NEVER use any sharp instruments or excessive force to unblock a feeding tube.**

## MOVEMENT OF YOUR CHILD'S FEEDING TUBE - Remember to flush regularly to avoid tube blockage.

### Feeding tubes with an external bumper

If your child's feeding tube seems to have shortened check the position of the external bumper. The external bumper should be snug to the skin but not tight-fitting, allowing for some movement. Once the stoma site has healed (approx. 21 days after placement), pull the feeding tube gently until you feel resistance and correctly position the external bumper.



Check tube position

### Feeding tubes without an external bumper

If your child's feeding tube does not have an external bumper, please follow the advice of your healthcare professional and/or the manufacturers guidance.

\* Type of water as advised by your child's dietitian

## LEAKAGE AROUND THE STOMA SITE

Feeding tubes with an external bumper

There should be a 3mm gap between the stomach wall and external bumper. If your child has lost or gained weight you may need to loosen or tighten the external bumper. A barrier cream may be prescribed to protect the skin.

## IF THE TUBE FALLS OUT

Bring your child straight to your local hospital so that a replacement tube can be inserted. The stoma can close within 3-4 hours. Bring your child's spare gastrostomy tube or button with you. If your child has a button and you have been trained to insert a new one, you can insert the new button as per the instructions given.

## WIND

If you feel your child has wind after feeding you may need to release this by venting the tube. This can be done by opening the port of the adaptor on the peg tube. Remove the plunger of the syringe and attach barrel of syringe to tube. Keep the syringe upright and allow wind to escape through the tube and syringe barrel. Once your child is comfortable unclamp tube and remove syringe and close lid of tube.

## VOMITING

If your child experiences vomiting, contact your GP, Public Health Nurse or Dietitian.

## DIARRHOEA

Check that hands and equipment are clean when setting up a feed. Diarrhoea is rarely due to tube feeding; it is more often associated with medications or a medical condition. If diarrhoea persists for more than one day, contact your GP, Public Health Nurse or Dietitian.

## CONSTIPATION

If your child becomes constipated while on tube feeding ensure that they are receiving adequate fluid - check with your child's dietitian. If the constipation persists contact your GP, Public Health Nurse or Dietitian.

## GIVING SETS, SYRINGES AND FLEXITAINERS

### Q: How do I obtain my child's feed and equipment at home? If you have a Medical Card (GMS)

**A:** Your child's feed comes from your pharmacy and the giving sets, syringes, flexitainers and sterile water are either arranged by your local appliances office or come from your local pharmacy\*. You will need to get a prescription from your GP/hospital doctor every month for the feed. You will need to contact your appliances office or public health nurse who will advise you how to obtain the giving sets, syringes and flexitainers.

\* This may differ in some areas of the country, your public health nurse will advise you on how it works in your area.

### Q: If you don't have a medical card but have a Drugs Payment Scheme (DPS) card

**A:** Your child's feed, giving sets, syringes, flexitainers and sterile water will come from your local pharmacy\*. You will need to get a prescription from your GP/Hospital doctor every month for the feed.

\* This may differ in some areas of the country, your public health nurse will advise you on how it works in your area.

### Q: If you have a Long Term Illness (LTI) Card

**A:** Your child's feed, giving sets, syringes, flexitainers and sterile water are available from your local pharmacy. You will need to get a prescription for your child's feed, giving sets, syringes and flexitainers from your GP/hospital doctor every month.

## NOTE

Contact your Appliances Office, GP, Public Health Nurse or Pharmacist at least 7 days before you run out of feed, giving sets, flexitainers or syringes.



Giving set



Flexitainer





Giving set

**Q: How often do I need to change my child's giving set?**

**A:** Every 24 hours – unless advised to do so more frequently by the Dietitian, Public Health Nurse or GP.

**Q: What is the small tap on the side of the giving set used for?**

**A:** This tap can be used for flushing medication.

**Q: What should I do with the used giving set and feed container once my child has finished with them?**

**A:** Used giving sets and feed containers can be rinsed and discarded with your recycling or household waste.

**Q: How often should my child's feeding tube be changed?**

**A:** There are many different types of feeding tubes available. Recommendations for changing tubes vary greatly. It is advisable to check with your healthcare professional when your child may need to have a new tube placed.

**Q: If my child's giving set does not fit my feeding tube, who should I contact for a connector/adaptor?**

**A:** Inside the pack with each giving set is an adaptor, which should enable the giving set to fit your child's feeding tube. If you are still having problems, contact the Hospital to Home helpline on **1800 22 11 66** or [h2h@abbott.com](mailto:h2h@abbott.com), your child's Dietitian or Public Health Nurse.



## FEED STORAGE

**Q: How do I store my child's feed?**

**A:** Any unopened bottles should be kept in a cool, dark place. Opened bottles should be kept in the refrigerator and discarded after 24 hours.

**Q: How long will the feed last once it has been opened?**

**A:** Opened feed will last for 24 hours. If the feed is stored in a refrigerator, ensure the feed is allowed to reach room temperature before use. Decanted feeds should be discarded after 8 hours, and reconstituted (powder) feeds discarded after 4 hours.

**Q: If unopened how long will my feed last?**

**A:** If unopened, the feed will last for up to 12 months, check the use by date clearly marked on the bottle or can.

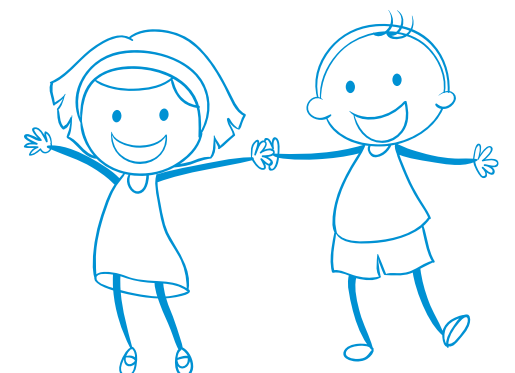
**Q: What should I do if I don't use all the feed in one go?**

**A:** It may be that you do not need to use all the feed – the dietitian will have told you how much your child needs each day.

If your child is having small quantities of feed at several intervals throughout the day (known as bolus feeding), then screw the cap back on the bottle and store the feed in the refrigerator. Ensure the feed is allowed to reach room temperature before use.



Check expiry date on your feed



# your child's equipment & supplies

## NOTE

When you receive a new pump, you will need to plug it in to initially charge the battery. This may sometimes take up to 30 minutes before the pump can operate.

**Q: What do I do if my child wants a short break in feeding when on pump feeding?**

**A:** If the break is to be less than an hour, disconnect the giving set from the feeding tube, but leave the giving set connected to the bottle of feed. Flush your child's feeding tube thoroughly with water.

If the break is longer than one hour, disconnect the giving set from the feeding tube, but leave the giving set connected to the bottle of feed. Flush your child's feeding tube thoroughly with water. Place the bottle of feed and giving set in a clean area of the refrigerator. About one hour before you are ready to re-commence feeding, take the giving set and bottle of feed out of the refrigerator to allow the feed to reach room temperature before feeding.



## PUMP

**Q: What should I do if my child's pump stops working?**

**A:** Follow the troubleshooting advice in the pump instruction booklet. If the pump is still not working, contact the Hospital to Home helpline on **1800 22 11 66**, who will be able to assist you or arrange a replacement pump for your child.

**Q: How high off the ground does the pump need to be?**

**A:** Since the pump is mechanical and pushes the feed through the giving set, it will operate at ground level if necessary. However, it is recommended to attach the pump to a drip stand, which is placed on the bedside locker at shoulder height.

**Q: Does the pump have a battery and how long does it last?**

**A:** Yes, the pump has a battery, which will last for the following length of time, if fully charged (approximate):\*

- **FreeGo pump** – 24 hours
- **Patrol pump** – 6 hours
- **ClearStar pump** – 24 hours

\*These times are based on a rate of 85ml/hr

**Q: Is the battery rechargeable?**

**A:** Yes. However, while your child is not moving around the house, we recommend the pump is kept plugged into the mains electricity to ensure that the battery is fully charged in case of a power failure.

**Q: How long does it take to charge the battery fully?**

As soon as the, LOW BATTERY, display appears, the pump should be connected to the mains electricity.



FreeGo Pump low battery display



FreeGo Pump



Patrol Pump



ClearStar Pump



# your child's equipment & supplies

# accessories & order codes



### NOTE

Please do not return your child's pump to the hospital. Pumps can be returned by contacting Abbott Hospital to Home on Freephone 1800 2211 66.



FreeGo Pump

### NOTE

Only the FreeGo Pump is water resistant and can be rinsed under running water.

### FREEGO PUMP

The battery charges fully in approximately 6 hours.

### PATROL PUMP

The pump will fully recharge in a maximum of 4.5 hours, if the pump is connected to the mains electricity and is not in use. If the pump is in use, it will take 12 hours to recharge.

### CLEARSTAR PUMP

It will take 8 hours to recharge if the pump is not in use and 12 hours when the pump is in use.

### Q: How do I clean the pump?

### FREEGO PUMP

Wipe the pump carefully and thoroughly with a soft damp cloth and warm soapy water. The pump is water resistant and can be rinsed under running water. Ensure that the pump is thoroughly dried after cleaning. DO NOT IMMERSE THE FREEGO PUMP IN WATER.

### PATROL & CLEARSTAR PUMPS

Gently wipe the surface of the pump with a clean damp cloth. DO NOT IMMERSE THE PUMP IN WATER. Any accidental spillage of feed should be wiped away immediately. No cleaning agents should be necessary. However, feed deposits may be removed using warm water and a mild detergent.

### Q: What should I do with the pump when my child no longer needs it?

A: Call the Hospital to Home helpline on 1800 22 11 66 or email [h2h@abbott.com](mailto:h2h@abbott.com) and the patient support coordinators will arrange for the pump to be picked up from you.

### PUMPS

FreeGo



Patrol



ClearStar



### GIVING SETS



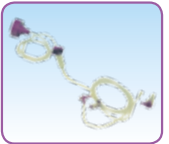
**S665**  
**Pack size** 30  
**Description:** FreeGo Giving Set



**S675**  
**Pack size** 30  
**Description:** FreeGo NPSA\* Giving Set



**S615**  
**Pack size** 30  
**Description:** Patrol Giving Set



**S660**  
**Pack size** 30  
**Description:** Patrol NPSA\* Giving Set



**S580**  
**Pack size** 30  
**Description:** ClearStar Giving Set



**S605**  
**Pack size** 30  
**Description:** ClearStar NPSA\* Giving Set



**S595**  
**Pack size** 30  
**Description:** ClearStar Ambulatory Giving Set

### PUMP SPECIFIC ACCESSORIES



**S405**  
**Description:** FreeGo Adult Backpack  
**Other colour options:**  
Black S405  
Blue S532  
Red S530



**S414**  
**Description:** FreeGo Replacement AC Adaptor Charger



**S407**  
**Description:** FreeGo Dripstand



**S404**  
**Description:** FreeGo Paediatric Backpack  
**Other colour options:**  
Black S404  
Blue S533  
Red S531



**S406**  
**Description:** FreeGo Standard Pole Clamp

**S534**  
**Description:** FreeGo extension accessory cable



**092201**  
**Description:** Carrystar Bag



**050400**  
**Description:** Carrystar Shoulder Bag

**757301**  
**Description:** Carrystar Insert

\*NPSA = National Patient Safety Agency

# accessories & order codes

## UNIVERSAL ACCESSORIES

### DRIPSTAND



**800A00**  
**Description:**  
Dripstand

### FLEXITAINERS



**M240**  
**Pack size:** 30  
**Description:**  
Flexitainer 1000ml



**M241**  
**Pack size:** 30  
**Description:**  
Flexitainer 500ml

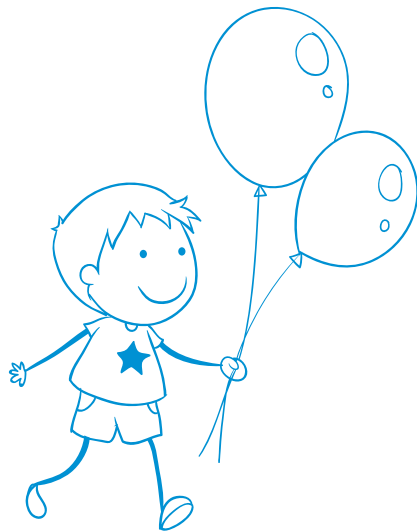
## OTHER



**E790**  
**Pack size:** 30  
**Description:**  
Gravity Screw  
Cap Giving Set



**800A01**  
**Pack size:** 1  
**Description:**  
Bottle Hanger for  
Recloseable Plastic  
Bottle



# glossary of medical terms



The following terms will help you to better understand tube feeding.

### Aspiration

When food or liquid accidentally goes into the lungs.

### Bolus Feeding

Feeding method in which the feed flows from a syringe into the feeding tube.

### Constipation

Bowel movements (stools) that occur infrequently and are very hard and sometimes painful to pass.

### Diarrhoea

Frequent loose, watery bowel movements (stools).

### Endoscopy

A method of looking inside the body using a flexible tube that has a small camera on the end of it. This instrument is called an endoscope.

### Feeding Pump

A small machine, plug-in or battery-operated, that controls the amount of feed your child receives.

### Feeding Tube

Tube through which feed, water, medication and other fluids go into the body.

### Flexitainer (plastics)

An empty feed bottle which you can pour feed or water into.

### Giving Sets

Tubing that goes from the feeding container via the pump, to the feeding tube.

### Jejunum

The second part of the small intestine.

# glossary of medical terms

## Nasoduodenal (ND) Tube

Tube inserted through the nose into the duodenum.

## Nasogastric (NG) Tube

Tube inserted through the nose into the stomach.

## Nasojejunal (NJ) Tube

Tube inserted through the nose into the jejunum.

## Nutrients

Components of food that nourish the body. Protein, carbohydrate, fat, vitamins, minerals and water are all nutrients.

## Percutaneous Endoscopic Gastrostomy (PEG) Tube

A type of feeding tube, that goes directly into the stomach through the skin. The PEG tube is placed under endoscopy.

## Percutaneous Endoscopic Jejunostomy (PEJ) Tube

A type of feeding tube, that goes into the jejunum through the skin. The PEJ tube is placed under endoscopy.

## Pump Feeding

Feeding method in which a mechanical pump moves feed, water and medications through the feeding tube.

## Radiologically Inserted Gastrostomy (RIG) Tube

A type of feeding tube that is placed in the stomach under radiological\* guidance.

## Radiologically Inserted Jejunostomy (RIJ) Tube

A type of feeding tube that is placed in the jejunum under radiological\* guidance.

## Stoma

Opening in the abdominal wall through which a gastrostomy or jejunostomy tube enters the body.

## Surgical Jejunostomy (J EJ)

A type of feeding tube that is surgically placed directly into the jejunum.

## Tube Feed Products

Liquid food that has a balance of all the nutrients your child needs for a healthy balanced diet.

\*using x-ray

## weight monitoring chart



## hospital to home

[illegible]





**hospital to home**

*We're here to help...*

**1800 22 11 66**

*h2h@abbott.com*

