

Going home from NICU with a Nasogastric (NG) tube (CORFLO TUBE) 2020

Inserting your baby's NG tube



Name:

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 the care of the nasogastric tube please contact:

Monday to Saturday 7:30am – 4:00pm contact:

Home Care Team: 021 492 168

Landline: 307 4949 Ext: 25472

Nurse: _____

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

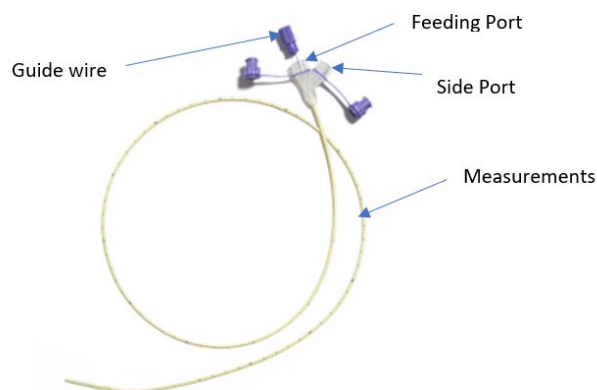
This booklet explains all about nasogastric tubes (NG). It gives information and advice on managing your baby's NG tube once you return home.

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 a 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 inserting a NG tube is a responsibility and, may at first, be a new and challenging skill. It is important that before leaving hospital you are happy with all aspects of your baby's care.

Key points

- A 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
- It is made of very soft plastic and can be used for up to 6-8 weeks
- The NG tube has 2 ports and black marks on the NG tube indicate the depth required to reach the stomach
- To aid insertion the NG has a guide wire which is removed after insertion. **Never reinsert the guide wire when the NG tube is in baby**
- You can use the NG 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 and remove tube. Let baby rest and start again once they feel better
- After 2 unsuccessful attempts seek help (see page 2)



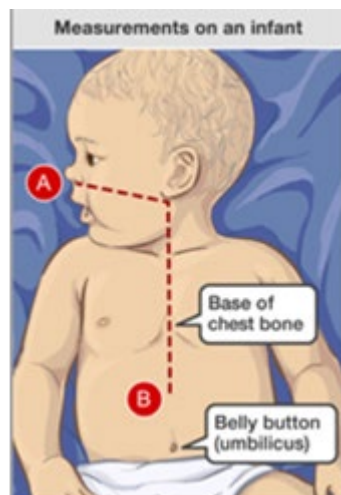
How to ... prepare to insert the NG tube

Gather the following equipment:

- NG tube with guide wire
- 20ml feeding syringe
- pH strips
- Pre cut pieces of tape-Duoderm (base tape) and Hyopfix for securing tube
- Water (sterile ampoules or cooled boiled water)
- Comfort measures-blanket or wrap for swaddling and a dummy if preferred
- Place all supplies within close reach.

How to ... measure the nasogastric tube

- Begin by washing hands
- With baby's face straight and looking up take the end of the tube that will be in the stomach
- Measure the distance from the nostril to the base of the earlobe to a half-way point between lower tip of breast bone (xiphoid process) and the belly button (umbilicus)
- With baby's face straight and looking up take end of tube that will be in stomach
- Measure the distance from the nostril to the base of the earlobe to a half-way point between lower tip of breast bone (xiphoid process) and the belly button (umbilicus). Note this measurement required to reach baby's stomach
- The measurement will change as your baby grows and needs to be checked each insertion. Write measurement on pg 2 of this booklet.



How to ... insert the NG tube

Allow 2 hours of space between last feed and NG insertion. **Never insert a tube directly after a feed to prevent milk going into the lungs.**

Follow these steps:

- Lie baby flat and swaddle baby in a blanket/wrap - this may help prevent baby from grapping the tube. Have a second person assist if possible
- Apply Duoderm base tape on baby's cheek
- Dip first 5-10cm of NG tube in the water (makes it easier to pass)
- Put approximately 3mls of water into the 20ml feeding syringe via the side port to flush the tube. Let it flow down and out the tube (to lubricate inside of tube and aid guide wire removal)
- Check the guide wire is lubricated by loosening it slightly but do not remove the guide wire yet
- Insert the end of the tube into the nostril toward back of the nose using gentle pressure. This may cause your baby to sneeze and gag. If it's difficult try the other nostril
- Continue to advance tube till you reach the right measurement (depth)
- You may need to secure NG temporarily with a small piece of tape to avoid baby pulling tube out
- If tube comes out baby's mouth pull it out and let baby recover and try again
- Be alert for accidental placement of NG into baby's tracheal (windpipe). If the NG is in the baby's windpipe baby may choke, cough or have trouble breathing. If this happens REMOVE it immediately. Let baby rest and try again.
- Once desired measurement is reached - remove the guide wire.
- Twist and pull the guide wire to remove it (kept in safe place after cleaning)

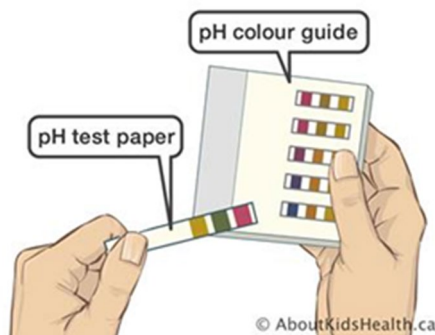
How to ... check the position of the tube

Check the position of the tube:

- When a new tube is inserted
- Before milk feeds and medicines
- When you are concerned the tube may have moved or come out
- If your child is choking, vomiting, coughing or having trouble breathing

Checking the position:

- 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



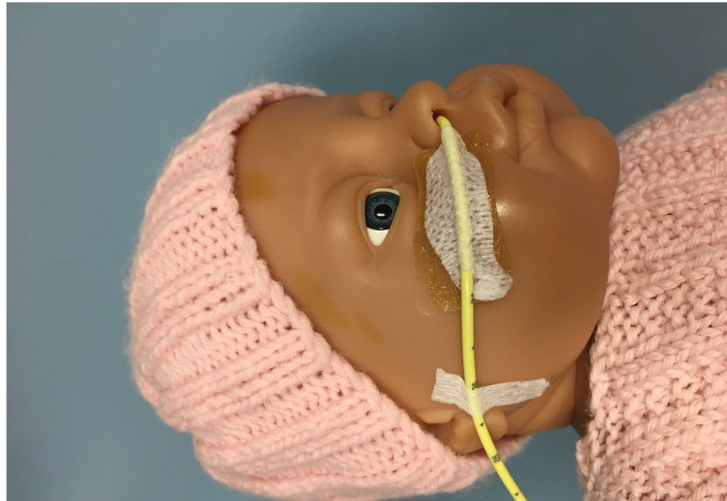
- Correct position is when the pH reading is equal or less than 5. It is then safe to feed
- When correct position confirmed tape NG with Hypofix tape to cheek and on top of Duoderm

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 seek help (pg 2)
- If measurement is correct - gently push 2 mls of air down the tube with a 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 if after hours attend Starship ED

How to ... tape the tube

- Cut tapes prior to insertion or change of tapes
- Cut a piece of Duoderm (base tape) like an elongated oval about 1/3 of the length of the cheek. Apply to a clean dry face near to the nostril but not occluding the nostril
- Cut the Hypofix slightly smaller than the Duoderm and make a small slit at one end
- Apply the Hypofix on top of the Duoderm starting at the nostril
- Cross over the slit ends
- Add a small piece of Hypo fix near ear



Where do I get equipment and supplies?

Equipment is supplied by your homecare nurses. 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 if over 24 hours

How to ... feed and care for NG tube

See information booklet Going Home With A Nasogastric Tube - Feeding your baby.

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 seek help (see page 2).

Tube accidentally 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 your Homecare nurse or seek help (see page 2)