MY NAME IS:\_\_\_\_

## My G-TUBE TYPE:

- 9 Securement device in use
- 9 Split gauze/Button Buddy changed daily
- 9 Remove extension set from g

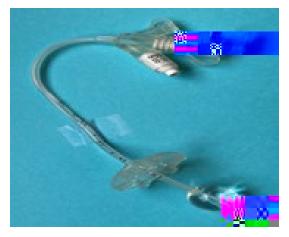


Developed: 2020 Peds Nursing

Reviewed: Revised:

MY NAME IS:\_\_\_\_\_

## My G-TUBE TYPE: MIC G - tube





My G - TUBE SIZE:

\_\_\_\_\_ Fr

Marking just above the bolster cm

- 9 Replacement kit at bedside
- 9 Securement device in use
- 9 Balloon port covered
- 9 Turn tube in tract ¼ turn daily
- 9 Split gauze changed daily with site care NO Button Buddy



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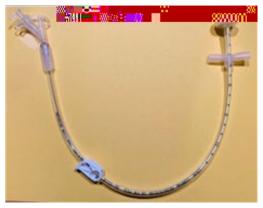
Reviewed: Revised:

MY NAME IS:\_\_\_\_\_

NEW
G-tube
(in place <3months)

## My G-TUBE TYPE:

PEG tube



My G -TUBE SIZE:

- 9 Replacement kit at bedside
- 9 Securement device in use
- 9 Turn external bolster ¼ turn daily
- 9 Split gauze changed daily with site care NO Button Buddy
- 9 Internal bolster holds tube in place



no balloon

Developed: 2020 Peds Nursing

Reviewed: Revised: