

Foley Tube

for G-tubes and J-tubes

What is a Foley tube?

This tube is a long type of catheter that is held in the stomach by a balloon. It can be used for feedings if you were told to do so. It can also be used as a drain. It sometimes is used a short while until your child is able to have another type of feeding tube.

Why does my child have a Foley tube?

You and your child's doctor decided this kind of feeding tube would be the best for your child at this time.

If your child had a tube changed to a Foley tube, you will get more instructions on how to replace the Foley tube if it falls out.

Your child's tube size is _____.

How do I care for the tube?

See the Caring for a Child with a Feeding Tube Notebook or go to www.childrenswi.org/gtube

Information and videos on website:

- Cleaning the site
- Giving feedings
- Flushing the tube
- Giving medicines
- Venting the tube
- Common skin problems

Bolster dressings

A bolster dressing helps:

- keep the tube from wiggling or leaning.
- heal the tract.
- keep the tube in place.

Change the bolster:

- every three days.
- if it is dirty.
- if the tube is not secure.

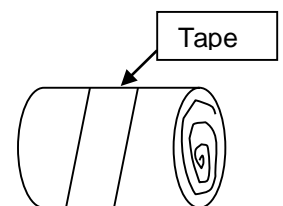
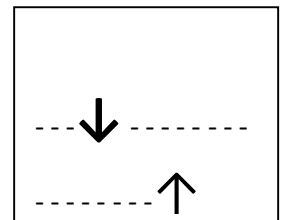
When changing the bolster, it is best to move it to a different spot on the belly. This helps keep the tube from leaning on one side and making the opening larger. This also protects the skin around the tube.

It may be easiest to plan the bolster change during your child's bath time. The site should still be cleaned every day. Cleaning the site can be done without taking off the bolster.

The tube should exit the skin and lay over the bolster dressing. The tube should stay straight up from the tract so it does not lean.

Steps for making the bolster and securing tube

1. Get supplies ready.
 - Gauze that is 3 inches by 3 inches
 - Half inch wide tape (4 pieces that are about 3 to 4 inches long)
2. Wash your hands with soap and water.
3. Make bolster. You can make several of them up ahead to save time. Put them in a plastic baggie.
 - Stack 2 pieces of gauze and fold in thirds.
 - Roll it tightly and tape it so it won't unroll.
4. Take off the old bolster dressing.
5. Clean the skin site if needed.
6. Gently spin the tube in the tract. This helps the stop the tube from sticking to the skin.
7. Gently pull back on the tube until the mushroom or water balloon is snug against the stomach wall.
8. Put the bolster on the skin next to the tube. Do not put bolster in the same spot on the belly.
9. While holding the tube straight up, lay the tube over the bolster and begin to secure.
 - Put 3 pieces of tape over the tube and bolster dressing. Lay them in the same direction overlapping each piece a little bit. The tape should not criss cross.
10. Put one extra strip about 1 to 2 inches away from the bolster. This is called a tension loop.
 - Fold it around until the tape meets.
 - Put the ends of the tape onto the skin.
 - This strip adds security to the tube and bolster.



What problems might happen with the Foley tube?

| Problem | Causes | Solution |
|---|---|--|
| Leaking of formula or stomach juices at the site where tube is in the skin | <ul style="list-style-type: none"> • Bolster dressing is loose. • Tube moved further into stomach. • Child is ill or sick. Sometimes when your child is sick with coughing or throwing up, there is leaking at the site. | <ul style="list-style-type: none"> • Check the amount of water in the balloon. If needed, add more water. If your child's tube has never been changed yet, do not check the amount of water in the balloon port. • Check that the balloon is pulled snug against the stomach wall. Pull gently up on the tube until you feel you can no longer pull up. • Make sure the bolster dressing is secured in place. • Call your child's nurse or doctor if leaking keeps happening or you are not able to fix it. |

Other teaching sheets that may be helpful

- [#3067](#) Bolster Dressings for G-tubes and J-tubes
- [#3008](#) How to Place a Long Tube for G-tube or J-tube

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 site is closing up.
- your child has feeding problems such as vomiting or gagging.
- you are not able to spin the tube in the tract.

This sheet was created to help you care for your child or family member. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment and follow-up.