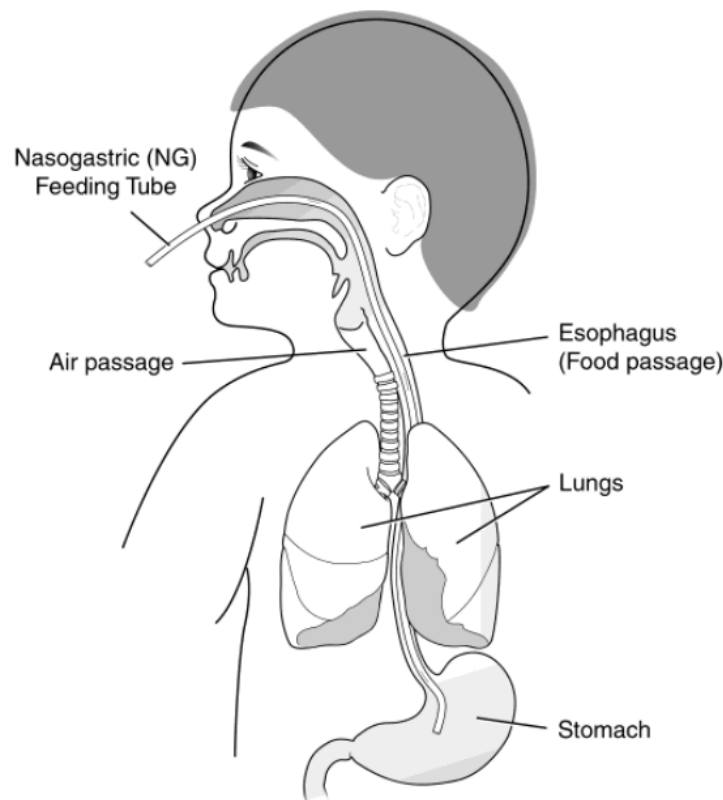


FEEDING TUBES

Learning how to care for a child with a feeding tube takes time, education, and practice. Your child's nurse will discuss the topics in this book with you, and you will practice the skills many times throughout your stay. This will ensure that you are comfortable and confident with all aspects of care.

There are many types of feeding tubes. 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.



NEXT PAGE



BACKGROUND INFORMATION

Why does my child have an NG tube (feeding tube)?

A nasogastric tube is sometimes needed for:

- Sucking and swallowing problems
- 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 weight and growing well

CARING FOR THE FEEDING TUBE

General Information

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

Skin care

- Inspect the skin around the nose at least twice per day.
 - Look for any redness, tenderness, swelling, cuts, or drainage
 - Report any findings to your doctor
- Clean area with warm water and gauze or a corner of a clean washcloth
- Replace tape and duoderm (if used) as needed to keep tube secure
- You can bathe your child as is normal, as long as the tube is not submerged under water (keep nose area dry)
- 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 irritation, but be careful not to apply too much (it may loosen tape).



RETURN TO
THE BEGINNING



Checking Placement of the Tube



The most important part of caring for an NG tube at home is checking that it is in the correct position before using it.

It is important that you check this before any feeding or medication is given.

The feeding tube should be marked (usually with a black sharpie or a piece of tape) where it exits the nose.

- 1) Be sure the mark remains in the same location (at exit of nose)
- 2) Use a tape measure to measure the distance from the mark to the end cap of the tube
- 3) Checking the pH:
 - If your child is not on continuous feedings, check the fluid in the tube with pH paper right before a feeding.
 - Use a syringe to gently pull back a small amount of fluid from the stomach
 - Check the pH of the fluid using the provided pH paper (should be < 5)
 - If pH above 5, do not use the tube and call your provider
 - If your child is on continuous feedings, the pH value might not be accurate (the pH will be from the feeding).

Flushing the Tube

It is important to flush extensions and feeding tubes with water routinely to keep them from clogging. You should flush the tube after all feedings and medications.

If the tube will not flush, try using 3-5 ml of warm water. Do not use vigorous pressure to try and unclog the tube. Call your provider if the tube is clogged.

When flushing the tube, if your child experiences any coughing or gagging, you should stop and contact your provider to see if they would like further assessment to determine location of the tube.



RETURN TO
THE BEGINNING



GIVING MEDICATIONS

Medications can be given with a syringe through the feeding tube.

It is best to use medicine in a liquid form. But, if you must give pills, be sure to thoroughly crush and dissolve pills in warm water so they do not clog the tube. Certain medications cannot be crushed (enteric coated or time release capsules). If you receive a medication like this or have questions about whether or not 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 container.

Some medications have special instructions about giving with or without food, at certain times of day, and some may need to be diluted. Please review instructions for each medication.

Always flush the tube after administering EACH medication.

FEEDING



Tips for Home

There are several ways to feed a child with a feeding tube. You and the health care team will decide which method is best for your child.



Discuss with
your Nurse

As you get close to discharge, you will learn your child's feeding schedule. Your care team will work with you to determine the best times for feedings and medications.



RETURN TO
THE BEGINNING



Types of feeding:

Intermittent (bolus) feeding:

- Short feedings given in intervals throughout the day.
- Bolus feedings should only be given into the stomach (NG tube) and never into the small intestine (NJ tube)

Continuous feeding:

- 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) or into the intestine (NJ tube).



There are many types of formula and tube feedings. Some are pre-mixed, and others require a “recipe”. The Dietitian or Diet Technician will assist you in learning the “recipe” for your child’s formula. If your child needs a recipe or has a complicated formula or feeding plan, please ask the nurse to set up some time with the Dietitian.

Feeding Pump:

Feedings can be given manually (gravity) or by a feeding pump.

A pump controls the flow of formula from the feeding bag through the feeding tube. The pump moves the formula down the tube and into the stomach or intestine at a set rate.



The home care company will come into the hospital and give you formal instructions on using the feeding pump at home. However, you can start learning how to use the pump prior to discharge. These pumps can be used for continuous feedings and for bolus feedings.



RETURN TO
THE BEGINNING



Giving an intermittent (bolus) feeding on a feeding pump:

Supplies:

1. Formula (amount based on feeding instructions)
2. Feeding pump
3. syringe, pH paper, and measuring tape to check placement

Procedure

1. Gather supplies.
2. Wash your hands with soap and water.
3. Position child sitting up if possible, or on the right side with the head of head raised.
4. Check the placement of the NG as directed (marking, measuring, pH).
5. Fill feeding bag with formula, close cover of feeding bag, and prime tubing as directed.
6. Attach end of feeding bag tubing to the NG tube.
7. Infuse the feeding using the pump set at the rate and volume ordered by your provider.
8. At the end of the feeding, disconnect the tubing, flush the NG tube and apply cap.
9. Wash all syringes and feeding bag in hot soapy water after each use.



RETURN TO
THE BEGINNING



Giving continuous feedings on a feeding pump:

Supplies:

1. Four hours' worth of formula (amount based on feeding instructions)
2. Feeding pump
3. Measuring tape to check placement

Procedure

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

Gravity feeding:

In rare cases, formula can be given through a large syringe into the feeding tube. You control the flow of the formula by changing the height of the syringe above the stomach. This type of bolus feedings are usually for older children who can tolerate a faster feeding time.

Bolus feedings should only be given into the stomach (NG tube) and never into the small intestine (NJ tube).



RETURN TO
THE BEGINNING



POTENTIAL PROBLEMS

Leaking:

If the tube is cracked or leaking, it will need to be replaced.

Clogging:

It is important to flush the tube after feedings and medications. If the tube becomes clogged, try flushing the tube with 3-5 mls of warm water.

Equipment problems:

If you have equipment problems such as broken clamps, worn out connections, or pump issues, please call your home care company

Tube dislodgement (falling out or pulled out):

If the tube comes out or is displaced (out further than it should be), it will need to be replaced. Babies and children who need the tube for a long time at home will need to have the tube replaced multiple times. This is done either by a home health nurse or by returning to the hospital.

Do NOT try to reinsert tube on your own. If you are going home with an NG tube, you need to have a clear plan in place before leaving the hospital. This plan will include who to contact and what to do if the tube moves or comes out.

WHEN TO CALL THE DOCTOR

Call your doctor if you notice any of these problems:

- Feeding tube has fallen out or feeding tube is blocked or clogged
- Signs of infection or fever
- Leaking tube
- Bleeding from the nose area, in the stomach contents, or in the child's stool
- Belly pain, vomiting, or diarrhea
- Trouble passing gas or difficulty having a bowel movement
- Coughing during or right after a feeding (stop feeding immediately)

Please stop feeding, remove NG tube, and call 911 for any emergency, such as difficulty breathing, choking, or if the child turns blue.



RETURN TO
THE BEGINNING