**G-Tube Goals for Discharge**

**Passport Home**

**Infant’s Name:** __________________________

**Parent/Caregiver:** ______________________________

**Date:** ______________________________

Our goal is to prepare you and your family to take your child home safely after receiving a Gastrostomy (G) feeding tube. This passport home helps you understand the care of a G-Tube.

### Family Education
- Giving your child Continuous G-Tube feedings
- Giving your child Bolus G-Tube Feedings
- How to Operate the Enteralite Feeding Pump

### Emergency G-Tube Details:
- **Brand:** __________________
- **French Size:** ____________
- **Balloon Water Amount:** ____________

**Home Care Company:** ________________ **Phone Number:** ________________

### Hands on Demonstration by Parents or Caregiver:

- **Date/Time:** ________________
- **Activity:** ________________

- **Date/Time:** ________________
- **Activity:** ________________

- **Date/Time:** ________________
- **Activity:** ________________

- **Date/Time:** ________________
- **Activity:** ________________

### Prescriptions Provided For Home Care Supplies

- Replacement G-Tube
- 35 ml catheter Tip Syringes
- Feeding Bags
- Feeding Pump and Pole
- Extension Sets
- Formula and Supplements if Necessary
- Mepitac tape provided by Hospital
- 2x2 split gauzes

### Care of G-Tube

- I feel comfortable giving feeds and/or medications through my child’s G-Tube
- I feel comfortable stabilizing and retaping the G-Tube with tape.
- I feel comfortable cleaning and turning my child’s G-Tube.
- I feel comfortable checking the balloon volume of my child’s G-Tube.
- I feel comfortable maintaining and changing my child’s G-Tube extension sets.
- I can successfully explain the steps to take and who to call if the G-Tube tube comes out.

**In an Emergency, Call 9-1-1, Do NOT use the G-Tube**

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*This discharge ticket home was created in collaboration with Boston Children’s Hospital (BCH) Gastroenterology Team*