

Abstract Title:

Identification of Infants with Soft-indications for Gastrostomy Tube placement (GTP) who may benefit from Home Nasogastric Feeds (HNF)

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Abstract Description:

Identification of Infants with Soft-indications for Gastrostomy Tube placement (GTP) who may benefit from Home Nasogastric Feeds (HNF) Erica Ortiz*, MD; Jennifer Norgaard, CNS, MSN; Mario Rojas, MD; Indira Chandrasekar, MD

Background: GTP as an alternative for poor oral feeding is a common procedure in NICUs. Indications for GTP vary from well-established indications to soft indications. HNF has been proposed as a feeding option for some of these infants.

Aim: The aim of this study is to identify clinical scenarios in which infants subjected to GTP met pre-established criteria for HNF.

Method: A single center retrospective study of NICU infants who underwent GTP over a 2-year period from January 2016 to December 2017. Relevant clinical data collected included: gestational age, primary diagnosis, co-morbidities, age and percentage of oral feeds at time of GTP, duration of GTP, complications and social variables. HNF candidates were defined as GTP infants who reached full PO feeds at < 90 days. Parents or caregivers were contacted for 3 questions: duration of GT after discharge; age GT was removed; complications associated with home GT. Results: A total of 110 infants with GTP were identified during the study period; 60/110 had standard indications for GTP and therefore excluded (54.5%). The mean gestational age of the remaining 50 infants with soft indications was 36±4.6 days. The average duration of per oral (PO) trial before GTP was 41±30.5 days and average oral intake was 32%. Age at GTP was 75±42.4 days, and average length of GT use was 403 days in this cohort. Five of 50 infants died after discharge (10%), of which 4 died < 3 months for reasons unrelated to GT. 15/50 infants (30%) reached full PO feeds at < 90 days after GTP (Table). Major complications

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associated with GTP were malfunction/leakage (25%) and infection (15%). Social problems that would impede HNF were present in 50% of the cohort with soft indications.

Conclusion: We identified a cohort of infants with soft-indications for GTP who may benefit from HNF. The information obtained will serve as baseline data for a QI project that will determine safety of HNF using a pre-designed algorithm for home nasogastric tube placement and verification.

Diagnosis	Full PO feeds
with GTP <90 days-N (%)	
Healthy preterm infants	3/3 (100%)
Pierre Robin Syndrome	
4/5 (80%) Infant of Diabetic Mother	2/3 (66%)
Gastrointestinal conditions	3/5
(60%) Post-op cardiac infants	2/10 (20%)
Confirmed genetic conditions	1/8
(12.5%)	