

Discharge Home with Nasogastric Feeding

CAREGIVER EDUCATION GUIDE



What is a Nasogastric (NG) Tube?

- A nasogastric tube is a thin, flexible, soft tube that is passed through your child's nose, down the back of the throat, through the swallowing tube (esophagus), and into the stomach. It is taped under the nose to stay in place.
- A nasogastric tube is sometimes called an NG or a feeding tube
- Used commonly in the preterm population while they work on developing their feeding skills



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NEXT PAGE



Why does my child need an NG tube?

- A nasogastric tube is sometimes needed for:
 - Sucking and swallowing problems or immature suck and swallow
 - Unable to get enough nutrition by mouth
 - Difficulty taking medicines
 - To prevent nausea and vomiting
 - Prematurity
 - To conserve calories in congenital heart disease patients
 - If child is not gaining enough weight



My baby can go
home with a
feeding tube
because

- My baby is now at his/her due date and is greater than 4.5 lbs (2 kg)
- The medical team agrees my baby is improving on feeding by mouth and taking more than half breastmilk or formula by mouth
- My baby should be able to take all food by mouth within the next 6 months
- My baby meets all the discharge criteria, except for taking all feeds by mouth



RETURN TO
THE BEGINNING



Steps in the Process: Equipment



Feeding Pump



Bag for breastmilk or formula



NG Tubing



pH strips



Syringes



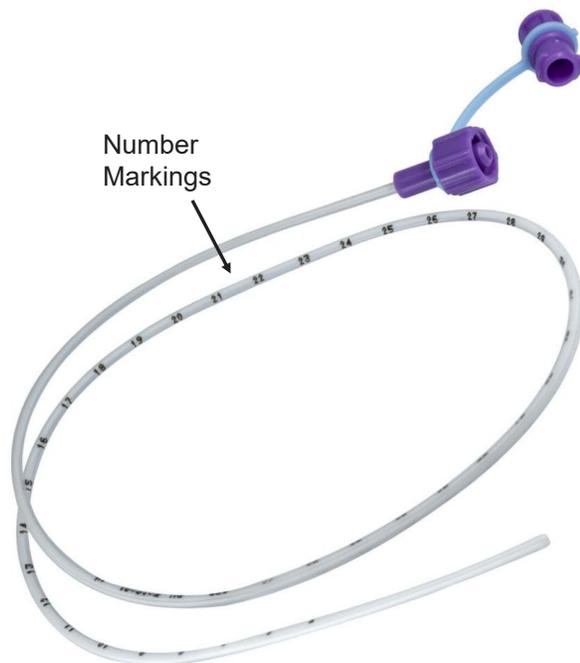
Tape/duoderm/tegaderm



IV pole



Prescription for formula, if needed



Parts of the feeding tube



RETURN TO
THE BEGINNING



Caring for a Feeding Tube

- Always wash your hands well before caring for the NG tube or giving a feeding or medication.
- Always check that the tube is in the correct place before using it.
- Know what to do if the tube gets blocked or comes out
- Keep the area around the nose clean and dry.

Caring for a Feeding Tube Skin Care

- Look at the skin around the nose at least two times per day.
- Look for any redness, tenderness, swelling, cuts, or drainage and report any abnormal findings to your doctor.
- Clean area with warm water and gauze or a corner of a clean washcloth as needed.
- Replace tape and Duoderm (if used) as needed to keep tube secure
- You can bathe your child as normal as long as the tube is not put under the water
- If your child's nose is sore, move the tape to a different place on the nose to change the location of any pressure on the nostril. You may put a small amount of lotion or Vaseline in the nostril to prevent redness but be careful not to apply too much (it may loosen tape).



RETURN TO
THE BEGINNING



Caring for a Feeding Tube

Confirming placement†



Before feeding or giving any medications through the feeding tube, the most important part is checking that it is in the correct position before using it.



The feeding tube should be marked (usually with a black sharpie or a piece of tape) where it exits the nose. Be sure the mark remains in the same location (at exit of nose). Use a tape measure to measure the distance from the mark to the end cap of the tube



Check the pH: If your child is not on continuous feedings, check the fluid in the tube with pH paper right before a feeding. Please see next slide on details.

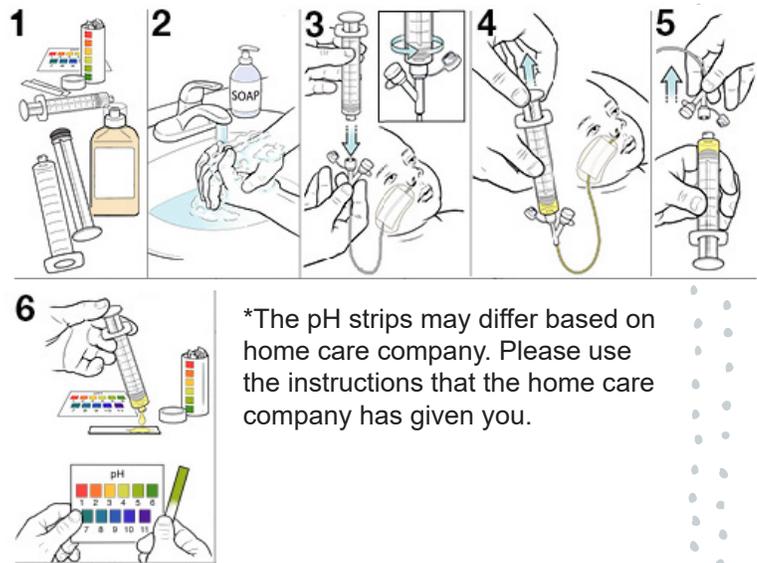
Caring for a Feeding Tube

Checking the pH

1. Gather supplies, including syringe and pH strips.
2. Wash your hands with soap and water
3. Place syringe on end of the feeding tube.
4. Use a syringe to gently pull back a small amount of fluid from the stomach.
5. Remove syringe from the feeding tube.
6. Check the pH of the fluid using the provided pH paper (should be < 6)*.

If pH above 6, **do not** use the tube and call your provider.

If your child is on continuous nighttime feedings, the pH value might not be accurate (the pH will be from the feeding). In this case, you can confirm that the aspirate is formula/breastmilk.



*The pH strips may differ based on home care company. Please use the instructions that the home care company has given you.



RETURN TO THE BEGINNING



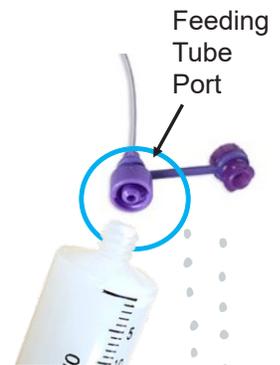
Caring for a Feeding Tube Giving Medications

- Medications can be given with a syringe through the feeding tube.
- It is best to use medicine in a liquid form.
- If you need to give pills, be sure to thoroughly crush and dissolve pills in warm water so they do not clog the tube. If you have questions about whether medications can be crushed, please discuss with your pharmacist or your provider.
- Each medication should be given separately. Do not mix them together.
- Do not add medications into the feeding bag.



Caring for a Feeding Tube Giving Medications

- Some medications have special instructions about giving with or without food, at certain times of day, and some may need to be mixed with a liquid. Please review instructions for each medication.
- Always flush the tube with water after giving EACH medication.
- For accurate measurement draw back to the black leading edge of the gasket towards the syringe tip.
- If using a low dose tip syringe, 1ml or 3ml, the moat surrounding the tip must be cleared.

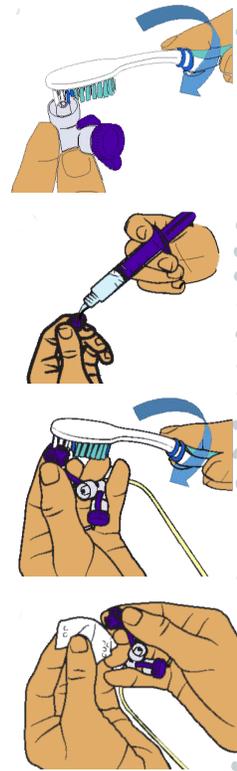


RETURN TO
THE BEGINNING



Caring for a Feeding Tube Cleaning of Tube

- Wash hands with soap and water. Rinse brush with tap water.
- Fill syringe with water.
- Plug center hole of feeding tube port with brush bristles. Forcefully flush moat with water.
- Rotate brush in bottom of moat.
- Rinse cap with clean tap water.
- Insert bristles into feeding tube cap and rotate brush in cap to clean.
- Wipe feeding tube port and cap with gauze. Clean supplies and allow to air dry.



Feeding Intermittent or bolus feeding

- General
 - Bolus feedings are short feedings given at set times throughout the day. They should only be given into the stomach (NG tube).
 - **Procedure:** Gather supplies. Supplies needed include breast milk or formula (amount based on feeding instructions), a feeding pump, syringe, pH paper, and measuring tape to check placement.



RETURN TO
THE BEGINNING



Feeding

Intermittent or bolus feeding

- **Procedure**

- Gather supplies.
- Wash your hands with soap and water.
- Check the placement of the NG as directed (marking, measuring, pH).
- Feed the infant with a bottle first, using feeding plan from speech therapist and medical team.
- Fill feeding bag with remaining breast milk or formula, close cover of feeding bag, and prime tubing as directed.
- Attach end of feeding bag tubing to the NG tube.
- Give the feeding using the pump set at the rate and volume ordered by your provider.
- At the end of the feeding, disconnect the tubing, flush the NG tube and apply cap.
- Wash all syringes and feeding bag in hot soapy water after each use.



Feeding

Continuous feeding

- **General**

- Continuous feedings are feedings that run slowly on a feeding pump for 8-24 hours per day.
- A continuous feeding can be given into the stomach (NG tube).
- **Procedure:** Gather supplies. Supplies needed include up to four hours' worth of breast milk or formula (amount based on feeding instructions), a feeding pump, syringe and measuring tape to check placement



RETURN TO
THE BEGINNING



Feeding Continuous feeding

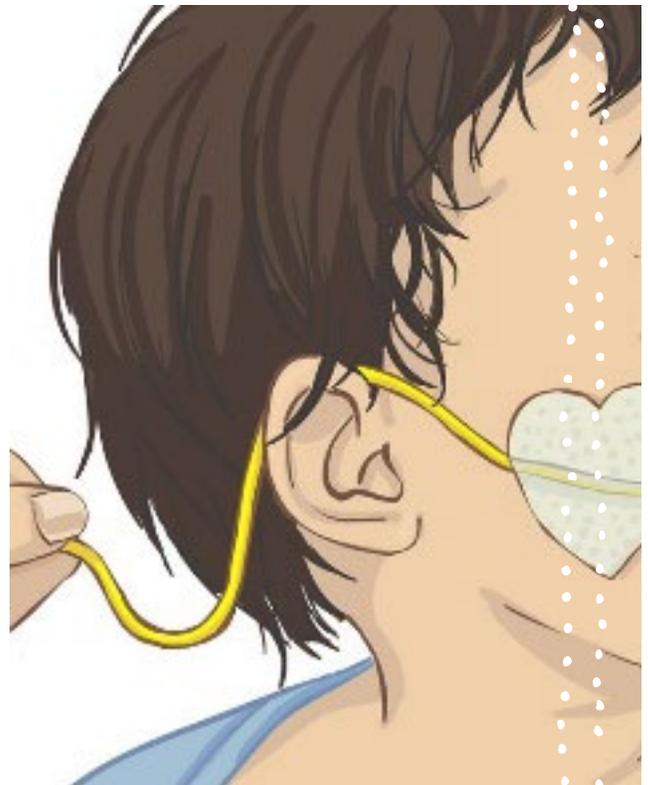
• Procedure

- Gather supplies.
- Wash your hands with soap and water.
- Check the placement of the NG every four hours during continuous feedings (marking, measuring).
- Fill feeding bag with four hours' worth of breast milk or formula, close cover of feeding bag, and prime tubing as directed.
- Attach end of feeding bag tubing to the NG tube.
- Give the feeding using the pump set at the continuous rate ordered by your provider.
- At the end of four hours, disconnect the tubing, flush the NG tube and rinse the feeding bag.
- You can now add four more hours' worth of breast milk/formula. **Do not add new formula to old formula.
- Change feeding bags as instructed by home care company. If they can be reused, wash with hot soapy water between uses.



Feeding Tube Facts to Know

- What is the size of my baby's feeding tube?
- What type of feeding tube is it?
- What is the brand name?
- When was it last placed?
- What number is the tube marked at the nose?
- When is the feeding tube due to be changed again?
- Where can I go to have the tube changed?



RETURN TO
THE BEGINNING



Potential Problems Feeding Tube Blocked

Tube is not
flushed

Breast milk or
formula is too
thick

Milk or
medication left
over inside the
tube

SOLUTION: Flush the tube after feedings and medications. If the tube becomes clogged, try flushing the tube with 3-5 mLs of warm tap water.

Potential Problems My infant takes less by mouth than in the hospital

- Some infants take less breastmilk or formula by mouth once getting home, than they did while in the hospital.
- If this is your infant, please contact your GI doctor and your pediatrician to discuss next steps.
- The GI clinic number is 860-545-9560.



RETURN TO
THE BEGINNING





What went wrong: Feeding Tube Fell Out or Leaking

- Please go to the closest emergency room if your child is unwell.
- If your child is taking less than half of their feeds by mouth and the GI clinic is unavailable, go to recommended hospital for tube replacement.

What went wrong: Baby coughing

- Breathing in milk if food went into lung instead of down the stomach leading to issues with breathing and increased risk for lung infection
- If concerned, stop feed, remove NG tube, call Pediatrician or call 911 if **baby is not breathing or turns blue**
- Signs that your child may have had milk go into their lungs instead of stomach:
 - Coughing/choking during feed
 - Change in breathing/noisy breathing/rapid shallow breathing
 - Pale/blue lips



RETURN TO
THE BEGINNING



When should I call for help?

- If pH is greater than 6 when checking NG tube placement of NG tube
- If no liquid can be drawn up when confirming tube placement with syringe
- If NG tube is not measuring at correct number at the nose
- If any bleeding from nose, stool, or stomach contents when checking placement
- Vomiting while feeding, or coughing during/right after a feed
- Bloated/rigid belly
- Fever
- **911 for choking, turning blue, or trouble breathing**
- Call pediatrician or GI clinic if other concerns about the NG tube

After leaving the hospital

Your infant will see GI frequently in the first few weeks after discharge. These visits will spread out over time as the feeding plan and/or other GI needs stabilize.



RETURN TO
THE BEGINNING



Contacts to Keep Handy



DIETITIAN



VISITING
NURSING
SERVICES



PEDIATRICIAN



SLP AND OT



CCMC GI CLINIC



EQUIPMENT
SUPPLY
COMPANY

Checklist Prior to Going Home

Family has spent a period of time in the hospital performing all cares for their baby

Outpatient follow up appointments have been scheduled with providers

Recipe for breast milk or formula has been provided and reviewed

Ability to use pump, securely tape NG tube to face, measure feeding volume, and troubleshoot equipment issues has been demonstrated

All equipment has been delivered



RETURN TO
THE BEGINNING



Contact Information

CONTACT	NAME	PHONE NUMBER
Dietician		
VNA		
Primary health care doctor/pediatrician		
Speech-Language Pathologist (SLP)		
Occupational Therapist (OT)		
CCMC GI Clinic		
CCMC Feeding Team		
DME/Equipment supply company		
Urgent care clinic		



RETURN TO
THE BEGINNING