



Royal Berkshire
NHS Foundation Trust

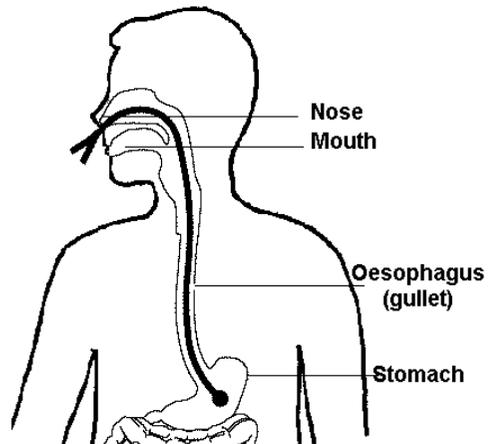
Naso-gastric tube feeding and management

Information for parents & carers

This leaflet outlines feeding and management of a naso-gastric tube (NGT). If there is anything you don't understand or if you have any other questions, please ask your doctor or nurse.

What is a NGT?

A NGT is a tube that is passed through the nostril down to the stomach which allows your child to be given feed and medicines. It is necessary for a number of reasons, either to supplement your child's existing diet or because your child is unable to swallow safely.



Securing the NGT

You will be supplied with dressings and tape to secure the NGT to your child's face. It is important to inspect the tapes regularly to ensure the tube doesn't become dislodged, you will be shown how to re-tape the NGT by the community nurses. It is important you are aware of the measurement of the tube so that you are able to determine if it has moved.

When should I test the placement of the NGT?

- After initial placement.
- Before feeds and after a pause in feeding.

- Before any medicines are given via the NGT.
- After an episode of coughing, vomiting or retching.
- If tape becomes loose, or tube appears to have moved.

Testing placement of NGT

Equipment you will need:

- An enteral (purple) syringe.
- pH paper strips.
- Feed/medications and enteral syringes for administering if applicable.

Procedure

1. Wash your hands using liquid soap. Dry your hands well.
2. Prepare all the feed and equipment.
3. Look at the naso-gastric tube. Check :
 - Same length?
 - Tape secure/loose?
 - Is the tube kinked?
 - Reposition the tube if necessary.
4. Attach syringe to end of tube and draw back the plunger to get some fluid from the stomach (aspirate).
5. Place a few drops of the aspirate onto the pH paper and check acid level which should be 5.5 or below.
6. If you are happy with the tube position continue with feed or medication administration.

Giving milk feed through NGT

Gravity method: NGT feeding should be as slow as breast or bottle feeds, and take 20–30 minutes. Pour the feed into the barrel of the syringe and holding it up above the level of the stomach. Allow the feed to flow into the stomach by gravity. Flush the feed down with 5-10mls of cooled boiled water.

Pump method: if it has been decided by your child's doctor or dietitian that their feed needs to be given very slowly you may be shown how to use a pump. You will have full training on this prior to discharge.

Please note: If your child becomes distressed or vomits during the feed, stop feeding, check the tube is in place and try again when they have settled.

If your child continues to vomit during or after the feed, seek further advice from your community nurse or children's ward.

Giving medicines through the naso-gastric tube

- Medicine to be given through the naso-gastric feeding tube should either be liquids or tablets prepared according the instructions given by your pharmacists.
- The position of the tube should be checked as for feeds.
- The medications will need to be given, slowly using an enteral syringe and followed with a flush of 5-10mls of water.

Problem solving

****Never feed unless you are satisfied that the tube is in the stomach.****

If you can not aspirate liquid from the stomach:

1. Check for signs that the tube may be displaced.
2. Lie child on his/her left side and, using the syringe, inject 1-5ml of air quickly to try to blow the tube away from the stomach lining. Try drawing the plunger back again.
3. If there is still no aspirate; turn your child onto each side and repeat step 2.
4. Try giving a drink (if this is safe) and aspirating this back.
5. If there is still no fluid, wait 20 minutes and retry. If still no aspirate and you have been shown how to; gently push the tube in a further 1-2cm and retry from step 2.
6. If you still cannot aspirate stomach fluid, you need to contact your community nurse or a children's ward at the Royal Berkshire Hospital. It is possible that the NGT may need to be removed and replaced.

If there is aspirate but pH is 6 or above:

1. Do not feed. Leave the tube for up to an hour and re-try.
2. If the pH is still too high, and you have been shown how to; retract the tube by 1-2cm and aspirate again.
3. If pH continues to be 6.0 or above contact your community nurse or a children's ward at Royal Berkshire Hospital.

Passing an NGT

If you would like to learn, you can be trained to pass your child's NGT if it comes out. Please discuss this with your community nurse or the nurses on the ward.

Equipment you will need:

- Sterile or cleaned NGT.
- Enteral syringe for aspirating tube.
- pH indicator strips.
- Dressing and securing tape cut to size.

Procedure

1. Wash your hands with liquid soap and dry them well.
2. Measure the length of the tube to be passed; from the bottom of your child's breastbone to their ear lobe and then to the tip of their nose. Make a note of the length of tube by looking at the centimetre markings.
3. It might be useful to wrap or swaddle your child at this point to prevent him/her wriggling. Reassure your child throughout the preparation, passing and securing of the tube.
4. Lubricate the tip of the tube using cooled boiled water.
5. Use a different nostril each time the tube is inserted.
6. Gently slide the tube into your child's nostril, aiming back into the nasal cavity. Continue sliding the tube through the back of the throat into the oesophagus and into the stomach, until you reach the length measured. You may feel some resistance when the tube is being passed through your child's throat, this is quite normal.

Sometimes, encouraging your child to swallow enables the tube to slip down easily. With very young children or babies, sucking a dummy may help.

7. If the tube starts to come out of your child's mouth when you are passing it or your child becomes more distressed or blue, withdraw the tube. Leave time for your child to settle and start again.
8. Test the NGT is in the stomach.
9. Secure in place using tape as before.
10. If you have any difficulties or do not feel confident that the tube is in the correct place, do not feed and contact either your community nurse or the children's ward.

Useful contacts

- Community Children's Nurses: 0118 378 3932
- Children's Ward RBH: 0118 322 8079 / 8075
- Children's A&E: 0118 322 6875
- Abbot Hospital to Home: 0800 018 3799
- Community Dietitians _____
- Hospital Dietitians _____

This document can be made available in other languages and formats upon request.

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