PEG TUBE FEEDING

INFORMATION FOR PARENTS

Ospidéal Mhuire na Leanaí, Cromghlinn
Our Lady's Children's Hospital, Crumlin

Temple Street Children's University Hospital

CONTENTS

INTRODUCTION

This booklet was drawn up by the staff of Temple Street Children's Hospital and Our Lady's Children's Hospital, Crumlin, to answer some questions you might have about PEG feeding. Our booklet explains PEG feeding tubes and how to care for your child's tube at home. We also explain what to expect when your child comes into hospital for the procedure.

What is a PEG feeding tube?

PEG stands for

PERCUTANEOUS	ENDOSCOPIC	GASTROSTOMY
placed through the skin	using a scope to see the stomach	an opening into the stomach

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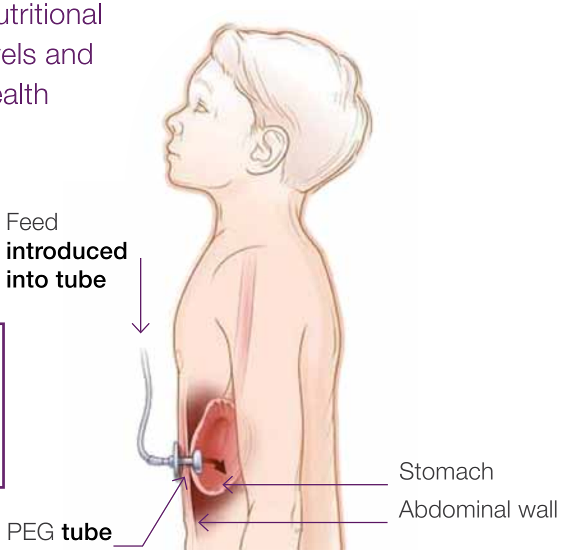
- The PEG tube is placed directly into the stomach bypassing the mouth and throat.
- Your child can receive special liquid food (feed), fluids and medications through the tube directly into the stomach.
- There are other types of Gastrostomy feeding tubes. A PEG tube is the preferred type for children having their first Gastrostomy tube.

Why does my child need a PEG feeding tube?

It can be difficult for children, parents and their families to make the decision to have a PEG tube placed. However, when children are able to meet their nutritional requirements for their activity levels and growth, they can enjoy better health and it can remove the stress associated with eating.

The opening on the tummy where the PEG tube enters the stomach is called the ‘stoma’.



Common reasons why a child may need a PEG feeding tube:

- Your child may continue to eat normally and only require the PEG for extra calories and nutrients (‘top-ups’) when your child is not able to eat enough food to meet his/her nutritional needs.
- A PEG allows extra water to be given if your child cannot drink enough fluids/liquids.
- A PEG allows precise measurements of special diet or medications to be given.
- A child may have an ‘unsafe swallow’. If a child’s swallowing is weak there is a risk of choking and aspirating (i.e. food enters the lungs during swallowing).
- Some children can continue to eat thickened food/fluids and require the PEG for extra nutrition.
- Other children are at high risk for aspiration of oral food/fluids and a PEG may be advised for all feeding.
- A child may have had a Naso-Gastric tube (N/G) for some time and a PEG is recommended to reduce the distress associated with passing N/G tubes frequently. A PEG is safer than an N/G tube and less likely to be pulled out accidently.

Will my child always need the PEG?

This will depend on your child’s underlying medical condition. As your child’s medical condition improves he/she will be able to reduce the use of the PEG and eat normally. If your child has an unsafe swallow the PEG tube may be needed long term.

How is a PEG inserted?

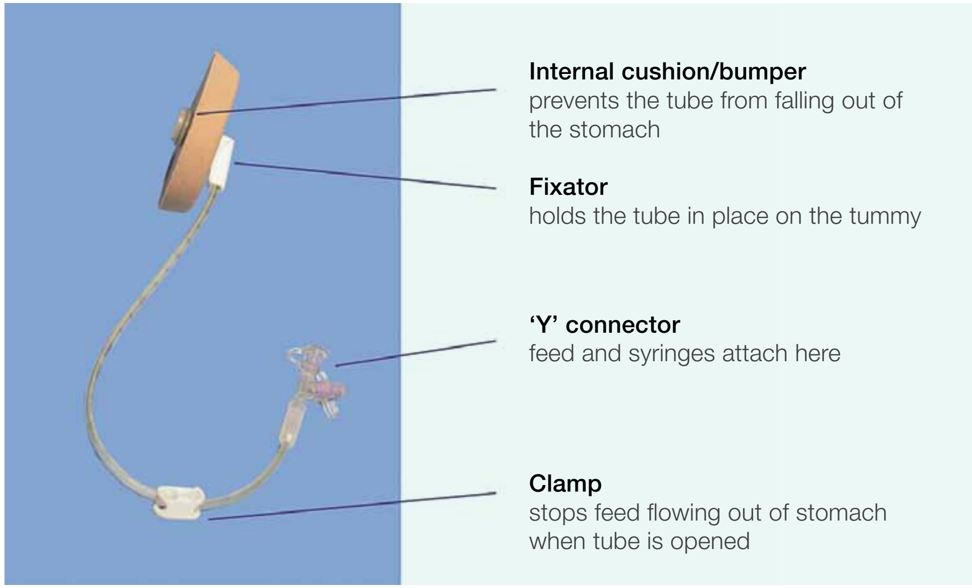
A PEG is inserted in theatre under general anaesthetic when your child is asleep.

1. The PEG is inserted using an endoscope. An endoscope is a long narrow tube with a camera and light at the end of it. It is passed through the mouth and throat into the stomach. The Doctor will use the endoscope to place the PEG in the stomach and secure it in place.
2. In a smaller number of children the PEG can also be placed surgically. The Doctor will make an opening into the stomach and place the feeding tube through the skin into the stomach. The stomach is then stitched closed around the tube.

How long will the PEG last?

The PEG is manufactured from special plastic (polyurethane) which can last up to 3 years. When the tube is old, it will be removed under anaesthesia and another PEG or a ‘button’ type tube can be inserted through the original opening. If your child no longer needs any feeding tube, then the PEG is removed under anaesthetic and the opening (stoma) is allowed to close by itself.

PEG tube description:



PLACEMENT OF THE PEG TUBE

What happens *before* the operation?

You will meet with your child's Surgical team before the operation. They will discuss the surgery, explain the procedure and you will sign the consent form. The team will explain the estimated length of stay and post-operative feeding regime, as this may vary from child to child.

What happens *after* the operation?

When the Surgical Team is satisfied with your child's progress, feeding will start through the tube for the first time. Your child will be seen by the Dietitian and your child's feed is started slowly at first, and increased gradually as tolerated. If your child eats normally, a light diet can be given once the team allows.

How long will my child be in hospital?

Usually between three and five days is sufficient to monitor your child's tolerance of the feeding regime and for you to become familiar with the pump and feeding.

FEEDING MY CHILD

How do I feed my child?

Every child is different. The amount or type of feed your child receives is specific for them and will depend on your child's weight, height, activity level, medical conditions and your home circumstances.

Your Dietitian will discuss a suitable feeding regime with you. Depending on your child's tolerance and activity level, you may need to make adjustments to their feeding regime from time to time. **During a period of illness, if your child is not tolerating their feeding regime, please contact your Dietitian for advice.**

Children are fed using a combination of 'continuous' & 'bolus' feeding.

Continuous Feeds
The feed is given slowly over a number of hours using a plastic feeding set and a special pump. The pump can be carried in a backpack or placed in a stand.

Bolus Feeds
The feed can be given at intervals throughout the day; the feed can be given via the pump or by gravity through a syringe. If your child is **not prone to vomiting or retching and only requires small top-ups of feed,** you can give the feed slowly with a syringe.

How should I position my child when giving a feed?

When you position your child correctly, it will allow the feed to settle in their stomach and should make feeding more comfortable for them.

- When feeding your child the ideal position is at a 45–90° angle during feeding.
- If this is not possible the head of the bed should be tilted. Your child should remain in this position during the feed and for up to 30–60 minutes after tube feeding.

Feeding my child through the tube

There are many types of special liquid feeds that can be given to your child through the PEG tube. Many feeds used are pre-prepared and ready to use. Some feeds have to be made by mixing a number of powders and liquids together. It is very important that only the feed advised by your Dietitian is put down the tube; do not put anything else down the tube.

How should I store and handle the feed?

STORAGE

Pre-packed Feeds

- Ready-made feeds in cartons, packs or bottles can be stored in a dry cool place away from sunlight, if they are unopened
- Check the shelf life on all products to make sure they are in date
- Do not use feed from any damaged cartons or bottles
- You do not need to keep the unopened pre-packed feed in the fridge

Special Feeds

- You can make the amount your child will require for one day. They can then be divided into bottles of the amount needed at each feed (your Dietitian will discuss this with you)
- Feeds are stored immediately in the refrigerator in a covered jug or bottle, ready to use Any feeds that are open in the fridge (cartons/bottles/special made- up feeds) should not be kept any longer than 24 hours

HANDLING

- Wash your hands before starting to set up the feed
- Avoid touching any internal part of the Feed Container and giving set with your hands
- You should throw away opened packs of the feed after 24 hours
- You should change Giving Sets every 24 hours or as directed by the Dietitian
- Use only sterile or cooled boiled water for flushing
- Before using, check the expiry date and seal on pack of feed
- Always gently shake the bottle or pack before you use it

Venting

- Children who are prone to vomiting, retching or a lot of wind may benefit from **'venting'** or **releasing air from the stomach** prior to feeding. You can also vent the stomach at other times if your child has symptoms.
- Attach a large syringe with the plunger removed, to the 'Y' on the PEG, and hold it up to allow air to release. You can also **'aspirate' or draw back on the syringe** to release air. Some feed will also be aspirated. You can return this feed to the stomach after the air has been released.
- Children with severe vomiting or reflux may benefit from using a **'Farrell Valve'** during feeds - ask your ward nurse or the Gastrostomy/Enteral Feeding Nurse Specialist for more information.

Maintaining my child's feeding skills

Some children who are on tube feeds can still eat food. Your child's Medical Team/Speech and Language Therapist will discuss this with you. They will advise you about how much your child can eat and which consistencies your child can have.

What can I do if my child cannot eat?

It is important to promote pleasurable experiences or sensations around the mouth. Here are some ideas:

- Encourage your child to put objects such as teething rings or soothers in his/her mouth.
- Gentle massage around your child's face and mouth.
- Encourage messy play with food items.
- Use flavoured lip balms to keep your child's lips moist.
- Introduce food smells.
- Include your child in family mealtimes.
- Offer tastes – your child's Medical team will advise you know if it is safe to offer your child food tastes. Offer any food tastes just before or during your child's tube feed. These will help your child to associate the smell, taste and sight of food with the feeling of hunger being satisfied.

ORAL HEALTH

Maintaining your child’s oral health

Children who are tube fed may be taking little or no food by mouth but they still need their mouths to be cleaned. Cleaning will make your child’s mouth feel more comfortable and can reduce the build up of tartar and plaque bacteria which can cause gum disease and chest infections. Brushing and massaging around the mouth and cheeks can improve muscle tone, saliva flow and desensitise the mouth.

- Try to introduce tooth brushing from an early age, ideally as soon as the first tooth comes through.
- A very small, soft headed toothbrush or finger brush should be used to clean the teeth. A Superbrush or Curved Collis toothbrush are good alternatives.
- Try to brush your child’s teeth with them sitting upright and with their head tilted forwards.
- Teeth should be brushed twice a day (morning and bedtime).
- Use a pea-sized amount of fluoride toothpaste and water for children over 2 years of age. A non-foaming toothpaste may help.
- Use only water for brushing teeth of children under 2 years of age unless advised otherwise by your dentist.
- Try to brush both gums and teeth using small circular motions.
- If your child bites/clamps down on the toothbrush leave it there as a mouth prop and use a second toothbrush to clean the other areas you can reach.
- If your child has a tendencey to hold food in their mouth then it’s a good idea to check after eating that their mouth is clean. Your dentist will liase with the paediatrician on how best to manage oral care.

Ask your Dentist/ Pharmacist about various types of toohbrushes and non-foaming toothpaste


Finger brush


Dr. Barnam’s Superbrush


Collis Curved brush

A visit to the dentist is recommended within the first year of age. Regular visits every 4-6 months will help prevent dental problems and your dentist can advise and help with tooth cleaning and fluoride application if appropriate.

LOOKING AFTER THE PEG TUBE

How do I give medications through the tube?

The medication should be in a liquid form if possible.
Most tablets can be dissolved in water to make them safe to give via the PEG tube.
If a tablet is to be crushed, be sure it is crushed finely and dissolved/dispersed completely in warm water.
When your child starts on any new medication, check with your local pharmacist for a liquid version if possible. Remind any Doctor or Pharmacist that your child will be receiving medication via a PEG tube.

When giving medications through the tube, stop the feed and close the clamp on the feeding set. Give the medication in a syringe through the feeding tube or through the opening at the end of the feeding set (a Nurse will demonstrate this to you before discharge).

Flush the tube, using a syringe, with a minimum of 10ml of cooled boiled water **before and after** giving each medication.

NEVER mix medication with the tube feed.
NEVER mix medications together.
Flush the PEG tube with water BEFORE and AFTER giving medications.

How do I look after the PEG tube?

Always wash your hands with liquid soap and water before you touch the PEG tube. You will receive training from the ward nurses on how to care for your child's feeding tube.

After surgery:

- There will be a dressing on the stoma around the PEG tube for the first week after surgery.
- A little oozing on the dressing is normal.
- The nursing staff may change the dressing each day and will show you how to do this at home for the first week after surgery.
- The PEG tube is not moved or turned for the first 72 hours post- surgery.

Daily Care:

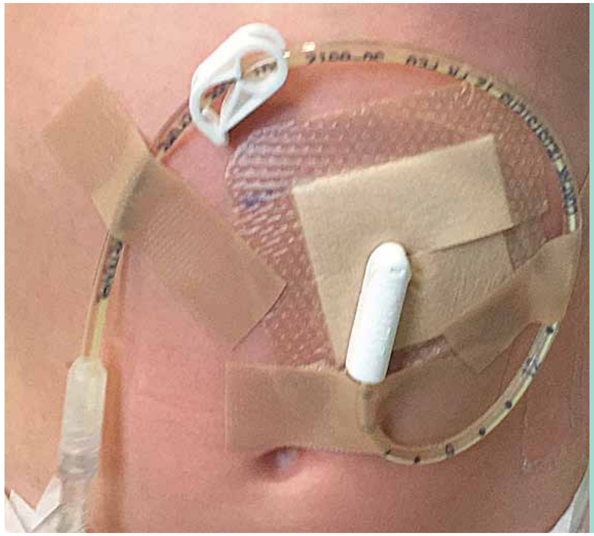
- You will be shown how to rotate or turn the tube while in hospital – this is done once a day at home.
- After the first week there is no need for a dressing unless there is a continuous ooze. A slight crusting around the stoma in the morning is normal.
- Wash and dry the stoma twice a day with mild soap and tap water.
- Look at the stoma site and surrounding area daily for signs of infection/irritation
- The clamp on the tube should be placed in a new position every day to avoid weakening the tube.

Weekly Care:

- The fixator is opened for the first time between 4 and 12 weeks after surgery.
- Once the fixator has been opened, the inside is cleaned and the tube is repositioned on the tummy.
- You will be shown how to do this while in hospital.
- The fixator is opened once a week at home.

The **'Y' connector** lasts weeks or months before it needs to be changed.

Positioning the tube



Tape the tube to your child's tummy as shown above to prevent it dragging on the stoma **Mepitac (a low-allergy tape)** will be on your prescription for home.

Some parents prefer to use a belt or wrap to keep the tube secure.

You may have to try a few designs to find a suitable one.

www.benik.com

www.carealine.com
www.1pt.it

www.comfizz.com
www.ostomymysecrets.com

SUPPLIES

Where do I get my supplies?

- The feeding pump is supplied by Nutricia which you will receive prior to discharge.
- Your liquid feed will be supplied by your Pharmacist.
- A prescription for all your supplies will be sent to your Public Health Nurse before discharge.
- There is a table with common items and code numbers at the back of the booklet.

OTHER ACTIVITIES

Baths & swimming

Your child can have a full bath and return to swimming 4 weeks after surgery.

Physiotherapy & daily activities

When your child has recovered from the operation and is not needing any pain medication they can resume their normal activities. The PEG will not restrict physiotherapy or 'tummy-time'.

School

Your child can return to school whenever you are happy with their tolerance of the feeding regime. If you child needs feeding with the PEG during school hours, contact your School Principal so training can be organised for school staff and your child's Special Needs Assistant.

Travel & Holidays

Your child's PEG feeding requirements will not prevent you from travelling or going on holidays like any other family. It will require a bit more organisation and planning but help is available.

Nutricia / Abbott will transport your supplies to your destination – contact the company as soon as you are planning your holiday.

Contact **Nutricia** at 1800 22 1800 · Contact **Abbott** at 01- 4691530

HOME NURSING / RESPITE

Nurses who work with Home Care Agencies, Jack & Jill and Respite Facilities usually are very familiar with PEG feeding tubes. Temple Street Children's University Hospital and Our Lady's Children's Hospital, Crumlin run study days for nurses caring for children with PEG feeding tubes. Your home nurses can contact the hospitals directly if they have any queries regarding the PEG tube.

COMPLICATIONS ASSOCIATED WITH PEG TUBES

Are there any complications associated with PEG tubes?

Your Surgical team will discuss the benefits and risks associated with the operation to insert the PEG tube.

In Temple Street Children's Hospital the Gastrostomy Nurse Specialist looks after children with different types of feeding tubes; in Our Lady's Children Hospital, Crumlin the Enteral Feeding Nurse Specialist looks after children with feeding tubes.

Don't hesitate to contact your nurse before and after surgery with any queries you may have. Contact details are located at the end of this booklet.

Troubleshooting the common problems with PEG tubes

Infection around the stoma is not very common. If you suspect an infection – a large area of redness with pain and a temperature - you should visit your GP; an antibiotic is usually necessary.

Skin irritation and oozing around the stoma is very common but treatable and manageable. Antibiotics are not needed.

Remember:
Slight ooze in the first week or so after the operation is normal.
Crusting around the tube in the morning is normal.

PROBLEM	TREATMENT	PREVENTION
Oozing or a discharge of yellow/green fluid from the stoma	More frequent cleaning of the stoma Antibacterial dressings	Regular washing and drying of the stoma
Pink or red tissue growing around the stoma (overgranulation tissue)	Antibacterial dressings	Prevent the tube from moving in the stoma (Some children are just more prone to developing this tissue)
Tube blockage	'Push & pull' with warm water, flush open the fixator and massage the blockage If the measures above fail contact the hospital Nurse Specialist or the hospital Surgical Team for further advice	Flushing carefully before and after feeding and medications
Tube falling out This rarely happens with new tubes as they are very secure, but can occur easily when the tube is much older and it is tugged or snagged on buggies, cots etc	The stoma can close very quickly if there is no tube in place **Attend your local hospital Emergency Department as soon as possible** In the Emergency Department any type of hospital catheter / tubing should be inserted immediately to keep the stoma open. An anaesthetic is not necessary	Keep the tube safe by taping it to the tummy and secure it under clothing

FINAL CHECKLIST BEFORE DISCHARGE

☐ Giving medication and feeds

☐ Cleaning and care of stoma site

☐ PEG tube care / Replacing ‘Y’ adapter

☐ Practice opening the fixator on the model

☐ Preventing tube blockage

☐ Troubleshooting / emergency care

☐ Know where to get you supplies

USEFUL NUMBERS

Temple Street Children’s University Hospital
Gastrostomy Nurse Specialist Mary Walsh (01) 8784356
www.mary.walsh@cuh.ie

Dietitians Dept. (01) 8784442

Ask to speak with your Surgeon’s team (01) 8784200

Our Lady’s Children’s Hospital Crumlin
Enteral Feeding Nurse Specialist
Renagh Tomlinson (01) 4282656
www.renagh.tomlinson@cuh.ie

Dietitians Dept. (01) 409 6809

Ask to speak with your Surgeon’s team (01) 409600

USEFUL PARENT SUPPORT

There are many hundreds of children in Ireland with different types of feeding tubes. Support and contact with other families is available from:

- Facebook: Ireland NG and PEG feeding page
- www.pinnt.com (UK)
- www.oley.org (USA)
- www.feedingtubeawareness.org (USA)

My Surgeon	
My Dietitians	
My Speech & Language Therapist	
My Public Health Nurse / Home Nurse	
My pump company	

MY CHILD’S FEEDING REGIME

Feed	Rate/Amount	Duration

RECORD YOUR QUESTIONS TO ASK THE HOSPITAL TEAM

USING YOUR FEEDING PUMP

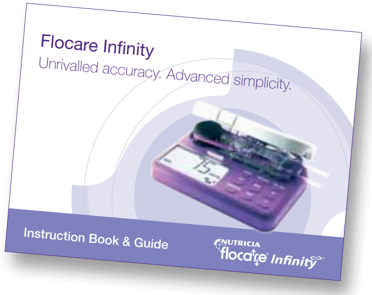
How do I set up the feed?

Cleanliness

- It is important that you keep everything as clean as possible
- Wipe down the area where the feed will be set up with a clean cloth
- Wash your hands

Setting up the pump

For specific instructions on pump set up, please refer to the pump instruction booklet for a step-by-step guide



Make sure you have the following items:

☐ Feeds
☐ Giving Set
☐ Pump
☐ Pump Frame
☐ Sterile or cooled boiled water and a syringe for flushing

How do I use the Flocare Two Pack Connector

The Flocare Two Pack Connector will allow you to connect two packs of feed to the Giving Set. The Flocare Two Pack Connector has two purple ends and one clear end.

1

- Make sure that the two white clamps on each arm of the Two Pack Connector are open.
- Attach the Infinity Giving Set to the Two Pack Connector.

2

Stand pack on flat surface before connecting. After you have removed the purple caps from the two packs of feed attach the purple end of the connector to both packs. Remember to screw on tightly.

3

- Screw the purple cap, on the top of the Giving Set, onto the white end of the connector.
- Hang both packs on the frame supplied.

4

Proceed as normal to fill the set; and programme the pump as explained in the instructions in the pump handbook.

5

The feeding rate, volume given and the feeding time will remain unchanged.

How do I use the Flocare Bolus Adapter?

The Flocare Bolus Adapter makes it easy to bolus feed (give individual feeds) from our pack system.

1

- Check the feeding tube position.
- Flush following the instructions your child's Dietitian gave you. Stand pack on flat surface before connecting. After you have removed the purple caps from the two packs of feed attach the purple end of the connector to both packs. Remember to screw on tightly.

2

Remove the cap from the end of the pack of feed.

3

Push the Bolus Adapter onto the pack.

4

- There are two different cap sizes for the Bolus Adapter to make sure that it fits all types of syringes. Place the syringe firmly (to avoid leakage) into the Bolus Adapter.
- Using the syringe, withdraw feed directly from the Bolus Adapter pack.
- Then attach the syringe to the feeding tube.

5

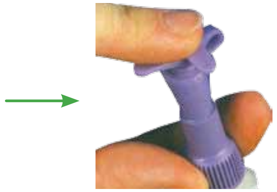
You can also use the Bolus Adapter to pour feed into a syringe directly.

- Remove the plunger from the syringe.
- Close the clamp on the feeding tube and attach the syringe.
- Open the large cap on the Bolus Adapter and pour the feed directly from the pack into the syringe.
- Unclamp the tube and feed following the instructions your child's Dietitian gave you.

6

Once your child's feed has finished, seal the cap on the Bolus Adapter and store the pack in the fridge until the next feed.

- Remove from the fridge 30 minutes before the next feed and allow to return to room temperature.
- Discard any remaining feed and the Bolus Adapter after 24 hours.



Flocare Infinity Pictorial Guide

Part A: Pre-programming set up

1

Wash your hands before you start

2

You will need a new giving set, new feed and a syringe for water (as prescribed by your Dietitian) to flush the feeding tubes. Remove the giving set from its packaging

3

IMPORTANT: Stand pack on flat surface before connecting

4

Hold pack at base of spout and pierce foil. Take care not to touch ENPlus set connector end or top of pack spout. Do not touch spike or foil seal. Hang the pack / container of feed on the drip stand

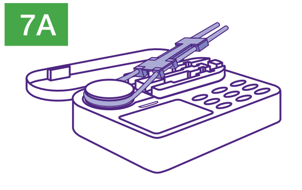
5

If your giving set has a drip chamber, squeeze it until it is 1/3 full of feed. If there is no drip chamber, proceed to next step

6

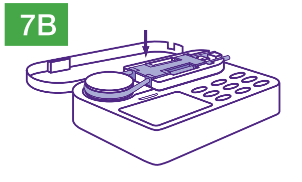
Open pump door by pressing up on the lower part of door and lifting upwards (see arrows). Please make sure to pinch the catch on the door when closing

7A



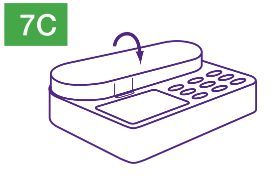
Insert the Giving Set by placing looped section over the rotor wheel

7B



Stretch to the right until the Giving Set slots in place

7C



Close the pump door, pinching the catch as you close it. Flush feeding tube with sterile or cool boiled water. Check the position of the feeding tube if you have been advised to do so by your hospital

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Flocare Infinity Pictorial Guide

Part B: Programming set up

1

Press and hold the **ON/OFF** button until it beeps.

2

Wait for the word **'VOLUME'** to appear on the screen; the number above it is the previous amount of feed delivered.

3

Press the **CLR** button and release immediately. The pump will not beep.

4A

Press and hold the **FILL SET** button until the words **'FILL SET'** appears and the pump beeps.

4B

The words **'FILL SET'** appears on the full screen. The pump will automatically fill the set.

5

The word **'RATE'** will appear on the screen.

6

The rate in ml/hr is now on screen. If necessary press **+ or –** button to reach the desired rate.

7

Now press the **DOSE=VOLUME** button.

8

The word **'DOSE'** will appear on the screen.

To be continued ▶

Part B: Programming set up (continued)

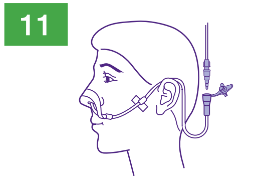
9

For continuous feeding, **'CONT'** will appear on the full screen. If it does not, press the clear button for continuous feeding.

10

To set a dose (total amount of feed), press the **+** button to reach the desired amount. (The pump will sound an alarm and stop running when your child has been given the full dose.)

11



Connect the Giving Set to the Feeding Tube.

12

Press the **START** button.

13

The word **'RUN'** will appear on the top right of the screen as will a circular moving arc.

14

Once fully charged, the battery on the Infinity Pump lasts for 24 hours. There are four bars on the screen (between E and F) and each bar represents six hours' charge. If there are two bars showing, there are 12 hours of battery life remaining.

CODE NUMBERS FOR YOUR ITEMS

PRODUCT	SIZE	CODE NO		SUPPLIER
CORLOCK - CORPORT Y-Adapters	12 FR	090120054		Allphar Services, Tallaght, Dublin (01) 4041633
	16 FR	090120058		
	20 FR	090120058		
ENTERALOK syringes:		**< 1yr old**	**> 1yr old**	Technopath, Limerick, Ireland (061) 1335844
	1.0 ml	ELES 01	PES 01	
	2.5 ml	ELES 025	PES 025	
	5 ml	ELES 05	PES 05	
	10 ml	ELES 10	PES 10	
	20 ml	ELES 20	PES 20	
	60 ml	ELES 60	PES 60	
MEPITAC tape roll	2 cm × 3 cm	298300		Fannins (01) 290700
FARRELL valve	12 FR	090120089		Allphar Services, Tallaght, Dublin (01) 4041633
NUTRICIA ENFIT transition giving sets:				Nutricia Advanced Medical (01) 2890283
Flocare Infinity Pack Mobile Giving Set - Trans		95181		
Flocare Infinity Pack Mobile Giving Set W/O MP - Trans		95182		
Flocare Infinity Pack Giving Set MLL W/O DC - Trans		95168		
Flocare Infinity Pack Giving Set MLL W/O DC & MP - Trans		95174		

TEMPLE STREET CHILDREN'S UNIVERSITY HOSPITAL

The Canteen is available:
Mon – Fri 7.30am – 14.30pm
Sat – Sun 8.00am – 10.30pm

There are vending machines with meals, snacks, tea & coffee available outside the canteen.

Shop: There is a Spar shop nearby on Temple Street
ATM: There is an ATM in the Spar shop on Temple Street

Temple Street is a **smoke free hospital;** smoking is prohibited on hospital grounds.

Parents Accommodation:
Rooms available for parents to stay: (01) 878 4300 / (01) 878 4200

Transport
The following buses pass near the hospital:

Bus Stop	Number	Route
Eccles Street	121	Drimnagh – Cabra
Dorset St	3	Sandymount/UCD – Whitehall
	11/11A/11B	Clonskeagh – Glasnevin
	16/16A	Rathfarnham – Santry
	13/13A	Ballymun – Merrion Sq.
	40/40A/40D	Finglas – City Centre
	122	Drimnagh – Cabra
	41/41B/41C	Swords – City Centre
	33	Balbriggan – City Centre
	746	Dun Laoghaire – Airport
Berkeley Road	10/10A	UCD – Phoenix Park
	120	Cabra – City Centre
	38/38A	Hawkins St. – Blanchardstown
Mountjoy Sq.	46A	Phoenix Park – Dun Laoghaire
	46B	Mountjoy Sq. – Sandyford Est
	46E	Mountjoy Sq. – Blackrock Station

OUR LADY'S HOSPITAL CRUMLIN

The Canteen is available:
Mon – Fri 8.00am – 14.00pm
Sat – Sun 9.00am – 22.00pm

Oasis Café (opposite the Canteen)
Mon – Fri 7.30am – 22.00pm

Jelly Bean (beside OPD)
Mon – Fri 7.30am – 17.00pm

Three Vending machines are located behind Emergency Department, behind the canteen and at 2nd cross roads on main corridor.

Shop (located at the main entrance ground floor)
Mon – Fri 8.30am – 20.00pm
Sat 10.30am – 19.00pm
Sun 9.30am – 20.00pm

ATM is located opposite Jelly Bean behind Emergency dept.

OLCHC is a **smoke free hospital;** smoking is prohibited on hospital grounds.

Chapel is located on the ground floor.

Parents Accommodation:
Rooms available for parents to stay: (01) 409 6622 / parents.acc@olchc.ie

Transport: Bus waiting times are available on screen outside the Emergency Dept.
The following buses pass near the hospital:

Number	Route
18	Sandymount/Ballyfermot/Palmerstown
50	Willington roundabout/Eden Quay
56A	Eden Quay/Tallaght, The Square
77	Eden Quay/Jobstown/Tallaght

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