

Nasogastric tube feeding

Patient information leaflet

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please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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Reasons for the procedure

A nasogastric tube is a feeding tube, often called an 'NG tube' by nursing and medical staff. An NG tube is often used if the infant or child can not take their usual feeds or fluids orally due to illness or planned surgery.

The nature and benefits of the procedure

If the doctor looking after your child thinks a feeding tube is required for your child. He/she will discuss the need for the tube with you. You may ask questions during the discussion.

Reasons why a feeding tube may be needed for your child

- Infant/Child unable to feed orally for any reason.
- Tired, breathless infant, risk of aspiration of milk feeds into their breathing tube.
- Vomiting, due to intestinal blockage.
- Poor weight gain due to chronic long term feeding problems or chronic disease management.
- Giving fluids or feeds through a nasogastric/feeding tube will ensure your child is hydrated and adequately nourished.

Alternatives to the procedure

If fluids are required an Intravenous infusion (drip) may be required if a feeding tube is not initiated. However it is more difficult to give nutrients through the drip.

Often the feeding tube is the best way to give extra nutrients to an infant/child.

Consequences of not having the procedure

If your infant/child does not have the nasogastric/feeding tube as advised and discussed by the medical professional in charge of management, the infant/child may become dehydrated and undernourished.

More serious consequences such as vomiting can occur if a tube is not used in the case of intestinal blockage.

The risks and discomforts of the procedure:

Before giving anything down a nasogastric/feeding tube, it is very important to always check the position of the tube.

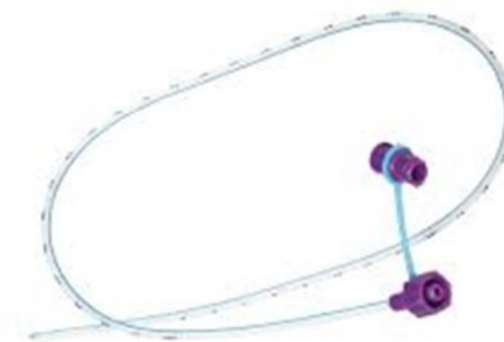
The feed must be stopped if any of the following occur:

- If the carer does not think the tube is in the correct place and the infant/child starts to cough or vomit.
- If the tube has slipped out slightly (moved position).
- If the carer thinks it is not in the correct place and it feels 'different'.

The tube should not be used if you are unable to draw back any fluid before a feed or the carer is in any doubt of its correct placement.

What sort of nasogastric tube will I need?

There are two types of feeding tubes: Short term tubes made from PVC plastic, these need to be changed every 5-7 days. Long term tubes called 'silk NG tubes' made from very soft plastic. These tubes are inserted with a guide wire which is removed once in place. The tube can stay in place for up to 4-6 weeks.



How is the feeding tube inserted?

- Passing a nasogastric/feeding tube is uncomfortable not painful. If well planned it only takes a few seconds to put in place.
- All helpers should wash their hands before the procedure. The nurse or carer should make sure all required equipment is ready including nasogastric tube (the correct size), 60ml syringe, piece of pH paper, some tape to secure the tube.
- Hold the infant or child comfortably wrapped in a blanket, in the helpers arms in an upright position if possible.
- The nurse will measure how far the tube will need to be installed by placing the end of the tube by the child/infants nostril and measuring from the nostril to the ear then from the ear to the stomach.
- The area is noted by placing the finger at the measured area.
- The nurse will slowly start to pass the tube through the nostril. If possible, infants can suck on a comforter, and for older children having a sip of water during the procedure helps the tube to go down.



Then feed as below:

- Follow instructions above for checking the nasogastric/feeding tube is in the correct place.
- Measure out desired amount of feed into a bottle, pull out plunger from the 60 ml syringe and attach to the end of the tube.
- Pour the feed into the syringe up to approximately $\frac{3}{4}$ full, the speed of which can be controlled by holding the syringe high or low. e.g. the higher the syringe the faster the feed.
- Allow gravity to run feed through, however sometimes a gentle push with the plunger may be needed to start the feed off.
- Once the feed reaches the 5ml mark fill the syringe again.
- Always give the tube a 5ml flush with water before and after feeds to prevent blockage. The time taken to tube feed should be approximately the same as a bottle feed 10-15 minutes.

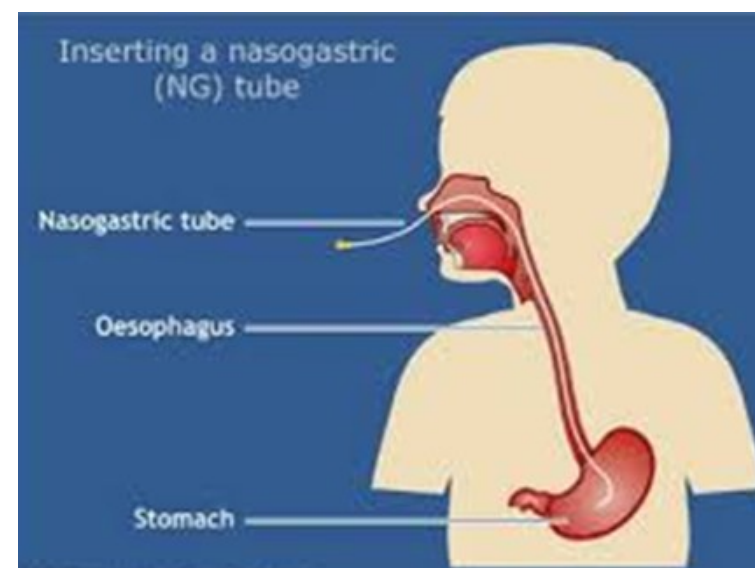
Do not allow air to get into the tube as this can cause wind.

Mealtimes are social occasions and it is important as far as possible to all eat together at meal times.

Try not to exclude your child from social occasions.



Picture 1 A+B+C = the length of tube you need to reach your child's stomach.



Securing the tube?

Once the tube is in place holding the tube in position with one hand, attach a 60ml syringe to the end of the tube and withdraw a small amount of fluid (stomach fluid). This is different if your baby is on the neonatal unit.

- The fluid will then be tested with PH paper. A drop of fluid is placed on the centre of a testing square. The strips have a colour coded chart indicating the colour change of each pH reading.
- A pH reading of 1-5 shows it is safe to use.
- A pH reading of above 5.5 is unsure, therefore seek medical advice.
- A pH reading of 6-12 is unsafe to use.

If the nurse is happy that the tube is in the correct place it can be secured with a small piece of tape to the side of the cheek.

One piece of tape will go on the cheek and one will go over the tube to secure it.



How do I use the nasogastric tube?

When giving fluid/medications or feeds down a nasogastric tube the carer may need some help until confident in carrying out the procedure alone.

The following equipment will be required:

- 60ml syringe (Different if on neonatal unit).
- PH paper.
- Feed to put down the tube.
- Sterile water for after the feed.

