

Nasogastric tubes

Content provided by Elaine Sexton and Chris Holden – members of the Feeding Liaison Team at Birmingham Children’s Hospital.

What is a nasogastric tube?

A nasogastric tube – often called an ‘NG tube’ – is a specially designed tube through which your baby/child can be fed. It enters through the nostrils, then runs down the back of the throat into the oesophagus (food tube) and on into the stomach. Liquid foodstuffs can then be given to the child through the tube, directly into the stomach, avoiding the need for the child to swallow.

Why does my child need a nasogastric tube?

If your doctor feels it is advisable for your child to be fed through a tube, either as well as or instead of feeding by mouth, he/she will discuss this in detail with you.

A TOF child may need a nasogastric tube if he/she is not managing to swallow enough to grow properly; the food given through the tube will supplement that which is eaten by mouth.

What sort of nasogastric tube will my child have?

There are two broad categories of nasogastric tube;

SHORT TERM TUBES

These are either Portex or Vygon tubes and are made of PVC plastic. They need to be changed every 5-7 days.

LONG TERM TUBES

These are called silk nasogastric tubes, made from a very soft plastic, which are designed to be used for up to 4-6 weeks.

You may find it useful to see a tube before your child has one inserted, so that you know what to expect.

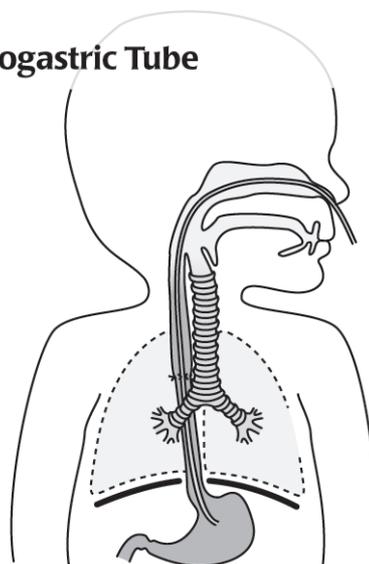
How is the tube inserted?

Passing the tube is not a very pleasant procedure, but it is soon over.

The procedure will be explained to you, but it is important that you ask questions if you feel unsure about anything, so that you fully understand what is involved.

If your child is old enough, they will normally be prepared for the insertion of

Nasogastric Tube



the nasogastric tube by play therapists, so that they know where the tube is going to, why it is needed and what they may feel when it is being passed.

Babies may be given a bottle to suck on when the tube is inserted; an older child can be given a glass of water with a straw to help them to swallow as the tube is passed.

Adhesive tape is then used to secure the end of the tube by the child’s nose. The child may complain of a sore throat, and/or feel self-conscious, and a baby may try to remove the tube (so it’s important that it’s securely fixed in place) but most get used to the tube after a little time.

The tube stays in place until it needs replacing, the child is eating enough that it is no longer required, or an alternative means of tube feeding (gastrostomy or jejunostomy) is implemented.

Some parents may be given the option to learn now to pass the tube themselves (either when it needs changing or if it is inadvertently pulled out) but if you don’t want to do this you don’t have to (community staff or your local hospital can do it). If you do choose to undertake this yourself, you will receive intensive training in hospital so that you feel confident about the procedure.

If a very much older child needs a nasogastric tube, then they may be trained to pass their own tube.

This information has been written for the parents of TOF children by TOFS (Tracheo-Oesophageal Fistula Support) – helping children born unable to swallow.

If you have any feedback on this leaflet, please use our leaflets feedback form which is available from either the TOFS office or our web site.

TOFS relies on money from membership fees, voluntary donations and other sources of charitable income to fund its activities.

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TOFS does not offer specific medical advice to parents. We work

only in a supportive role, offering emotional and practical support to meet the needs of parents and providing a source of information which complements that given by the specialist hospital.

Registered

Charity number

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Related leaflets from TOFS which you might like to read:

- 1 Gastro-oesophageal reflux
- 2 Gastrostomy tubes
- 3 Jejunostomy tubes

These are all available from the TOFS web site (www.tofs.org.uk) or from TOFS office.

TOFS also publishes a book, 'The TOF Child,' which is suitable for both parents and medical professionals. Details are available from TOFS.

How do I feed my child using a nasogastric tube?

You should only use specially prescribed feedstuffs from the hospital/dietician with the tube, and never put medications down the tube unless you have specifically been told they are safe to administer in this way.

The child should be sat up for feeding so that the food runs down the tube and the stomach is encouraged to empty well, minimising gastro-oesophageal reflux.

Wash your hands before handling the tube.

Before feeding it is essential to check that the tube is in the correct place. This is done by withdrawing a small amount of fluid using a syringe connected to the tube end, and testing a sample of it on blue (alkaline) litmus paper. Because the stomach contents are acidic, the paper should turn pink/red.

- If you managed to withdraw fluid but the paper doesn't turn pink, seek medical advice.
- If you can't withdraw fluid, it doesn't necessarily mean the tube is in the wrong place; it may be that the child's stomach is empty or the tube is lying up against the stomach wall. Give the child a drink, wait a few minutes then try again; if there is still no fluid seek medical advice.

Flush the tube before feeding using 5ml boiled, cooled water from a 50ml syringe.

Feeds may be administered using either a special pump or by a gravity-fed system – as instructed by the hospital staff.

After giving feed and/or medications, the tube should be flushed again, as above.

What can I do while the child is being fed?

It is important that your child has the chance to be with the family at mealtimes; mealtimes are social occasions and your child should be included. You should encourage your child to touch and taste food just like other children.

Children who have been fed by tube for a long time may develop to be poor feeders, so it's important to make their feeding experience as close as possible to a 'normal' mealtime so that the transition to oral feeds is as stress-free as possible.

How do I care for the nasogastric tube?

There are three main things to remember when caring for a nasogastric tube:

1. Always wash your hands before handling the tube.
2. Flush the tube at least three times a day, but always before and after feeding or giving medications. This helps to stop the tube becoming blocked.
3. Ensure that the outer end of the tube is always securely fixed. Different types of tape are available and some suit certain individuals better than others; use alternate sides of the face to give the other side a rest.

What if the tube becomes blocked?

If you cannot flush a tube, this may mean that the tube is blocked or (with short term tubes) that the end may have become flattened. Try gently putting 1 to 2ml of air down the tube from a syringe, then try to flush it again. If you still cannot flush the tube, seek medical advice.

Remember that regular flushing of the tube using 5ml boiled, cooled water, will help to prevent it becoming blocked.

Is there anything else I need to know?

You should feel confident about feeding and caring for the tube before you leave hospital. Make sure that you know who to contact if you have further queries or if you encounter any problems.

Having a child with a nasogastric tube will involve you some extra work and will inevitably be quite stressful at first, until you get used to the routines involved.

Try not to let feeding dominate your life – accept what help you are offered from friends and family, and remember that the hospital staff are there to answer queries and offer support when you need it.

**IF YOU'RE NOT ALREADY
A MEMBER OF TOFS,
WHY NOT JOIN US?**
Information available
from either TOFS office
or the TOFS web site.



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