TOOMEY & ASSOCIATES, INC.
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TRANSITIONING CHILDREN OFF OF THEIR G-TUBES

(FOR PROFESSIONALS ONLY - one suggested methodology)

1st: Make sure that the child is orally AND G-tube fed in a position and place typical for a child of their age. The following environmental cues are necessary components of conditioning a child for oral feeding.

Normal Feeding Position:

Infant = held securely in a semi-reclined position in the feeder's arm so that the infant can see the feeder's face.

6 Months and Older = (once the child can sit semi-independently) placed in a well supported position in an infant feeding chair, high chair, sassy seat, booster seat.

Typical Oral Sensations/Movements:

Infant = offer the child some object to mouth, even if not allowed to eat orally. Examples include a pacifier, adult finger, teething toy, bottle nipple, breast nipple

6 Months and Older = offer the child an object to mouth, such as spoons, sipper cups, plates, bowls, wet wash cloths, teething toys, the child's fingers

Natural Smell and Taste Sensations:

Infant = offer the child drops of formula, breast milk or water on an adult finger to smell initially. Then move to offering the fluid on a nipple type object that can be touched gently and briefly to the lips for a minuscule taste to start. Progress with volumes and into the mouth further ONLY AS THE CHILD TOLERATES IT.

6 - 9 Months = drops of formula and/or baby food on a spoon, in a sipper cup, on a plate or bowl, a wash cloth dampened with a watered down infant fruit juice.

8-9 Months and Older = introduce Hard Munchable textures in addition, and progress to finger foods

2nd: Move from 24 hours continuous drip to a combination of bolus feedings during the day and continuing a night drip.

A. Split the calories needed for the 24 hours into approximately 50% for the night drip and 50% for the daytime bolus's
B. Make sure the night drip is turned off AT LEAST 3 hours before the first daytime bolus feeding is attempted to allow full stomach emptying and initiation of appetite (hopefully)

Rationale:

Goal 1 = to avoid giving the child all their needed calories at night. This creates an appetite reversal for the child, such that their body thinks they need to eat all night and that then they don't have to eat anything during the day. Remember that most children eat across 12 hours of the day and go 12 hours at night without any food.

Goal 2 = to avoid giving so many calories during the day such that the child is gagging/wretching during bolus feedings because the volume of the feeding is too large. This gagging/wretching becomes associated over time with eating/feeling full and can interfere with a child learning to eat by mouth. **Suggest that the bolus size and rate be small enough to avoid gagging/wretching 90% of the time.

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Goal 3 = to allow the child to have a realistically achievable number of calories to be orally consumed during the day. If a child on a G-tube is getting 100% of their needed calories during the day via the tube, first, they will not have an appetite to eat orally during the day. Second, they will not be realistically able to orally replace all those calories right away. For example, an eighteen month old typically needs about 1000-1200 calories per day, which would be = 5 meals of 200-250 calories each to be consumed orally. 75-100 calories per meal would be a much more realistic initial calorie goal.

3rd: Offer meals at set and evenly spaced time intervals in a fashion that replicates a feeding schedule typical for a child of that age. For most children past about 12 months of age, they will typically be eating 6 times a day, spaced at 2 ½ to 3 hour intervals.

Rationale:

Goal 1 = to achieve appetite conditioning so that hunger can assist in increasing the child's interest in eating orally. In order to achieve appetite conditioning, the body needs to receive approximately the same number of calories at the same number of hours apart (i.e.. A schedule of meals at 7a, 9a, noon, 5p, 6:30p would NOT be okay as the meals are occurring at 2 hours apart, then 3 hours then 5 hours, then 2.5 hours apart; a more appropriate schedule would be at 7a, 9:30a, noon, 2:30p, 5pm and 7:30p. This is a schedule where each meal is 2.5 hours apart)

Goal 2 = to achieve a feeding schedule typical for a child of that age. Many families of G-tube fed children are not used to how often young children actually need to eat. They need to get used to a more typical feeding schedule in order for their child to be successful. For example, expecting a 2 year old to eat only 3 times a day is not realistic. If their calorie needs are 1200 calories, this would mean they would need to eat 400 calories at each meal!

4th: For the child who is NOT consuming ANY oral calories (i.e.. True swallows of food), the daytime bolus feeding should take place with the correct environmental cues AT THE SAME TIME as the oral feeding.

Rationale:

Goal 1 = to maintain and/or make a conditioned connection between the mouth working and the feeling of getting full. We want children to understand that their mouths need to work for their tummies to get full, NOT that satiation has no connection to what they are doing.

Goal 2 = to make a conditioned connection between the tummy getting full and the other environmental cues (such as the table, kitchen etc.) associated with eating. This conditioned response to the environmental cues will help the child engage in the eating process out of a built habit versus relying solely on hunger to motivate eating.

5th: Once the child is actually consuming 15-30 calories of food or fluid during the bolus feeding, this is the time to shift to allowing the child to eat whatever they can orally FIRST and THEN bolus feeding the rest of the per meal calorie goal not met orally. HOWEVER, the timing of when to begin the bolus feeding is determined by how many calories the child consumes over what period of time.

** this program requires that the child's tube feeding equipment be completely set up AND connected BEFORE the meal begins. Keep the bolus turned OFFuntil the appropriate time as outlined below.

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If child consumes 15-30 calories in 20-30 minutes: continue the bolus feeding at the same time as the orals.

If child consumes 15-30 calories in 10-15 minutes: do orals only for first 10 minutes, then begin the bolus feeding the rest of the calories WHILE the child is continuing their oral eating and food play (don't forget to subtract the 15-30 calories from the meal total calorie goal).

If child consumes 30 calories in 5-10 minutes: begin the bolus feeding AFTER the majority of the meal is completed, but while the child is still sitting in the chair finishing their drink and food play.

6th: Once the child is consuming 30 calories at each of 5-6 meals per day, the night drip should be decreased by the amount equivalent to the oral calories consumed during the day. This means that the daytime per meal calorie goal will need to increase equivalently also, (these extra calories are usually easiestly orally consumed via fluids).

7th: Option A: as oral calories consumed continues to increase, continue to decrease the night drip amount and increase the daytime per meal calorie goal. Once the night drip is down to about 250 calories, switch to having the night drip turned on only every OTHER night. Progress to the night drip being on only every 3rd night and so on until weaned.

Option B: once the child has shown that they can consistently consume about 60 calories at each of 5-6 meals a day, can consider decreasing tube feeding amount by 50% (can take all off the nighttime or the daytime, or half from each time period - consultation may be needed to determine which method may be best at this point). If after 3 days the child is still not making up orally the calories which were cut, the tube feedings will need to be increased again to make up to the correct calorie amount needed each day. Some children take a G-tube decrease or a complete break off their tube for a few days every few weeks as another way to wean off the tube.

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