

NASOGASTRIC TUBE (Corpack)

Newborn Services Discharge Planning



Information Booklet for Parents and Caregivers

Compiled by Newborn Services
National Women's Health
Auckland City Hospital

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Where to go for help?

Newborn Homecare Nurses
Monday to Saturday 8.00am - 4.30pm
Ph 307 4949 ext 25472 or
Cell 021 492 168 or 021 492 167

After hours NICU - speak to Clinical Charge Nurse Ph 307 4949 ext 24920 or
go to Starship Accident and Emergency

The NG measurement

_____cm date / / on discharge from NICU

_____cm date / /

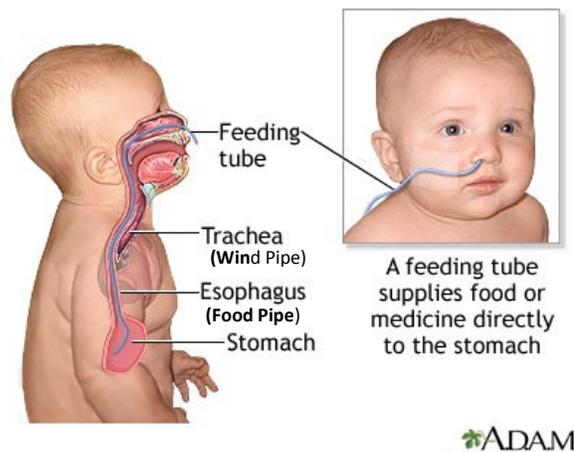
_____cm date / /

What is a Nasogastric Tube?

A nasogastric tube – often called an ‘NG tube’ – is a specially designed tube passed into the stomach through which your baby can be fed. Milk can be given down this tube and medications if necessary.

Although putting a tube in may be scary at first, most parents learn how to put down the NG tube while their baby is still in hospital.

Picture 1



Reasons for Nasogastric Tube Feeding

Lack of oral intake may result from a number of problems. Some being:

- Babies with a poorly developed suck.
- Babies with breathing problems.
- Babies with neuromuscular disorders.
- Long Term Tubes – Corpak.

These are yellow silk nasogastric tubes, made from a very soft plastic, which are designed to be used for up to 6 - 8 weeks.

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

Who can insert and do NG tube feeds?

Only parents or caregivers that have had education.

NG Tube Insertion

Equipment

Gather the following supplies:

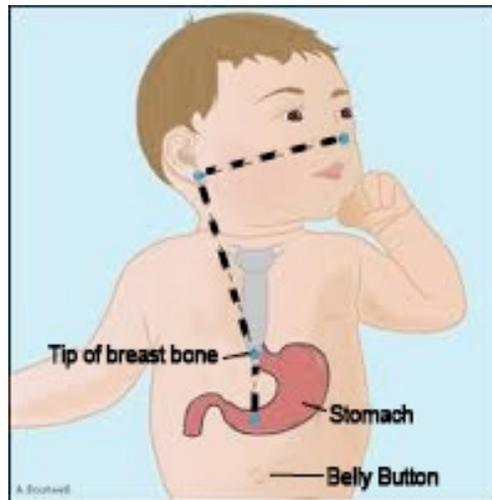
- ✓ Tape (e.g: - Hypafix)
- ✓ Scissors
- ✓ Feeding syringe (30ml or 50ml)
- ✓ Feeding syringe adapter
- ✓ Size 6 NG tube
- ✓ 10 ml ampoule of sterile water
- ✓ A blanket for swaddling your baby
- ✓ PH specific testing strip

Measuring the NG tube

As the oesophagus or food pipe runs next door to the trachea or the wind pipe it is essential to check the position of the tube **after passing and always before you give milk or medicine** to your baby. The measurement will change as your baby grows and needs to be checked each insertion- document on the front page the measurement required to reach the stomach.

- **Begin by washing hands.** Cut required tapes – hypafix.
With the baby's face straight and looking up, take the end of the NG tube that will be in the stomach and:
 - Measure the distance from the nostril to the earlobe to a point half way between the lower tip of the breast bone (Xiphoid process) and the belly button (umbilicus). (see Picture 2). Note this measurement. This is how much of the tube that must be inserted in order for it to reach the stomach.
 - Check your measurement more than once to ensure correct length for placement.

Picture 2



Inserting the NG tube

Allow 1 - 2 hours of space between last feed to make sure that stomach is empty to prevent milk entering the lungs. **NEVER insert a tube directly after a feed.**

- Swaddle your baby with a blanket; this will help comfort your baby and prevent him/her from grabbing at the tube while you are inserting it. Giving your baby a pacifier and having a second person may also assist.
- Dip the end of the NG tube into sterile water ampoule to lubricate it.
- Close the side port and attach the feeding syringe with the adapter to the port with the stylet.
- Lubricate the inside of the tube by flushing approximately 3mls of sterile water (squeezed from the ampoule) into the syringe and down the tube and then remove the syringe and adapter.
- Gently insert the tube into the nostril and toward the back of the nose using gentle pressure. This may cause your baby to sneeze. If it is difficult to pass, withdraw the tube and try the other nostril.
- Watch your baby's colour throughout the tube insertion - if baby becomes blue, chokes or coughs excessively – remove tube. Try again

when your baby is settled. After **two unsuccessful attempts** contact the Newborn Homecare Service or NICU after hours.

- Stop inserting the tube when you reach the right measurement.
- Remove stylet. (Later clean stylet with warm soapy water, place in a bag and keep in a safe place for future use).

Warning: never put back the stylet when the tube is in baby

Check NG position by:

- Aspirating stomach contents by gently drawing back with the feeding syringe and testing the fluid with pH specific strips. Correct position is confirmed when the pH reading **is less than or equal to 5**.
- **Or** you are able to aspirate at least 3mls of milk after your baby has had a sucking feed.

No aspirate?

Check measurement of tube. If correct push 3mls of air down the tube with feeding syringe and aspirate again.

Still no aspirate

Babies having sucking feeds (breast or bottle)-feed baby and aspirate contents again.

No aspirate and baby unable to take sucking feed

Remove and reinsert NG tube (if you are able) or ring Newborn Homecare Service or NICU after hours.

- Once you are sure about the position of the tube-check the measurement again and secure tube well to face with Hypafix.
- Your baby may need hand mittens to prevent him/her from pulling tube out.
- Replace any lifting tape straight away to avoid baby pulling out tube.

Feeding Your Baby

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

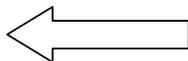
Gather your supplies

- ✓ Breast milk or formula that is warmed to room temperature
- ✓ Feeding syringe (30ml or 50ml)
- ✓ Syringe adapter
- ✓ PH specific strips
- ✓ 10ml ampoule of water

For each feed assemble equipment and preferably hold baby elevated for all tube feeds.

- Wash hands carefully to prevent the spread of germs. Make sure you can see your baby's colour and position of tube – **turn a light on at night.**
- **Check position of tube** - aspirate stomach contents by gently drawing back with the feeding syringe and testing fluid with pH specific strips. Correct position is confirmed when the pH reading is **less than or equal to 5.**
- **Or you are** able to aspirate at least 3mls of milk after a sucking feed.

No aspirate?



See instructions on page 6

- Once you are sure about the tube position-add the appropriate amount of milk via the feeding syringe and adaptor.
- Syringe feeding is run by gravity so the higher it is placed the faster it will run. Normally feeding should take about 20 minutes. Lower the syringe if the feed is running too fast. If the feed is not going in, take the syringe plunger and gently push down on the syringe slightly (you may feel a little resistance) and then remove the plunger.

- Feeding time is a social time. Hold, talk, and look at your baby. Your baby may also like a pacifier during the feeding to encourage the normal sucking reflex.
- After giving feed and/or medications, the tube should be flushed with approximately 3mls of sterile water (squeezed into feeding syringe) to prevent tube blocking.
- Check that all ports are tightly closed after feed.

Administration of medications via NG tube

Medications may be given through the NG tube. They should be drawn up in appropriate sized syringe (e.g: 1 or 2 ml) and administered into the feeding syringe. This must be followed with approximately 3mls of water flush (squeezed from ampoule) to ensure all the medication is in the stomach and tube flushed to prevent blocking.

Cleaning Equipment

Wash syringes in hot soapy water, rinse and soak in sterilising solution (e.g: Milton) for the recommended time.

Change syringes weekly or earlier if it becomes hard to push the plunger.

Clean stylet with warm soapy water and place in a clean plastic bag.

Store opened sterile water ampoules in the fridge and discard if over 24 hours old.

PROBLEMS / TROUBLESHOOTING

Choking or difficulty breathing - Stop feed immediately, place baby on side and clear baby's airway. Check position of tube with pH testing paper before commencing feed (see pg 6).

The NG may require changing because it is in the wrong position. If choking and breathing difficulty continues dial 111 emergency.

Blocked Tube indicated by slow or no flow. Gently flush tube with 3mls of sterile water to unblock. If unable to unblock, contact your Newborn Homecare nurse or NICU after hours.

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

Tube accidentally falls out or infant pulls NG out.

If not due for replacement, the tube can be re-used for the baby. Wash with warm water, and rinse with water inside and out and dry naturally. Contact Home care nurse or NICU for advice if needed.

Perforated tube (breaks)

On rare occasions a tube may break. This is prevented by always flushing with water prior to removing the stylet and never inserting the stylet when the tube is in infant.

Information Sources

Nasogastric and NasoJejunal Tube Management – Paed. ADHB Clinical Practice Manual. June 2011

Clinical Practice Committee: July 2011

Viasys Healthcare Medsystems. Enteral feeding Tube with Stylet.

Nasogastric Tube Feeding. Neonatal Unit. John Radcliffe Hospital, Oxford (2011)