



Nasogastric Tube

CONTENTS

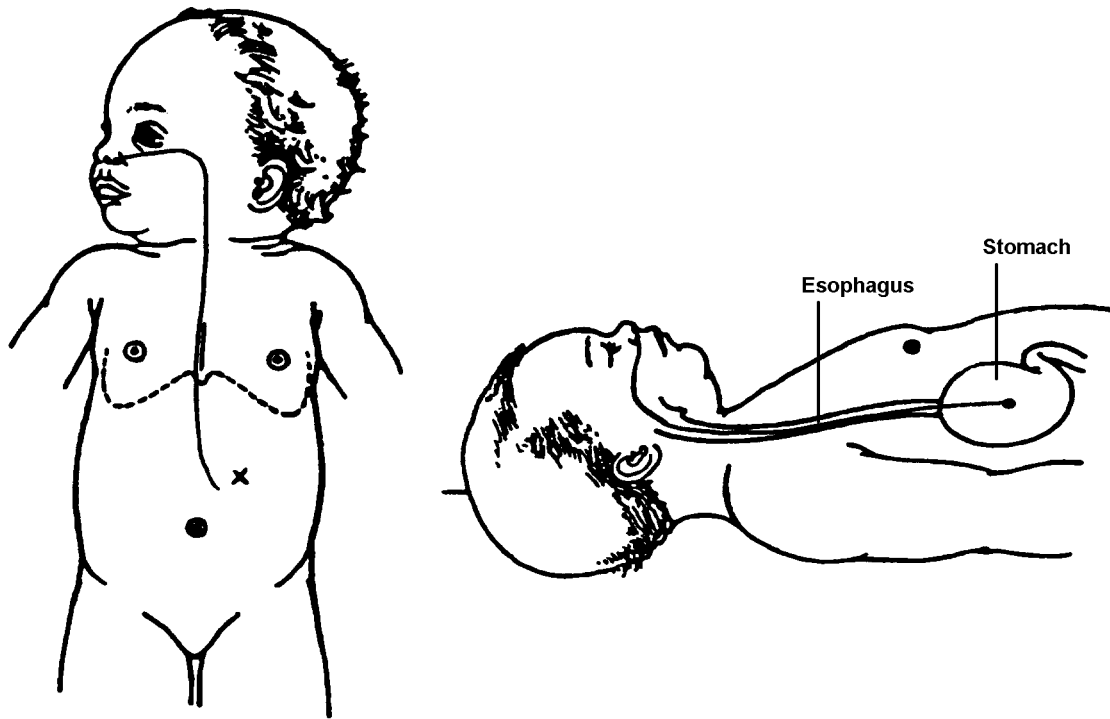
- What is a Nasogastric Tube
- Where the Tube Goes
- Equipment Needed
- Checking Placement of the Nasogastric Tube
- Taping the Nasogastric Tube
- Feeding
- Giving Medications
- Complications
- When to Call the Doctor
- Safety Precautions

WHAT IS A NASOGASTRIC TUBE

- A Nasogastric Tube is a way to feed babies who are not able to suck or swallow enough for good nutrition. The baby may have a problem with his heart; esophagus; mouth – such as a cleft palate; may be on a ventilator for a long time; may not be able to suck and/or swallow well; or not be able to drink or eat enough formula or food by mouth.



WHERE THE TUBE GOES



- The tube is inserted through the nose, down the esophagus, into the stomach.

EQUIPMENT NEEDED

- The home care agency will provide supplies and equipment that are needed. Their staff will instruct you on the use of the pump to administer feeds. The home care agency will provide staff to pass the nasogastric tube and to replace it if it comes out or is dislodged.

CHECKING THE PLACEMENT OF THE NASOGASTRIC TUBE

Supplies: Syringe
Stethoscope

- It is extremely important that you make certain that the nasogastric tube is in the stomach before starting a feeding or administering medications.
- Placement of the tube is checked by injecting 5 – 10 ml of air into the tube while you listen over the stomach with a stethoscope. You should hear a rush of air into the stomach.
- If you can't hear air in the stomach:
 - Make sure your stethoscope is working.
 - If there is another port on the nasogastric tube, make sure that it is tightly closed.
 - Try changing your baby's position and listen again.

- If you still can not hear air in the stomach then do not use the tube. Notify your home care agency for replacement.
- After checking placement by injecting air, withdraw air/formula from stomach into the syringe. This formula is called the aspirate.
- If there is formula in the stomach, refeed it to the infant because it contains important gastric juices.
- There should be an ink mark on the tube at the baby's nostril. This mark is to allow you to know if the tube has been pulled out by mistake.
- If you note that the mark is between the nostril and ear, then remove the tape and slowly push the tube back in place and retape. Always check placement of the tube before using it again.
- If the mark is past the ear, then it is too far out to safely guide back in. Just remove the tape and pull tube out. Notify your home care agency for replacement.

TAPING THE NASOGASTRIC TUBE

Supplies: Pink tape (cut to size)
Duoderm (cut to size)
Skin prep
Dry and wet washcloths

- The tube should always be taped securely to face.
- Before removing old tape, get all supplies ready. Swaddle baby in a blanket if there is a risk he or she will pull the tape out while you are retaping.
- When removing old tape, hold tube securely against face with one hand and work with the other.
- First, clean cheek and nose with washcloth, then allow to dry thoroughly.
- Wipe skin prep on cheek and let dry.
- Apply Duoderm to cheek, wipe Duoderm with skin prep and allow to dry.
- Lay tube on Duoderm and tape securely in place.
- Tape tube to neck, coil up and tape tube to back of shirt. If baby tends to pull out tube while sleeping, cover hands with socks or booties.

FEEDING

Supplies: Pacifier
Formula / Breast milk
60 ml syringe
Pump

- Warm all fluids given to the baby to room temperature.
- Make baby comfortable: change diaper; offer pacifier; place in infant seat or cuddle or on right side with the baby's head elevated.
- Babies who require suctioning may be more comfortable if suctioned before starting feeding.
- Verify tube placement before each feeding.
- Check for an aspirate. If the aspirate is more than 30 ml (one ounce), refeed the contents and do not start the new feed. After one hour, recheck the aspirate, if it is still more than 30 ml (one ounce), call your pediatrician.
- Attach pump tubing (with formula flushed all the way through) to nasogastric tube and start infusion.
- When feeding is finished, the tube may be flushed with 10 ml of tap water to clear it of formula. This is to prevent blockage of tube.
- Try to burp your baby.
- After feeding, place your baby on right side or on stomach with his head propped at a slight angle.
- Clean equipment by washing syringe with hot soapy water. Let it air dry. Store in a clean towel.
- TUBE FEEDINGS ARE NOT TO BE HUNG OR LEFT UNATTENDED!

GIVING MEDICATIONS

- Check with your doctor about the route to given the medicine. Some medicines work best if given by mouth and some work best if given by tube. Some medicines it does not matter which way they are given.
- If the doctor wants the medicine given through the tube, mix the medicine with 5 ml (teaspoon) of water.
- After the medicine is given through the tube, flush the tube with 10 ml of water to be sure that all of the medicine went down the tube into the baby's stomach.

COMPLICATIONS

- If your baby is vomiting, has diarrhea, a bloated stomach, or is more fussy than usual, this may be a warning sign that shows:
 - You are feeding the baby too much or too fast.
 - The start of an infection.
 - The blockage of the tube.
- If you think the tube is blocked and you can't flush it, **DO NOT FORCE IT**. Try using warm water. If it still won't flush, call your home care agency.
- For vomiting and diarrhea:
 - Make sure you can see the ink mark at your baby's nostril. If it is in too far, pull back until the ink mark is at the nostril.
 - If the tube is vomited out of the mouth, pull the tube out from the nose and call your home care agency.
- For bloating: The baby may need to burp.
- If child appears to have difficulty breathing, constant coughing, choking, just pull out tube and notify home care agency to replace it.
- In most cases, the tube coming out in the night is not a medical emergency. Offer your baby small, frequent feedings and notify your home care agency in the morning.

CALL THE DOCTOR IF...

- The aspirate is bloody.
- The aspirate is more than 30 ml (one ounce), after one hour of waiting.
- Stomach is enlarged.
- There is vomiting, diarrhea or the baby is more fussy than usual.
- The baby's bowel movements are bloody or black in color.

SAFETY PRECAUTIONS

- Keep emergency phone numbers by your telephone.
- Keep an emergency kit of supplies with the baby when you are gone for a long time.
- Teach the baby and other children not to pull on the nasogastric tube.
- Be sure you and everyone who cares for the baby knows CPR and emergency first aid for choking.
- When the tube is not being used, keep it tucked inside clothing.