



NASOGASTRIC (NG) TUBE FEEDING

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

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



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

IMPORTANT NOTES

Never administer anything through the NGT 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 NGT and contact the managing healthcare professional or Homeward Nurse immediately for instructions.

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

- Severe coughing and 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 NGT appears to have moved, e.g. the length of the NGT has changed or the external fixation tapes have loosened, do NOT use the NGT and contact the Homeward Nurse.

pH testing gastric aspirate should not be used by itself to determine that your child's NGT is in the right place. You should always consider other factors in addition to pH, as discussed during your training with the Homeward Nurse.

DAILY CARE OF YOUR CHILD'S NASOGASTRIC TUBE

It is important to keep your child's NGT in good condition to avoid unnecessary replacement of the tube.

- Wash hands before and after handling the feeding tube
- You must check your child's NGT is in the right place before administering anything down the feeding tube
- In addition, check the NGT is in the right place after initial placement, after a coughing fit or vomiting, or at least once daily, or if it feels different
- Confirm the correct position of the NGT 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 child's tube was placed
 - Check the external fixation tapes/plasters have not worked loose or moved
 - Consider any symptoms your child may have that might suggest the tube may have moved, e.g. vomiting, retching, coughing spasms, and breathing difficulties
- Once the NGT position has been confirmed as correct, flush the NGT as per training provided by the Homeward Nurse, 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/ medication delivery or every 4-6 hours if feeding is not in progress (except during the night) or as recommended by a managing 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 and dry the 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 a healthcare professional for further advice. Avoid the use of creams or powders as they can damage the tube
- Check that the NGT cm mark at the nostril remains the same as when the tube was placed
- Your child's NGT should be replaced by a healthcare professional who has been trained to replace an NGT, following manufacturer's guidelines
- Check the NGT 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?

Where enteral nutrition/medication has already passed through the NGT, wait at least one hour without further feeding before pH testing the gastric aspirate.

Equipment:

- 60ml enteral syringe
- pH indicator strips (CE marked for human gastric aspirate and in date)
- Water (type and volume as recommended by the managing healthcare professional).

Process:

- Wash hands before and after handling the feeding tube
- Confirm the cm markings at the nostril have not changed
- Remove the end cap from the tube and attach a 60ml enteral syringe to the end of the NGT
- Very slowly pull back on the syringe plunger until a small amount of fluid (0.5-1ml) appears in the syringe
- Detach the syringe from the NGT and replace the end cap on the NGT
- Drop the fluid on to the pH indicator strip and read the pH indicator strip as per manufacturers instructions

If the pH value is 1-5.5 it suggests the NGT is in the correct position (the stomach), if you have considered all other relevant factors, as per training from healthcare professional:



- The pH reading must be between 1-5.5. However, if you obtain a result of 5-6 do **not** administer anything down the NGT, because the gastric aspirate reading will need to be rechecked. Contact the Homeward Nurse for advice.
- **Never administer anything down the NGT and do not start feeding before confirmation of correct tube position as described above.**

Once you are confident the NGT is in the correct position, flush the feeding tube with water (type and volume as recommended by the managing healthcare professional).

NOTES

If it is not possible to obtain gastric aspirate you could try the following:

- Lie your child on their left side, wait for 15 minutes and try again
- Mouth care to your child can 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, do not use the tube and contact the managing healthcare professional or Homeward Nurse for further instructions.

REMOVAL OF THE NASOGASTRIC TUBE

Loosen the tape securing the tube to the face.

The NGT 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

YOUR CHILD'S NASOGASTRIC TUBE HAS BECOME BLOCKED

If there is resistance when flushing the NGT, 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 Homeward Nurse for further instructions.

YOUR CHILD'S NASOGASTRIC TUBE HAS COME OUT

It is important that a new NGT is placed in time for your child's next enteral nutrition or medication administration. **If you have not been trained** on how to place an NGT do not attempt replacement.

A. If you have been trained and feel confident on how to replace your child's NGT, 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 NGT following the training advice you have been given. *Refer to advice leaflet "nasogastric tube replacement".

B. If you have not been trained or do not feel confident on how to replace the NGT **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 NGT has come out
- If the healthcare professional is unavailable contact the GP or local hospital emergency department to let them know the tube will need to be replaced. This will give the department time to ensure a member of staff is available to replace the NGT
- If your child has a spare NGT 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 feeding tube, take the NGT 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 Homeward Nurse 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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SCC4213-04/23

