





How to... get help

Contact your baby's team

It is important to us that you are managing your baby's treatment safely at home.

If you experience any problems or have any questions regarding your care of the NG tube please contact:

Monday to Saturday 8:00am – 4:00pm Home Care Team: 021 492 168 Landline: 307 4949 Ext: 25472

Nurse Specialists:_

After business hours, Sundays or public holidays contact:

Starship Hospital: 307 4949 EXT to Children's Emergency Department: 24200

Essential details about my baby's nasogastric tube

My baby has a nasogastric tube that is size ______ fr The measurement on discharge the NG is inserted to ______ cm The last date the tube was changed in NICU was ______

Date	Measurement	pH on insertion		Date	Measurement	pH on insertion
]			

Introduction

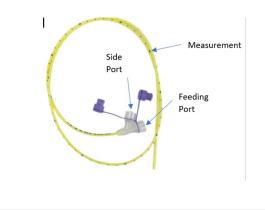
This booklet explains all about nasogastric tubes (NG). It gives information and advice on managing your baby's nasogastric tube once you return home.

Having a baby with a NG tube has implications for your family. You will be pleased and relieved that your child can now feed and grow. You may experience grief brought about as a result of change to your expectations for feeding your baby and restrictions or changes in your lifestyle as a result of the NG tube.

The healthcare team is here to help support you. We understand that managing your baby's NG feeding is a responsibility. It is important that before leaving hospital you are happy with all aspects of your child's care

Key points

- An NG tube is a long thin hollow tube which is passed through a nostril of the nose into the throat and down into the stomach
- The NG tube has 2 ports and black marks that indicate the depth required to reach the stomach
- You can use the tube to feed your baby milk and medicines if they are unable to take enough food by mouth or they cannot safely take sucking feeds
- Prior to putting any medication or feed down the tube, you must check it is in the correct place by withdrawing some contents and checking the pH
- A pH of less than or equal to 5 means it is safe to feed or give medicines down the tube
- If the tube is in the airway (lungs) your baby might choke, cough or have trouble breathing. If this happens stop the feed immediately and remove tube and seek help (Page 2)



How to ... feed your baby through the NG tube

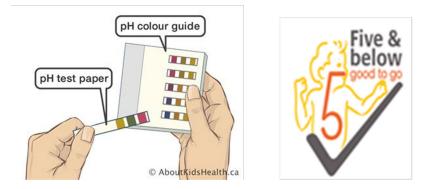
Gather the following equipment:

- Breast or formula milk that is warmed to room temperature
- 60 mL feeding syringe
- 20 mL feeding syringe to withdraw some stomach contents to test
- pH indicator strips
- Cool boiled water for flushing before and after the feed

How to... check the position of the tube

Always check the tube is in the correct place before putting anything down the tube

- Attach the empty 20 ml syringe to the side-port of the feeding tube and gently draw back (called aspirating) to get some fluid
- Wet pH strips with this fluid and match colour change to the pH guide



• Correct position is when pH reading is equal or less than 5-it is then safe to feed.

What if there is no aspirate?

- Check the measurement of the tube at baby's nose
- If measurement is **incorrect** remove and reinsert tube (if taught) or contact your Homecare nurse or if after hours attend Starship Emergency department
- If measurement is correct-gently push 2 mls of air down the tube with the syringe and aspirate again
- Try changing baby's position (left side and right side) and aspirate in each position
- Wait (where possible) 15-30 minutes before aspirating again to allow stomach contents to accumulate
- If still no aspirate contact Homecare nurse or seek help (page 2)

How to ... feed via the syringe

Once NG position has been confirmed

- Wash your hands
- Preferably hold your baby up for feeding
- Flush the tube prior to feeding by adding 3 mL water(sterile ampoules or cooled boiled) into the 60ml feeding syringe
- Using the feeding syringe connect it to the feeding port and then add the appropriate amount of milk
- Syringe feeding is run by gravity so the higher it is placed the faster it will run. Normally feeding should take 20 minutes, so lower the syringe if running too fast
- If the feed is not going down, take the plunger and gently push down on syringe slightly (you may feel a little resistance) and remove plunger
- Feeding is a social time. Hold, talk and look at your baby. Your baby may also like as pacifier during feeding to encourage normal sucking reflex
- After the feed is finished the tube should be flushed with 3 ml of water (sterile ampoules or cooled boiled)
- Check all ports are closed after feed

How to ... give medicines via the NG tube

Medicines may be given through the NG tube and followed with a flush to ensure all the medication is in the stomach.

Before administering medicines:

- Check tube placement
- pH 5 and below, good to go
- Flush tube with 3ml of water (sterile or cooled boiled)

Most medicines are available in a liquid form that can be put down the NG tube. Never mix medicines together. Always flush the tube between each medicine.

After administering medicines:

• Flush tube with 3 ml of water (sterile or cooled boiled)

How to ... care for a baby's NG tube

- NG tube will require changing as necessary; usually every 6-8 weeks. Your nurse will explain to you when this is necessary
- Reapply face tapes when they begin to lift to prevent accidental removal of tube
- Use mittens when baby is unsupervised and in night-time to limit baby pulling NG out
- Observe for any redness or plaster irritants under the base tape on cheeks and discuss with Homecare team
- Check for any redness or pressure on nostrils from the NG tube

Where do I get equipment? And how do I clean it?

Equipment is supplied by your Homecare team. Please let them know your requirements prior to a visit.

Cleaning equipment

- Wash syringes in hot soapy water, rinse and soak in sterilising solution, steam steriliser or boil
- Change syringes daily or earlier if it becomes hard to plunge
- Store opened sterile water ampoules or boiled water in fridge and discard after 24 hours

Potential problems

Choking or difficulty breathing

• Stop feed immediately and place baby on side to clear airway



- If still choking and if breathing difficulty continues dial 111
- Check position of NG tube with pH paper before commencing feed
- NG tube may require replacing because it is in the wrong position

Blocked NG Tube

Routine flushing before and after feeds and medications will reduce the likelihood of blockage.

A blocked tube is indicated by slow or no flow. Gently flush the tube with 3 mls of water to unblock. If unable to unblock contact your neonatal Homecare nurse or if after hours or Sunday attend Starship Emergency department.

Tube accidently falls out of infant pulls NG out.

If not due for replacement, the tube may be reused. Wash with warm water and rinse inside and out and dry naturally. Insert tube (only if taught) or contact Homecare nurse or after hours attend Starship Emergency Department.

