



# Adult inpatient nasogastric (NG) tube feeding: Frequently Asked Questions by patients, relatives and carers

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Your multi-disciplinary team (MDT) have suggested that a nasogastric (NG) feeding tube is needed for your treatment. This leaflet provides information about why NG tubes are used, how they are inserted and how to care for and maintain them.

**This document provides general information about an NG tube. If you have any specific questions or concerns, speak to one of your MDT.**

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## What is an NG tube?

An NG tube is a long, thin tube made from soft, flexible plastic.

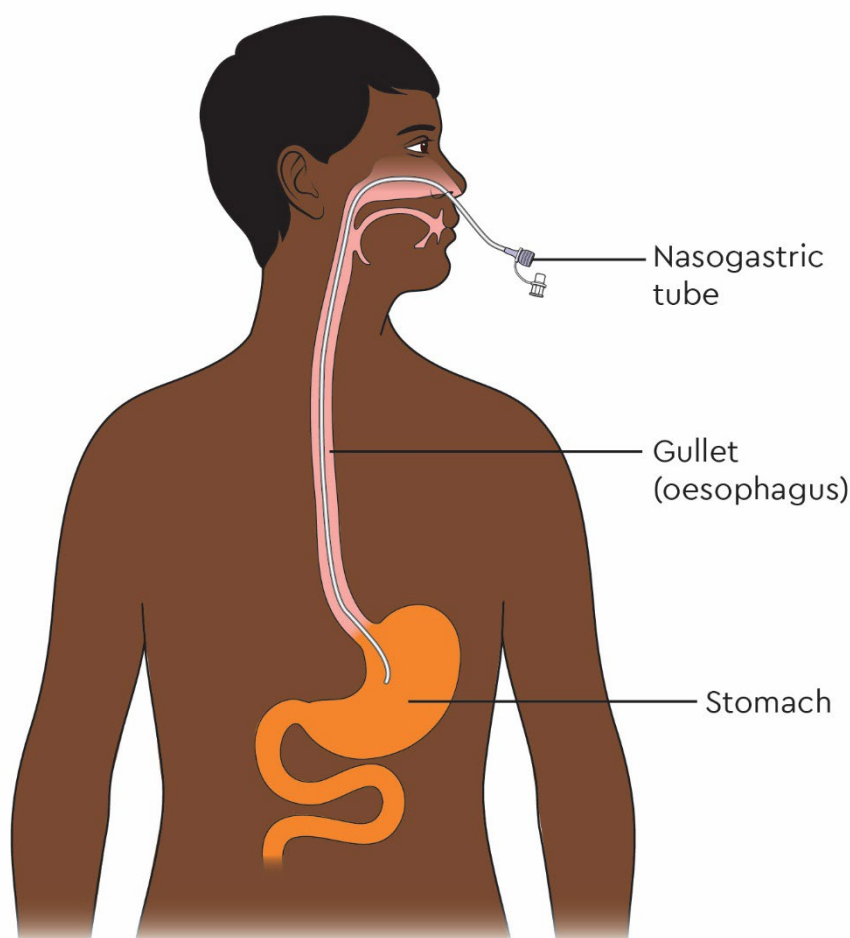
It is placed into your nose and passed down your food pipe (oesophagus) into the stomach (as shown in the picture).

An NG tube is most commonly used for providing liquid, giving nutrition food and medications

## Why do I need an NG tube?

A nasogastric (NG) tube is used when someone cannot eat or drink enough on their own, or when they are not allowed to take anything by mouth.

An NG tube is intended for short-term use only, usually for a few days or up to a maximum of 4-6 weeks. The tube may stay in place throughout this period if ongoing feeding is needed, but it is regularly reviewed by the healthcare team.



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## How is the NG tube placed?

A trained member of staff will explain the procedure and give you time to ask any questions. You will be helped into a comfortable sitting position, either in a chair or in bed.

The tube is gently passed through one nostril, down the oesophagus and into the stomach. If it is safe to do so, you may be asked to sip water to help the tube pass more easily.

Some people find the procedure uncomfortable. You may feel a brief gagging sensation or discomfort in your nose or throat. This usually lasts only a short time. The nurse will talk you through the procedure and you can ask them to pause at any time.

Once the tube is in the correct position in the stomach, it will be secured to your nose or face with tape to stop it from moving

## Why might feeding not start straight away?

After a nasogastric (NG) tube is inserted, feeding may not begin immediately. This is because staff must first confirm that the tube is in the correct and safe position before it can be used.

This usually involves drawing up (aspirating) a small amount of fluid from the NG tube and testing it with pH paper. In some cases, a chest X-ray is also required to confirm the tube's position. Arranging and reviewing an X-ray can take time, particularly if the Radiology Department is busy.

For urgent or out-of-hours feeding, there may also be a short delay while the correct feed is obtained.

Although waiting can be worrying for patients and families, these checks are essential to ensure feeding is safe. Staff will start feeding as soon as all safety checks have been completed.

Staff will keep you informed if there is any delay.

## How is my NG tube used to give me food or medication?

**pH test:** Drawing up (aspirating) a small amount of fluid from the NG tube and testing it with pH paper; this will be done before each NG tube use.

**Feeding:** Your nutritional formula will be given through the tube using a feeding pump or syringe. A dietitian will discuss the best feeding plan for you.

**Medication:** Medicines are usually given in liquid form or mixed with water and given through the tube using a syringe.

## What are the risks of having an NG tube placed?

As with any procedure, there are risks. The main risk is the tube accidentally going into the lungs instead of the stomach.

If this happens, the tube is not used and is removed immediately. It is then repositioned safely, and its position is checked using a pH test or an X-ray before anything is given through it.

## What happens if the NG tube comes out?

If the tube comes out, staff will replace it if it is still needed. Never try to put it back yourself.

## How is the tube cared for every day?

Staff check the tube before each feed or medicine and flush it with water to keep it clear. They also check and protect the skin around the nose to prevent soreness, irritation, or pressure from the tube.

## Who can I ask if I have questions?

You can always ask your nurse or doctor if you are worried or unsure about anything to do with your NG tube.

## Professional support

All care related to your nasogastric (NG) tube will be provided by the ward team. This includes daily tube checks, feeding, medication administration, and monitoring for any complications.

If any problems occur with the tube (such as discomfort, blockage, vomiting, breathing difficulty, or the tube becoming displaced), nursing staff will assess you promptly and seek medical review if required. Dietitians and speech and language therapists will continue to support your nutrition and swallowing needs as part of your ongoing care.

You will not be expected to manage your NG tube independently. Please always inform a member of staff if you feel unwell or have any concerns about your tube.

## Further information

You can get further information on Nasogastric Tube from:

- **NHS:** [Malnutrition – Treatment – NHS](#) or [Dysphagia \(swallowing problems\) – NHS](#)
- **Patients on Intravenous and Nasogastric Nutrition Therapy:** [What is Enteral Nutrition?](#)
- **Macmillan Cancer Support (tube feeding):** [www.macmillan.org.uk](http://www.macmillan.org.uk)
- **Nutricia patient carer resources QR code:**

\*Scanning the QR code on your phone will take you to the **Nutricia Resource Centre Website:**



To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

RBFT Enteral Nutritional Team, January 2026. Next review due: January 2028.

## Personal notes

You may find it helpful to write down any questions you might have:

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