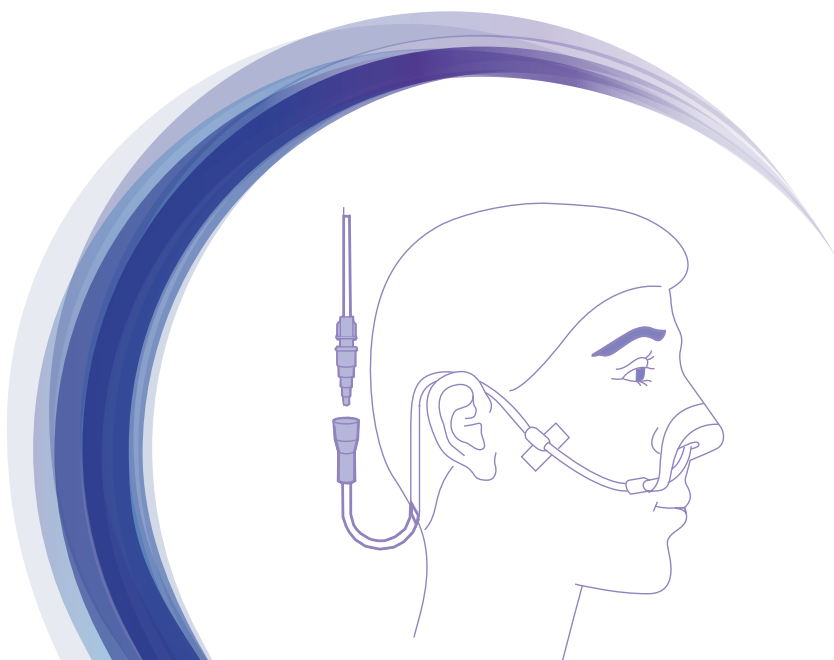


# NASOGASTRIC (NG) TUBE ADVICE LEAFLET

THE FOLLOWING INFORMATION IS AIMED AT SUPPORTING YOU ON  
HOW TO CARE FOR THE NG TUBE.

**IMPORTANT NOTE:** It is important that you contact your Nutricia Homeward  
Enteral Nurse Specialist if you need additional training on the Flocare pump  
or tube feeding.



**IMPORTANT NOTE:** Ensure patient is sitting in an upright position of 45° angle during enteral feeding and for one hour post enteral nutrition administration.

Never administer anything through the nasogastric tube until you are sure the tube is in the correct place (the stomach).

- If you are unable to confirm correct position, do **NOT** use the tube and contact the managing healthcare professional immediately for instructions.

If at any time during or after placement the following symptoms occur, remove the nasogastric tube immediately:

- Shortness of breath, severe coughing, severe vomiting
- Skin colour changes (blue/grey)
- Tube curls in the mouth
- Tube comes out of other nostril
- Any breathing difficulties.

If you notice the tube appears to have moved, e.g. the length of the tube has changed or the external fixation tapes have moved or loosened, do not use the tube and contact your healthcare professional immediately to confirm position of the tube.

pH testing gastric aspirate should not be used by itself to determine that your tube is in the right place. You should always consider other factors, such as those listed above, in addition to pH before using your NG tube.

It is important that the patient remains upright at a 45° angle during and for at least one hour after enteral nutrition has been administered.

## DAILY CARE OF THE NASOGASTRIC TUBE

It is important to keep the tube in good condition to avoid unnecessary replacement of the tube. Regular care and flushing of the tube will help to prevent the tube becoming blocked.

- Wash hands before and after handling the tube
- You must check your tube is in the right place before administering anything down the tube, after initial placement, after a coughing fit or vomiting, or at least once daily
- Confirm the correct position of the tube by taking the following steps:
  - Measure pH of the gastric aspirate — see section ‘How do I measure the pH of gastric aspirate’ for further instructions
  - Check the length of external tube remains identical to that recorded when your tube was placed
  - Check the external fixation tapes/plasters have not worked loose or moved
  - Consider any symptoms you have that might suggest the tube may have moved, e.g. vomiting, retching, coughing spasms, and breathing difficulties
- Where enteral nutrition or medication has already passed through the tube, wait at least one hour without further feeding before pH testing the gastric aspirate
- **Never administer anything down the tube and do not start feeding before confirmation of correct tube position**
- Flush the tube as per training provided by Nutricia Homeward Enteral Nurse Specialist, using a 60ml enteral syringe with water (type and volume as recommended by the managing healthcare professional) to prevent the tube from blocking
- Water should be administered before and after delivery of enteral nutrition or medication or every 4-6 hours if feeding is not in progress (except during the night) or as recommended by a healthcare professional
- Care of the nose: fixation tape should be changed at least weekly, but more frequently if it loosens or becomes dirty. When changing the tape, clean skin thoroughly and try to alter the position of the tape from where it was last fixed. If skin or the nostril becomes sore or red contact the managing healthcare professional for further advice. Avoid the use of creams or powders as they can damage the tube
- Check that the tube cm mark at the nostril remains the same as when the tube was placed
- The tube should be replaced by a healthcare professional following manufacturers guidelines
- Check the nasogastric tube regularly to ensure it remains intact and that the tube is not kinked or blocked and remains securely fixed to the face.

## HOW DO I MEASURE THE PH OF GASTRIC ASPIRATE?

- Wash hands before and after handling the tube and check expiry date of pH indicator strips
- Check the external tube length and visible tube cm markings at the nostril has remained unchanged
- Remove the end cap from the tube and attach a 60ml enteral syringe
- Carefully aspirate gastric fluid from the stomach by gently pulling back on the plunger until a small amount of fluid (0.5-1ml) appears in the syringe
- Detach the syringe and replace the end cap on the nasogastric tube
- Test the pH of gastric aspirate by dropping it onto a pH indicator strip, which is CE marked for use on human gastric aspirate and read the pH indicator strip as per manufacturers instructions. Measuring the pH should not be used in isolation and other factors as described above should be considered to confirm correct tube position
- The pH reading must be between 1-5.5. However, if you obtain a result of between 5-6 do **not** administer anything down the nasogastric tube. You must telephone your managing healthcare professional or Nutricia Homeward Enteral Nurse Specialist for further instructions because the gastric aspirate reading will need to be rechecked
- **Never administer anything down the tube and do not start feeding before confirmation of correct tube position as described above.**

## NOTES

If it is not possible to obtain gastric aspirate for checking the pH, you could try the following:

- Lie on left side, wait for 15 minutes and try again
- Give mouth care to the patient to stimulate gastric secretions, wait a minimum of 5 minutes, then try again to test the tube position
- If it is still not possible to obtain any fluid, contact the managing healthcare professional or Nutricia Homeward Enteral Nurse Specialist for further instructions and do not use the tube.

## REMOVAL OF THE NASOGASTRIC TUBE

Loosen the tape securing the tube to the face.

The tube can be removed by gently pulling the tube out of the nose, as directed by the managing healthcare professional.

### NOTE

You are advised to contact the managing healthcare professional immediately if there is any reason that medication or enteral nutrition needs to be delayed or omitted due to no available enteral or oral route.

## TROUBLESHOOTING NASOGASTRIC TUBES

### THE NASOGASTRIC TUBE HAS BECOME BLOCKED

If there is resistance when flushing the nasogastric tube, do NOT force water into the tube:

- Do **NOT** attempt to unblock or administer anything down the tube, as correct position cannot be confirmed
- Contact the managing healthcare professional immediately for further instructions.

### THE NASOGASTRIC TUBE HAS COME OUT

It is important that a new nasogastric tube is placed in time for the next enteral nutrition or medication administration. **If you have not been trained** on how to place a nasogastric tube do **not** attempt replacement.

### ROUTINE REPLACEMENT ADVICE

- A. If you have been trained and feel confident** on how to replace the NG tube, and the managing healthcare professional has confirmed it is safe to do so, assemble the equipment as you have been trained and proceed to replace the NG tube, following the training advice you have been given. \*Refer to advice leaflet “NG tube replacement”.
- B. If you have not been trained or do not feel confident** on how to replace the NG tube **do not** attempt to replace a new one yourself. Follow the steps below.
- Remain calm
  - Contact the healthcare professional who routinely replaces the tube and explain that the nasogastric tube has come out
  - If the healthcare professional is unavailable a hospital visit may be required. Telephone the GP or hospital emergency department to let them know the tube will need to be replaced. This will give the department time to find the medical notes and to ensure a member of staff is available to replace the nasogastric tube
  - If you have a spare nasogastric tube at home take it with you — this will save time as the type and size of the tube may not be readily available in the hospital. If you do not have a spare tube, take the tube that has fallen out with you in a clean plastic bag so staff can identify which type of tube is required
  - When the new nasogastric tube has been replaced, inform the person who routinely changes the nasogastric tube
  - Order a new nasogastric tube so there is a spare available in case the tube unexpectedly comes out again.

The Nutricia Homeward Nursing Service advice literature is provided as guidance following Nutricia Homeward Nursing Service training, and should not be used as a substitute for medical advice. Always contact your healthcare professional prior to making any changes to your tube feeding regimen.

Please contact the Nutricia Homeward Enteral Nurse Specialist or managing healthcare professional for the most up to date version every year. Provided on behalf of Nutricia Ltd at the request of the NHS managing healthcare professional.

**IMPORTANT: Always seek urgent medical advice if there are any signs of abdominal pain, chest pain or breathing difficulties.**

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