

Neonatal/Infant Gastro-Jejunostomy Conversion Algorithm

Patient with intolerance of gastric feeds

- Refractory gastroesophageal reflux
- Refractory frequent and/or large volume emesis
- Concern for ongoing aspiration
- * evaluate with pediatric surgery and pediatric GI*



Evaluate for gastro-jejunostomy tube conversion (with pediatric surgery input)

- Weight $\geq$ 4 kg
- $\geq$ 1 month since G-tube placement
- Patient has demonstrated tolerance of post-pyloric feeds
- Nasal post-pyloric feeding tube is not a feasible option*
- * ie discharging home, nasal/oropharyngeal defects present*



Consult interventional radiology

- Place "Interventional Radiology Consult" order in EPIC and page x4466 to consult IR
- In the EPIC IR Consult order, include:
 - indication for G-J tube conversion
 - existing G-tube size (diameter (French), stomal length) and date of placement
 - recommended G-J tube size based on pediatric surgery recs and chart below
- * Order and delivery of G-J tubes may take up to 72 hours*

Patient weight	Recommended gastro-jejunostomy tube
4 – 6 kg	Avanos MIC Gastro-Enteric Feeding Tube 16F 25.4 cm (SKU 0210-16LV)
6 – 10 kg	AMT Micro G-Jet 14F (stomal and jejunal length determined by IR) <i>Consider 16F Avanos MIC Transgastric-Jejunal Feeding Tube if gastric decompression needed</i>
$\geq$ 10 kg	Avanos MIC-KEY GJ or AMT G-Jet (brand and size to be determined by IR)*

**Avanos is the default manufacturer used, AMT is used in exception case*

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