

MIC-Key Balloon Button

(MIC-Key Balloon Tube Button or “button tube”)

This teaching sheet should be used with the book **Caring for a Child with a G-tube**. If you did not get the Care Notebook, please ask your child’s nurse.

What is a MIC-Key button?

- A MIC-Key button is a button type gastrostomy or jejunostomy feeding tube.
- It is held in place by a water balloon.
- Your child may have had a tube changed to an AMT button or this may be your child’s very first tube.
- If your child had a tube changed to a MIC-Key button, you will get more instructions on how to change it.

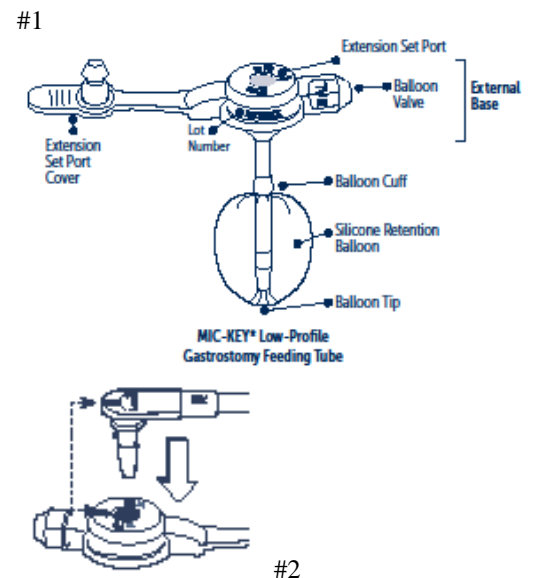


Why does my child have a MIC-Key button tube?

- You and your child’s doctor decided that this kind of feeding tube would be the best way to feed or supplement your child at this time.
- Your child’s MIC-Key button tube size is _____.
– You will need to know this number when ordering supplies.

How to attach extension sets

- Open the port cover.
- While holding button tube firmly, attach the feeding extension tube by lining up the black lines on the adapter and the button (see figure 2).
- Make sure the adapter is pushed in all the way. Gently turn clockwise to lock it in place. If it does not turn freely when first put into the feeding port, make sure the adapter is pushed in all the way and that there is nothing blocking the feeding port.



Tube replacement

- If this is your child's first tube, you should **not** replace it. Call your child's doctor or nurse for instructions if the tube comes out and it has never been changed before.
- If your child's tube has been changed, you need to keep a MIC-Key button of the same size at home (*see other teaching sheet #3000 – MIC-Key Button Tube Insertion Procedure*).
- It is important to check gastric content after a tube change.
 - Your child's MIC-Key button size is _____. You will need to know this number when ordering supplies.

How do I care for an MIC-Key button? (*See page 12, 15-16 in the book Caring for a Child with a G-tube*)

Clean the site daily. This is important for skin health.

- Get your supplies.
 - Soap and water.
 - Washcloth or Q-tips®.
 - Tape.
 - 2x2 split gauze, if needed.
- Wash your hands with soap and water.
- Gently tilt the button for cleaning.
- Clean the skin site with soap and water.
- If the skin site around the tube has dried, crusty drainage, soak it with a warm wet washcloth to help get off.
- Rinse the skin with water and dry the area well.
- Gently turn or spin the tube in the tract with site cares.
 - This stops the skin from sticking to the tube.
- Use one 2x2 split gauze if there is drainage. This will protect the skin and absorb moisture.
 - Change the gauze every day with site cares or more often if it is soaked.
 - If there is no drainage, leave the site open to air.
- Wash your hands with soap and water.
- If this is your child's very first tube, your child can take a sponge bath or shower 2 days after it is placed.
 - Do not let the skin site and tube go under water for one week after it is placed.
 - Your child may go swimming one month after the tube is placed.

How do I feed my child using the MIC-Key button tube? (*See pages 18-21 in the book Caring for a Child with a G-tube*)

- Get your supplies.
 - 60 mL syringe.
 - Feeding bag and feeding pump
- You will need one of these extension sets:
- MIC-Key Right Angle with Y-Port Feeding Tube
 - MIC-Key Straight with Bolus Feeding Tube

Feeding, continued.

- Attach a syringe or feeding bag into the feeding port.
- Close the clamp and attach the extension set.
- Use your child's usual feeding routine and recommendations from the doctor or dietitian.
- When the feeding is done, flush the tube as explained below.
- Close the clamp and remove the extension set.
- Close the feeding port cover.

Flushing (See page 17 in the book *Caring for a Child with a G-tube*)

Flushing helps stop the tube from clogging.

- Get your supplies.
 - 5 mL syringe
 - Water flush after giving medicine.
 - Amount for my child: _____.
- Briskly flush the tubing with 2 to 5 mL of water after feedings.
- Flush the tube after any medicine is given.
 - If more than one medicine is given at a time, flush after each medicine.
- If your child is less than 10 pounds or on a fluid restriction, do not flush the tube unless your child's doctor or nurse tells you to.

How do I vent my child? (See page 22 in the book *Caring for a Child with a G-tube*)

Venting, sometimes called "burping through the G-tube," lets your child's stomach get rid of extra air or food. Venting can be done before, during or after feedings, or at any time your child is showing signs of discomfort.

- Get your supplies:
 - 60 mL syringe.
 - AMT extension set.
- Wash your hands with soap and water.
- Close the clamp of the extension set and attach it to the button.
- Open the port cover.
- Put the syringe without the plunger into the port of the extension set.
- Open the clamp.
- Hold the syringe above the belly.
 - Keep syringe in place for 1 to 2 minutes, or longer if needed.
 - You may hear air or see excess food, stomach juices rise or drain into the syringe or bag.
- Be sure all stomach juices have gone back down to the stomach or empty them if you have been told to.
- Flush the tubing as explained above.
- Wash your hands with soap and water.

Other things to know

Do I need to check the amount of water in the balloon every so often? (NOTE: if this is your child's first tube, do **not** check the balloon, even if you think it is broken)

- There is no need to check the balloon unless there is a problem.

How do I clean the extension sets?

- Rinse the extension sets in between use.
- Clean the extension sets every day with dish soap and hot water. Hand wash only. Do **not** put them in the dishwasher.
- Change the extension sets every week.

How often should I change the tube? (Note: if this is your child's first tube, do **not** change the tube)

- Change the tube every 3-6 months or sooner if it fails.
 - The 2 most common things that fail are the balloon breaks or the valve (where the extension set attaches) breaks or leaks.
 - It is important to check gastric content after a tube change. (see teaching sheet #3000 – MIC-Key Button Tube Insertion Procedure).

Troubleshooting Problems (See pages 27-30 in the book Caring for a Child with a G-tube)

Leaking at the skin site

- Check the water balloon to make sure the correct amount of water is in the balloon.

Note: if this is your child's first tube, do **not** check the balloon. Call your child's doctor or nurse.

- The amount of water is usually written on the balloon port. (It is marked BAL)



Size Fill Volume	Recommended Fill Volume	Max Fill Volume
12 Fr ml	3 ml	5 ml
14 Fr ml	5 ml	10 ml
16 Fr ml	5 ml	10 ml
18 Fr ml	5 ml	10 ml
20 Fr ml	5 ml	10 ml
24 Fr ml	5 ml	10 ml

- Put barrier cream, like Desitin®, on the skin site.
- Call your child's doctor or nurse if leaking keeps happening or you are not able to fix it.

Granulation tissue

- This is extra healing tissue which can be seen where the tube comes out of the skin.
- It is very common for granulation tissue to grow. It is a normal body response.
- The tissue is pink and moist. There may be yellow-green drainage or a small amount of bleeding.
- If you see this tissue, call the clinic for medicine to treat the tissue.

Leaking from the top of the tube

- Check to be sure the feeding port is closed.
- Change the extension set if the port cap is not staying closed.

Leaking from the center feeding valve

- Take care of the feeding port valve by flushing it with water after all feedings or medicines are given.
- If there is a lot of leaking change the button. Note: If this is your child's first tube, do **not** replace. Call the clinic to talk to the nurse or doctor for instructions.

Tube is blocked

- Make sure the tube turns or spins easily. This is to check the position of the tube.
- Try to flush the tube with a small amount of water.
- If that doesn't work, use a small syringe and flush with carbonated water.
- If that doesn't work, change the tube.
 - It is important to check gastric content after a tube change. (see teaching sheet #3000, MIC-Key Button Tube Insertion Procedure).
- Note: If this is your child's first tube, do **not** try to change it. Call the clinic to talk to the nurse or doctor for instructions.

Balloon will not deflate Note: If this is your child's first tube, you should **not** check water balloon. Call the clinic to talk to the nurse or doctor for instructions

- Gently twist the slip tip syringe in the balloon port until the valve is opened.
- Using a moist cotton-tipped applicator, clean out the balloon port. Attach a syringe and try again.
- Gently pull up on the tube to see if the balloon is broken.
 - If the balloon is broken, change the tube if you were told to do so.
 - It is important to check gastric content after a tube change. (see teaching sheet #3000, MIC-Key Button Tube Insertion Procedure).
- Call the clinic to talk to the nurse or doctor if this does not work.

The tube appears to be too tight or too loose

- Call your child's doctor or nurse.
 - Your child may need a smaller length or longer length of tube.

The tube falls out or balloon is leaking or is broken

Note: If this is your child's first tube, do **not** replace. Call the clinic to talk to the nurse or doctor for instructions.

- If the tube has been changed before, change the tube with the same size tube.
 - It is important to check gastric content after a tube change. (see teaching sheet #3000, MIC-Key Button Tube Insertion Procedure).
- If you do not have a new MIC-Key button tube or if you are having a hard time replacing the tube, call your child's doctor or nurse.

Special Information

- If this is your child's first tube, it needs to stay in place 6 weeks before it is changed.
 - This is needed for healing and to create a good tract for the tube.
 - After this time, the tube can safely be changed.
- After your child's tube is replaced for the first time and if your doctor told you that you can replace your child's tube (button) keep an emergency kit in your child's backpack or diaper bag.
 - Put in a Ziploc[®] bag:
 - Spare MIC-Key button kit
 - Bottled water
 - Lubricant
 - Gauze to help clean up

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if:

- the tube is the first tube and it has fallen out.
- the tube comes out and can't be replaced.
- the skin around the tube has drainage (pus).
- the skin around the tube is red, swollen or sore to touch.
- the tube is blocked and you are not able to get it working.
- your child has feeding problems such as vomiting or gagging.
- you need to change your child's button more than every 2 months.
- If your child looks tired or has belly pain after a tube change.
- your child has special health care needs that were not covered by this information.

This teaching sheet is meant to help you care for your child. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment, and follow-up.