Parent Information for USING A NASOGASTRIC TUBE

The information sheet has been written for parents whose baby / child requires a nasogastric tube for short or long term feeding.

WHAT IS A NASOGASTRIC TUBE?
A Naso-gastric (NG) tube is a thin, plastic tube that is inserted into one of your child's nostrils, down the back of the throat and into the stomach.

NG tubes are often used to feed children, who cannot, for various reasons eat and drink normally. While most children will require NG feeding for only a few days some require it for much longer and may even be discharged home with a NG tube.

WHAT ARE THE ADVANTAGES & DISADVANTAGES OF AN NG TUBE?

Advantages
• Provides a safe method of feeding
• Can be removed when not in use
• No anaesthetic is needed for insertion
• Child may feel more comfortable because their stomach is filled as with normal feeding

Disadvantages
• Can appear unsightly
• Insertion can sometimes cause distress although this soon resolves once the tube is in place.
• Can be dangerous if inserted into the airway instead of the food pipe.
• Can increase the secretions in the nostril especially when first passed or if the child has a cold
**HOW IS IT INSERTED?**

Your nurse will insert your child’s NG tube. The length and size of the tube needed depends on your child’s size. Your nurse will first measure the correct length. Young infants or children will be wrapped in a blanket to stop them pulling at the tube as it is passed. The nurse will insert the tube into your child’s nostril. As the tube is passed down the back of the throat into the food pipe your child will be encouraged to swallow. This may mean letting them suck on their dummy or if old enough take small sips of water. Once the tube has been passed to the required length it will be secured to your child’s face with some adhesive tape.

Inserting the tube does not hurt, but it may be uncomfortable for a short while. It may also make your child sneeze, cough or retch as it tickles their throat. This soon passes.

**HOW TO CHECK THE POSITION OF THE NASOGASTRIC TUBE**

It is important to check that the NG tube is in the correct place, (the stomach). The food pipe and the airway separate from each other below the voice box and there is a small risk that the NG tube could end up in the airway instead of the stomach. If your nurse is at all concerned that the tube is not in the correct place the tube will be removed immediately and replaced. Checking the position of the tube should occur on insertion as well as every time it is used. It is also important to check the tube position after periods of vomiting or a coughing episode as the tube can change its position.

The contents of your child / baby's stomach are normally acidic. The most reliable way of checking that the tube is in the stomach is by checking the acid level of some of the fluid drawn back from the tube. If the tube is in the stomach, the fluid will normally have a pH (acid level) of 4.0 or below. Occasionally your baby may have been prescribed medication that may alter the pH of the stomach, such as an anti reflux medication. If this is the case it is always better to check the pH of the stomach before any medication is given. The nasogastric tube should not be used if the pH reading is above 5.5.
PROCESS FOR CHECKING THE POSITION OF THE TUBE

This process will generally be completed by your nurse before using the tube. If your child requires more long term feeding you will be taught this process so you can continue this at home.

1. Collect all the equipment you will need, i.e. pH strips, colour chart and 20 ml syringe.
2. Wash your hands before and after checking the tube.
3. Check that the tube position has not obviously changed. Look for the following:
   - The amount of visible tube is the same length as before
   - Any loose tape
4. Remove the plug from the tube and attach the syringe.
5. Draw back the syringe plunger to get some fluid (this is called aspirating).
6. Place a few drops onto the pH strip.
7. Match the colour change on the strip to the colour chart and identify the pH.
8. A pH of 5.5 or below indicates that the tube is correctly positioned in the stomach and so the feed or medicines can be given.

Do not give any feeds or medicines if you are unsure of the tube position.

WHAT TO DO IF YOU CANNOT OBTAIN ANY FLUID?

1. Turn the baby onto their left side and try aspirating again.
2. If you still cannot get any fluid, inject 1 to 2ml of air into the tube using a syringe, as the tube may be sitting against the wall of the stomach, then try aspirating again.

If you still cannot get any fluid contact your community nurse or out of hours contact Peter Pan ward on 01895 279529.

DO NOT FLUSH THE TUBE WITH WATER BEFORE CONFIRMING ITS POSITION AS THIS CAN MIX WITH THE NATURAL LUBRICANT IN THE TUBE AND ALTER THE ACID pH.

WHAT TO DO IF THE pH READING IS 6 OR ABOVE?

This may mean that the tube has moved out of the stomach.

Do not feed.
Contact your community nurse or Peter Pan ward.
ARE THERE ANY RISKS OR COMPLICATIONS WITH NG TUBES?
The main risk with inserting the NG tube is that your child may have a nosebleed when the tube is passed into the nostril as this area of tissue is sensitive. This is generally minor and resolves without any intervention.

There is a risk that the tube could enter your child's windpipe instead of the food pipe and this is why it is important to check the tube position with the pH paper. If ward staff are confident that the NG tube is in the correct place but it can not be aspirated to check with pH paper then an x-ray may be indicated.

WHEN WILL I BE TAUGHT HOW TO DEAL WITH THE NG TUBE?
Many children require only short term feeding with an NG tube. If this is the case you will not be taught how to perform this task unless you particularly request to do so. For others who require this method of feeding for much longer your nurse will start to teach you how to look after the NG tube as soon as it has been inserted. The ward will never expect a parent who is going home with a child feeding by an NG tube to insert a tube on their own child before discharge. This is something that can be taught at home if you wish with the support of the paediatric community nursing team. You will need to be competent at checking and feeding via the tube.

HOW WILL MY CHILD FEED USING THE NG TUBE?
Initially your child's feeding pattern and volume will be decided by your nurse. This plan will be discussed with your child's medical team. If feeding via the NG tube is going to be more long term your child will be referred to a dietician who will help develop a feeding plan that suits you and your child. There are three different methods of feeding your child using the NG tube - bolus (intermittent), continuous (using a pump), or a combination of both, for example, bolus feeds during the day and a continuous feed overnight. You will be taught how to administer these feeds prior to you going home if necessary.

Some children require NG feeding as although able to eat and drink normally they are unable to take sufficient quantities without supplementary feeding. Other children will be completely nil by mouth. Your nurse will be able to advise you if your child can have anything by mouth. This may change as your child's condition improves.
HOW TO ADMINISTER A SHORT INTERMITTENT (BOLUS) FEED

1. Wash your hands
2. Test the position of the tube as explained above
3. Connect a 50ml syringe (without its plunger) to the nasogastric tube.
4. Pour the required amount of feed into the syringe.
5. Hold the syringe in the air and gravity will cause the feed to flow down the nasogastric tube into your child's stomach.
6. Raising and lowering the height of the syringe will alter the rate at which the feed flows. Feeding too quickly may cause your child to vomit.
7. Once the required amount of feed has been given, disconnect the syringe and flush the nasogastric tube with 10ml of water.

HOW TO ADMINISTER MEDICINES?

1. Wash your hands.
2. Test the position of the tube as explained above
3. Connect the syringe containing the medicine to the nasogastric tube and slowly push in the medicine.
4. If several medicines are being given at one time. Flush the tube with 3-5ml of water between each medicine.
5. Flush with 10ml of water after all the medicines have been given.

Some medicines (particularly soluble and crushed tablets) are prone to blocking the tube so ensure the nasogastric tube is flushed well immediately after the medication is administered.

WHEN CAN WE GO HOME?

As soon as your child has recovered from their illness and returned to their normal feeding pattern or if going home on tube feeding when your child is feeding well and you feel confident about looking after the tube.

WHERE DO I GET THE EQUIPMENT AND SUPPLIES FROM?

All children who go home with an NG tube will be referred to the paediatric community nursing team for support at home. This team will also supply you with syringes and other equipment necessary for NG feeding. Some equipment and the pump if your child is on continuous feeding is supplied by a company called Abbot. This equipment is delivered directly to your home. On discharge from the ward you will be given a weeks supply of equipment to get you started.
COMMONLY ASKED QUESTIONS:

How do I look after my child's mouth?
You should continue to clean your child's mouth and brush his / her teeth, especially if your child is nil by mouth.

Can my child have a shower, bath or go swimming?
As long as the cap on the end of the NG tube is secure, your child will be able to bath or shower safely. If swimming ensure that the tape securing the NG tube to your child’s face is water resistant. Replace the tape as soon as it becomes damp to lesson the risk of the tube becoming dislodged.

What additional care do I need to give if my child has a cold?
There is no special care required if your child has a cold except to remember that you will need to pay particular attention to keeping their nose clear. This is important as having the nasogastric tube in place will have already meant that one of their nostrils is smaller than the other as the tube takes up some of the space. This may mean they work harder to breath. If you are at all concerned you should get your child reviewed by a doctor.

Will my child be able to go to school?
Your child will be able to return to school as normal after discharge. You may have to attend the school to give feeds during the day. You paediatric community nursing team will help organise this with the school.

Can we go on holiday?
The simple answer to this is yes, however you may need to be a little more organised as you will need to ensure you have sufficient supplies for your trip. Remember to ask your doctor for a letter stating that you are carrying medical supplies because of your child’s feeding needs as this may help with airport security. Patients on Intravenous and Naso-gastric Nutrition Therapy are a support group that can give information on insurance and getting supplies abroad if necessary.
Useful contact numbers:

Hillingdon Community Nursing Team:-
01895 488480 (Monday - Friday 8.30a.m. - 4.30p.m.)

Hillingdon Hospital NHS Trust - Peter Pan Ward: - 01895 279529 / 279530

PINNT - Patients on Intravenous and Naso-gastric nutrition Therapy
PO Box 3126
Christchurch
BH23 2XS
Tel: 01202 481625
Website: www.pinnt.com

Disclaimer
This article is for information only and should be considered alongside the individual specific advice given regarding your child's condition by their medical practitioner.
Languages/ Alternative Formats

Please ask if you require this information in other languages, large print or audio format. Please contact: 01895 279757

Proszę pytać, jeśli te informacje w innych językach, dużym drukiem lub w formie audio. Proszę o kontakt: 01895 279757

各国语言/模式选择

若你需要以下资料改為其他語言，大寫，或其他模式例如收音式或盲人字體的話，請電 01895 279757。

Luqad qaab kale uqoran

Fadlan codso hadi aad ubaahantahay maclumaadkaan iyagoo luqad kale kuqoran, iyadoo far waweyn ah ama iyadoo qaab kale ah, sida qoraalka loogu-talagaly dadka camooleyaasha ah ama iyadoo dhawaaq ah oo ladhageeysan karo. Fadlan nagala sooxiriir 01895 279757

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01895 279757

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The final page of this information sheet is a check list that will be used with families going home with a nasogastric tube to ensure they feel happy and confident in using the tube at home.

**NASO-GASTRIC (NG) TUBE FEEDING AND CARE: CHECK LIST OF TEACHING RECEIVED**

The following list outlines what you will be taught about NG feeding. A copy of this will be kept in your child's notes and you should keep the original safe at home with the information sheet.

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