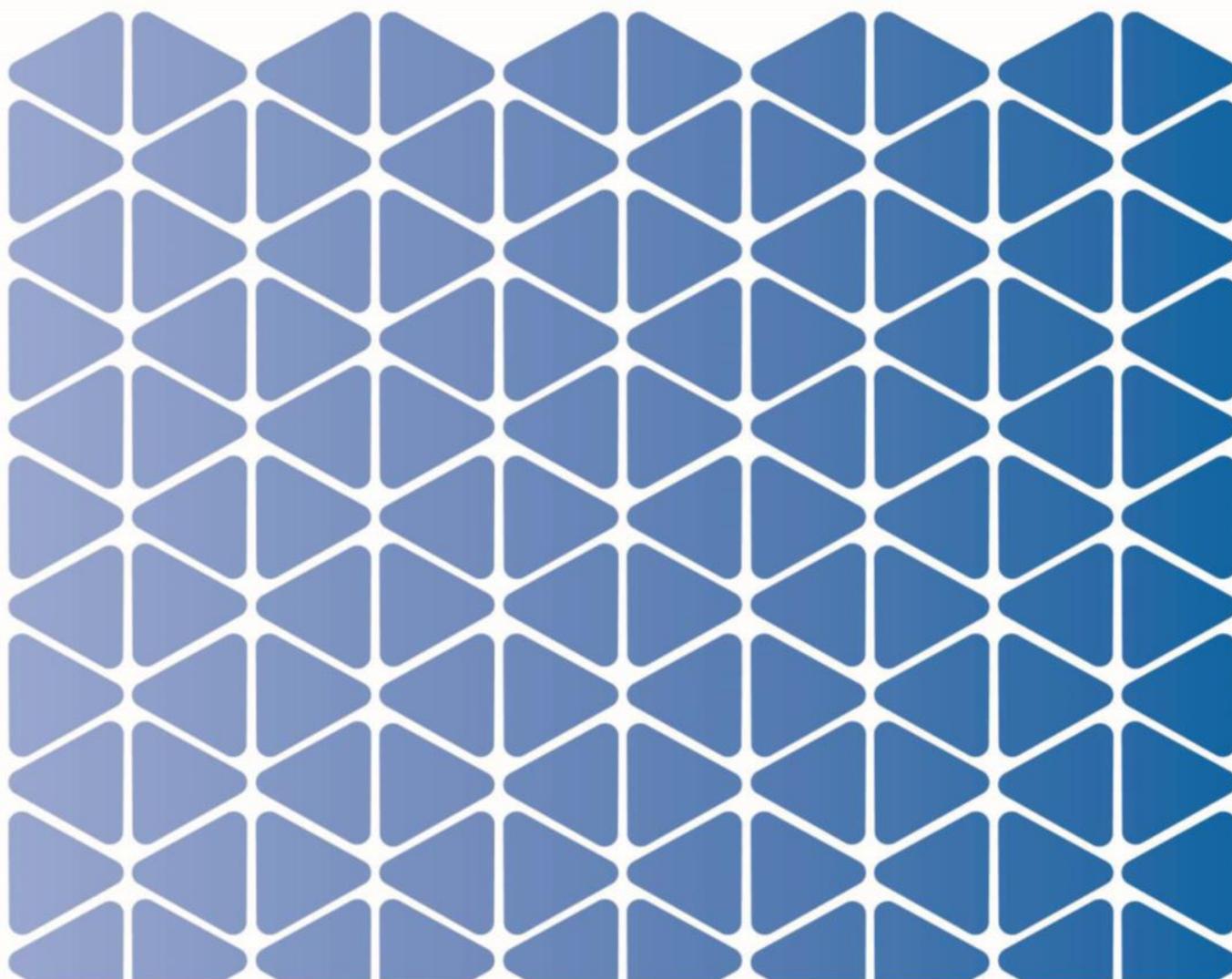




PATIENT INFORMATION

NASOGASTRIC (NG) TUBES FOR NEONATES



Aim of the leaflet

This leaflet has been developed to inform and support parents whose baby requires a nasogastric (NG) tube for short term feeding, or for the administration of medicines.

If you have any concerns or queries regarding anything in this leaflet please speak to your baby's doctor or nurse. Alternatively, contact the Outreach Team



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What is nasogastric (NG) feeding?

An NG tube is a thin, soft plastic tube that is inserted through your baby's nose, down the back of their throat, down the oesophagus and into the stomach. It allows a baby to be fed directly into their stomach. Having feeds this way is known as 'enteral feeding'.

Some babies are still developing and so are unable to sufficiently feed through their mouths and therefore do not receive enough nutrition for them to grow adequately. The reasons preventing your baby from taking sufficient feeds may be a short or long term issue: most babies only need an NG tube for a few days whilst in hospital but some may need to be discharged home with an NG tube whilst they continue to establish full sucking feeds.

Some examples of why a baby may need this feeding help are:

- They have been born prematurely and are still developing their suck, swallow and breathing coordination.
- They may require breathing support which can make it difficult to feed by mouth.
- They may tire easily and so are unable to take the volumes required by mouth.
- They may be unwell.

Some babies can feed by mouth as well as having NG feeds as a normal part of their oral feeding development.

What are the advantages and disadvantages of an NG tube?

Advantages:

- Provides a safe method of feeding
- Adequate nutrition to supports growth & development
- Can be safely inserted without the use of an anaesthetic
- Can be removed easily when no longer required

Disadvantages:

- Is visible on your baby's face
- Insertion can sometimes cause distress and be uncomfortable
- Can be dangerous if tube is inserted into the lungs (airway) instead of the stomach
- Can increase nostril secretions when first passed or if the baby has a cold
- Can sometimes lead to redness or a pressure area where tube lies on the face

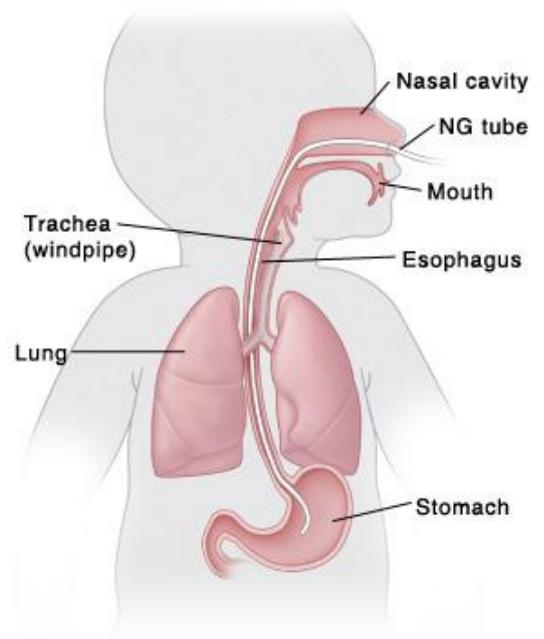
Inserting the NG tube

The NG tube will be inserted by a competent nurse. The length and size of the tube needed depends on your baby's size and this will be measured by the nurse before insertion. Your baby may be wrapped securely in a blanket to provide comfort and to stop them pulling at the tube as it is passed.

The nurse will insert one end of the tube into your baby's nostril. If your baby has previously had an NG tube in situ, the other nostril will be used in order to alleviate and prevent pressure areas.

As the tube is passed down the back of your baby's throat they will be encouraged to swallow. This could mean letting them suck on a dummy or a gloved finger dipped in milk.

Once the tube has been passed to the correct length as measured, it will be secured to your baby's cheek with some adhesive dressing. Some soft dressing may have been placed on your baby's cheek prior to the tube insertion in order to protect the skin on their cheek from the tube.



Your baby will be awake during the insertion of the tube. It is not a painful procedure but can sometimes be uncomfortable and distressing.

You will have the option to be present with your baby during the insertion of the tube but if you do not wish to observe that is okay. The procedure is quick and babies recover very well shortly afterwards. It may make your baby sneeze, cough or retch as it tickles their throat. This will soon pass.

The NG tubes that are used on the ward can remain in situ for up to 90 days, but may be replaced sooner if becomes blocked or is pulled out by your baby.

Checking the tube

When putting the tube down there is a risk of it passing into the lungs instead of the stomach. The tube can also move if it is accidentally pulled or if your baby is vomiting, retching or excessively coughing. If this happens and the tube is used, milk can accidentally go into your baby's lungs where it will cause breathing difficulties and could lead to a life threatening incident or infection.

For this reason, the tube position **must** be checked to be in the stomach after it is passed and before the tube is used to give any feed or medicines. It is also important to check the position of the tube after periods of coughing, vomiting or retching.

The tube position is checked by measuring the acidity of the stomach contents. If the tube is in the correct position in the stomach, the fluid drawn back through the tube should have a pH (acid level) of 5 or below (which indicates acidity). Some medicines can alter the pH of the stomach, such as anti-reflux medicines, but you will be informed if this is the case with your baby.

The NG tube should not be used if the pH reading is above 5 unless guided by a nurse or doctor.

Process of checking the tube

This process will be completed by your nurse before the tube is used. You will be taught this process and assessed to be competent.

1. Before starting, gather all the equipment you will need:

- pH testing strips
- Correct size syringe (5ml & 20ml)
- Milk feed or medicine

2. Wash your hands before and after checking the tube.

3. Check that the tube has not appeared to have moved. You can do this by checking the number visible at the nostril – it should be the same as when the tube was first passed. Check that the tape is not loose.
4. Attach 5ml syringe to the tube and gently draw back the syringe plunger to collect fluid, approx. 1-2ml is needed. This process is called aspirating the tube.
5. Place a few drops onto the coloured end of the pH strip.
6. Match the colour change on the pH strip to the colour chart on the bottle and identify the pH.
7. A pH of 5 or below identifies that there is acid present and the tube is in the correct position in the stomach. The tube is safe to use.
8. Replace any remaining aspirate back down the tube.

Do not put anything down the tube if you are unsure of the tube position and correct placement cannot be confirmed.

If you are unable to correctly aspirate the tube, **do not** proceed to put anything down the tube. Follow the steps below or ask your nurse to assist or if at home contact the Outreach Team.

What to do if you cannot aspirate the tube:

- Turn your baby onto their left side and try aspirating the tube again.
- Try sitting or holding your child upright and try aspirating the tube again.
- If your baby is **safe and able** to take feeds orally, try offering them a small amount of milk from a breast or bottle feed and try aspirating the tube again.

What to do if the pH reading is 5.5 or above:

This may mean that the tube is no longer in the stomach. **Do not put anything down the tube.** Ask your nurse to assist or if at home contact the Outreach Team.

How to use the NG tube to administer feeds or medicines

Small amounts of medicines can be slowly pushed into the NG tube using a syringe. You will be shown how to do this by your nurse.

The milk feeds are given by gravity (lets the milk slowly drip into the stomach)



Giving a gravity feed

- Wash your hands. Gather all your equipment you may need including feed.
- Where possible, your baby should be placed in a semi-upright position so that their head is above their stomach.
- **Always** check the tube is in the correct position before proceeding to put anything down it.
- Remove the plunger from a 20 ml syringe and attach the syringe chamber to the tube.

- Pour required amount of feed into the syringe chamber topping up until total volume to be given is achieved.
- If it appears the feed is running too quickly, lower the height of the syringe slightly. If it appears the feed is running too slow, raise the height of the syringe. The feed should take approx. 15-20 minutes (depending on how much milk your baby is receiving). If the feed is given too quickly it may cause your baby discomfort and increase the risk of vomiting.
- If they are awake offer a dummy or clean finger dipped in milk for your baby to suck on during the feed, this will encourage their sucking development.

The amount of milk required will be established by the nurses, doctors or if at home by Outreach.

During a feed

- Watch your baby during the feed in case they attempt to pull on the tube.
- If the NG tube moves out of place or is pulled by your baby during a feed it is important to stop the flow of milk and re-check the position of the tube.

Stop feeding if you also observe:

- Vomiting
- Coughing
- Choking
- Changes in colour – any paleness or blueness

To stop the feed kink the tube and empty the milk back into a bottle, then your hands are free to attend to your baby.

Medicines

If your baby is receiving medications through the NG tube it is important that the medicines are suitable and safe to go down the tube. Most medicines are available in a liquid suspension that can be easily pushed down the tube. If a liquid suspension is unavailable, some tablets can be crushed and dissolved in water to then be passed down the tube. It is important that you check with the doctor who is prescribing the medicine and the pharmacist dispensing it that the tablets are safe to be crushed and that they can be given enterally.

Never mix medicines together before administration as there may be adverse interactions.

Flush the NG tube after administering medication with either the milky aspirate drawn out to check tube placement or a few mls of fresh milk.

Going home with an NGT

The nurses would have gone through a list of competencies with you in the early part of your hospital stay. This will have covered some teaching and demonstration of how to use the tube, how to resolve issues regarding the tube, and when to seek medical advice.

The nurse would have then supervised and supported you to use the tube and signed you off as competent when you are confident and able to use the tube safely. The competencies will need to be completed prior to discharge if they have not already been done.

A referral will have been made to the Outreach nursing team, who will support you when you are at home.

You will be given a supply of syringes and other equipment you will need to use the NG tubes at home on discharge and Outreach will provide more if required.

If your baby needs a new NG tube during the daytime, Outreach can visit you at home to place a new tube. If it is out of hours or if Outreach are unable to attend, you may need to bring your baby to the Neonatal Unit where one of the nurses can insert a new tube.

How to care for your baby and their tube

Mouth care

You should continue to clean your baby's mouth/lips regularly with breast milk or sterile/cool boiled water and soft gauze. This is only required if they do not take an oral feed for a few feeds in a row.

Skin care

A protective adhesive dressing underneath your baby's tube protects the skin from the adhesive tape used to secure the tube and to prevent a pressure area from the tube.

It is advisable to replace tapes if they look dirty or are starting to come loose. You will be shown how to do this by the nurses.

Bathing

Your baby will be able to bath safely as long as the cap on the end of the NG tube is securely closed.

Holidays

If going on holiday it is important to be organised ahead of time and ensure that you will have sufficient supplies for your trip.

If going abroad, ask your baby's doctor for a letter stating that you are carrying medical supplies. This may help with airport security.

If your baby has a cold

You may need to pay particular attention to keeping your baby's nose clear of secretions. This is important because the presence of the tube means that one of their nostrils is smaller than the other as the tube takes up space within the nostril. This may mean that they work harder to breathe. If you are concerned, contact Outreach or your GP.

Contact numbers:

Neonatal Unit- 01905 760661

Outreach– 01905 760661

If your baby's symptoms or condition worsens at home, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.