

Nasogastric Tube Home Care Instructions



Congratulations. You and your baby are going home. It's normal to feel a little scared about learning how to feed through an NG tube, but you'll be surprised at how quickly you'll learn and feel confident.

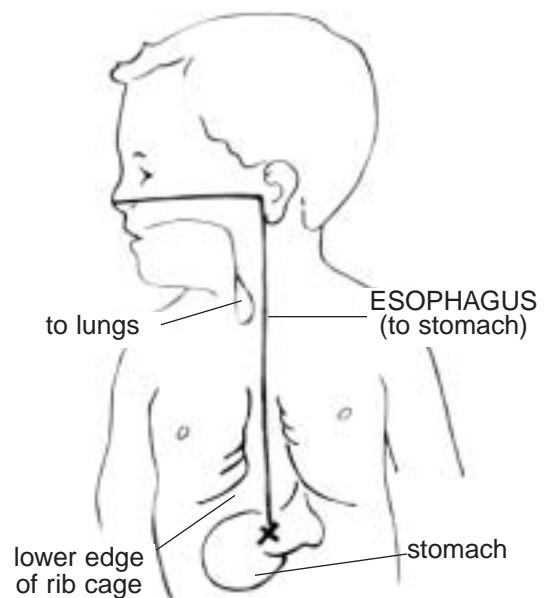
The tube allows the baby to get fluids, calories and medicines that are necessary to grow and develop. For most babies it is only temporary. Even though your baby is being fed through this tube, remember that feedings are a time to talk, stoke, and cuddle, just as you would if you were feeding from your breast or a bottle.

About the tube

A nasogastric tube, also called an NG tube, is a small tube inserted gently through the nose, down the back of the throat, and through the esophagus into the stomach. Some babies need to be fed through an NG tube because they become too tired during a feeding to drink enough breast milk or formula to grow normally. Other babies have not learned to suck, swallow and breathe at the same time. It's necessary to do all three of these—and to get the timing right—to prevent breathing milk into the lungs.

Inserting the tube will not hurt your baby as long as you do not force the tube down.

Many babies sleep through the feeding, while others fuss and squirm when the tube is going into the stomach. If your baby accepts the tube for several days and later begins to squirm during the insertion, it may be time to try bottle feedings. However, always check with your doctor or nurse before trying a bottle to make sure your baby has developed enough to swallow correctly.



Aspiration is dangerous

Aspiration is when milk or food gets into the lungs instead of the stomach. It can be food that has just been swallowed or food that is spit up. A healthy, mature person can usually cough up food or drink that begins to go toward the lungs, but many young babies are not strong enough or haven't learned how to cough. It is extremely important to prevent aspiration, which can prevent proper breathing, cause serious infection, or both. That is why it is very important each time you feed your baby to make sure the tube goes into the stomach instead of the lungs.

How to insert the tube

First, wash your hands and gather your equipment.

- 30 cc or 60 cc syringe
- 3 cc syringe
- 1 cc needle-less syringe
- bulb suction
- special dressing or tape
- scissors
- NG tube (8 Fr), either silastic or plastic
- permanent fine tip marker
- stethoscope (optional)
- breast milk or formula at room temperature
- K-Y Jelly (optional)

1. If you plan to change the baby's diaper or clothing, do it before feeding.

Extra moving around after a feeding can cause the baby to spit up.

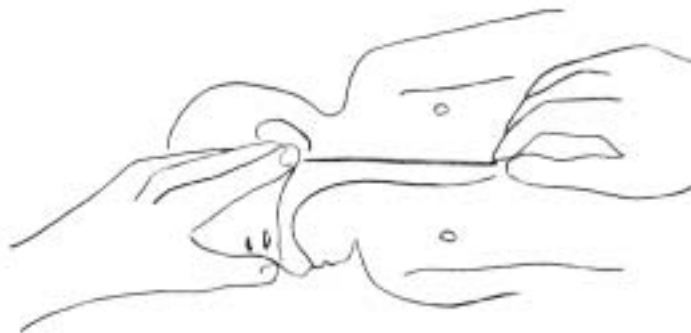
2. Wash your hands with soap and water for at least 10 seconds. Rinse with clear water and dry your hands on a clean towel.

3. Cut pieces of tape or special dressing.

4. Measure from the nose to mid-ear and from mid-ear to the tip of the breastbone.

You will feel a soft place at the lower end of the breastbone.

5. Write down the distance or mark the tape with a permanent marker.





Dip the tip of the tube into K-Y Jelly or water to make the tubing easier to pass

tube in place. To make sure the feeding tube is in your baby's stomach, screw the 1 cc needle-less syringe onto the end of the NG tube. Pull back on the plunger. If you have pulled white, milky-looking fluid into the tube or syringe, you know the tube is in the stomach.

5. Insert the tube into one nostril. Push it gently to the back of the throat and then gently push it down until you reach the pre-measured tape line. A baby's gagging during this process is normal and will help the tubing to pass.
6. Tape the tube to the child's upper lip and cheek or apply the special dressing to keep the

If you use a stethoscope

1. If you do not see white fluid, disconnect the 1 cc needle-less syringe and pull back 1 cc air into it.
2. Screw the needle-less syringe back onto the NG tube.
3. Put on the stethoscope and tap the metal end to make sure you can hear through it.
4. If you hear the taps, place the stethoscope over the left upper part of the baby's abdomen and quickly insert all of the 1 cc air into the tube while listening for a gurgle through the stethoscope. The gurgle is the sound of air rushing into the stomach.



Place the stethoscope at the X

5. If you hear a gurgle, draw the 1 cc air back out of the stomach and unscrew the syringe.
6. If you do not hear the gurgle, go back to Step C and try again, or insert the NG tub again and check it again

Feeding your child

1. After you make sure the tube is in the right place, place your baby in your lap just as you would during a bottle-feeding, or lay her on her right side.
2. Draw up the correct amount of formula in either the 30 or 60 cc syringe. The formula should be at room temperature. Never warm a baby's milk in a microwave. It heats the liquid unevenly, and the baby could be seriously burned.
3. Screw or place the tip of the syringe into the NG tube.
4. Remove the plunger from the syringe.
5. You may need to push on the plunger slightly to get the milk flowing through the tube.
6. Remove the plunger and let the formula flow in slowly over 10-15 minutes by gravity. An NG tube feeding can take almost as long as a bottle feeding. This is a great time to talk to your baby and cuddle.
7. When the feeding is finished, re-insert the plunger in the syringe and insert 1 cc water to clear formula from the tube. Kink the feeding tube and remove the syringe. Then replace the cap on the feeding tube securely, and burp your baby.

Hints

Lowering the syringe will slow the feeding rate.
Raising the syringe will speed up the feeding rate.

Let your baby suck on a pacifier during feedings. It will teach the baby to associate the feeling of fullness with sucking. This will be helpful in the future when your baby may no longer need NG tube feedings.

If the baby cries during the feeding, milk will flow back up into the syringe. This is normal. DO NOT force milk into your baby's stomach with the plunger. It might cause your baby to vomit or aspirate. Try to calm her, and the milk will begin to flow down again.

If your baby begins to choke, immediately lower the syringe and pour the formula back into the bottle. Clear the vomit with a bulb syringe, if necessary. Re-check tube placement and when the baby is ready, go back to feeding at a slower rate.

Changing an NG tube

A silastic NG tube may remain in place for one week at a time. Whenever a baby gets a fresh NG tube, the new one is placed in the other nostril. Moving back and forth between nostrils prevents sores from developing. If a sore begins to develop, call the baby's doctor or nurse. To remove an NG tube, pinch the tube and quickly slip it out of the nose. This prevents inhaling any remaining milk into the lungs.

Giving medicines

To make sure that your baby gets the proper amount of prescription medicines, give the medicine before the feeding. Also, your baby's medicines should be liquid, not pills. If you have pills, ask your pharmacist for a liquid form, or ask if it is safe for you to crush the tablets and mix them until they completely dissolve in water before giving them.

Clogged tubes

After any feeding or medicines, rinse the tube while it is still in place by inserting 1 to 2 cc water into the tubing before capping it off. If medicines are thick, dilute them in 1 to 2 cc water to make them thinner.

If the tubing becomes clogged, remove it from your baby's nostril and check along the tube for clogs or bends. Try flushing warm water through the tube with a 3 cc syringe using gentle pressure, or try flushing the tube with a carbonated drink like 7-Up or cola drink for 30 minutes. Then flush it again with water. If neither of these work, or if the tube has a permanent kink, throw it away.

Re-using feeding tubes

Feeding tubes can be reused if they are not kinked or clogged. Just wash them out with very hot soapy water, rinse, and then hang them to dry. When they are dry, store them in a clean, covered container. The tubes can be stored like this up to 6 months if they are the silastic type. If you are using the plastic or non-silastic type, throw them away if they have been left in for three days. Tubes that have been used for in/out feedings can last 1 to 2 months.

Call your baby's doctor or nurse if...

- Stomach contents have blood or look green, black, or brown like coffee grounds
- The stomach begins to bulge outward and is hard when you touch it
- Your baby is vomiting more than usual
- Feedings are no longer flowing easily into your baby's stomach



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