

## Skin Level Device (Mic-Key GT) Button Replacement

Trainee Name: \_\_\_\_\_

Procedure	Rationale	Date	Evaluator Initials
1. Check orders. Examine old tube that was removed.	Orders should be current and up to date. For Mic-Key tube, orders should reflect exact measurements including length and French size. Note any issues with the old tube, including things like ruptured balloon or broken parts.		
2. Wash hands.			
3. Gather supplies. A new kit should contain <ul style="list-style-type: none"> <li>a. New tube</li> <li>b. Syringe</li> </ul> <p>You will also need to gather</p> <ul style="list-style-type: none"> <li>a. Gloves</li> <li>b. Water (about 5cc)</li> <li>c. Lubricant</li> </ul>	Check the expiration date on the Mic-Key box.  If lubricant unavailable, water can also be used to lubricate the tip to be inserted.		
4. Explain procedure at student's level of understanding.	Encourage student to be a part of the change. If possible, have them assist by holding up their shirt, helping with supplies, etc.		
5. Position student.	Insertion may be easiest if student is lying down.		
6. Open kit and put on gloves.	Clean gloves can be used. The procedure is not sterile.		
7. Using the syringe, insert water into the balloon to inflate it. Deflate the balloon, leaving syringe attached.	You are inflating the balloon to check its function. Be sure there are no leaks and the balloon inflates evenly.		
8. Wipe stoma and assess the site and surrounding skin.	Note any bleeding or injury to the stoma. Also examine that no old part of the removed Mic-Key has been left in the stoma. If it is, stop. Cover the site with gauze. Contact the MD and caregiver.		
9. Lubricate the top of the new Mic-Key. Gently insert	Do not force Mic-Key into the stoma. If the student is tense, encourage them		

into the stoma. Inflate the balloon with the ordered amount of water.	to relax using deep breathing techniques. As they do so, their muscles often relax enough to allow you to continue insertion.		
10. Attach extension tubing.	Checking for placement is important when reinserting. Placement can be verified if stomach contents/residual can be withdrawn. If no residual, you can insert 5cc's of air, and listen for a swish.		
11. Document.	Note your assessment of the condition of removed tube (color, missing parts, or ruptured balloon) as well as stoma site and skin condition. Also note your Mic-Key tube change, how the student tolerated the procedure and when feeds were resumed.		
12. Resume medications and/or feeding schedule.	Once placement is confirmed, consider holding feeds for 30 minutes.		

Trainer's signature \_\_\_\_\_ Date \_\_\_\_\_

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Porter, S.M., Branowicki, P.A., & Palfrey, J.S. (2014). *Supporting students with special health care needs: guidelines and procedures for schools*. Baltimore: Paul H. Brookes Publishing Co., Inc.