

After your child's NasoGastric (NG) Tube Discharge Information

Children's services

This leaflet provides information and advice following the insertion of your child's nasogastric (NG) tube. It is important that you are aware of what problems you may experience following discharge and when you should seek advice. You will be shown what to do and told how to get the equipment you need.

How to care for the NG tube:

- To prevent infection, always wash your hands well, before and after touching the tube or after giving feeds and medicines.
- Your child's tube will be secured onto their face with soft tape. They will also have a soft dressing applied directly to their cheek to prevent the skin from becoming sore. This tape needs to be changed whenever it becomes wet, dirty or loses its stickiness. Your ward nurse will show you how to do this.

Before feeding/giving medication:

Checking tube position:

- When your child's NG tube is inserted in hospital the measurement by your child's nostril will be written down.
- Before using the tube, check that the tape is still secure and not loose.
- Before using the tube, check the measurement by your child's nostril on the tube is the same as when the tube was first put in. Your ward nurse will show you how to do this.
- You will need to aspirate the tube (attach a 60mls purple coloured 'oral/enteral' syringe to the end of the tube and withdraw some stomach contents) and check pH before flushing, feeding or giving medication. This is to check that the NG tube is in your child's stomach. Your ward nurse will show you how to do this.

Flushing and Feeding:

- The NG tube should only be used for prescribed feed, water or medication.
- Before using the NG tube check the tube position (as advised above)
- Make sure the prescribed amount of water (at least 10mls of water) is flushed through tube using a stop/start action after feed and medications.
- Medicines given should always be in liquid form (as prescribed).
- Tap water should be used unless otherwise indicated.

- If tap water is not used, you should use water that has been boiled and cooled to room temperature. This water should be stored in a lidded container/bottle in the fridge for no longer than 24 hours.
- Unopened bottles of feed may be stored in a cool dark place, away from direct sunlight. Once opened, bottles should be stored in the fridge.
- Any opened feed that has not been used within 24 hours should be thrown away.
- A feeding set cannot be used for longer than 24 hours.
- Keeping your child upright when feeding will help prevent acid coming up from your child's tummy which could cause pain and also reduce the risk of your child vomiting.
- Your child should not lie flat for 30 minutes after feeding has finished.

NB It is recommended that 60mls syringes are used when flushing and aspirating the tube. Sterile water is not necessary.

If your NG tube comes out accidentally:

- If your child's tube comes out accidentally contact your children's community nurse or the hospital ward you were discharged from as you may need to have another NG tube put in.

If unable to aspirate the tube:

- If you cannot get any stomach contents out of your child's NG tube try the following:
 - Change your child's position to move fluid level in the stomach
 - Put 1-5mls of air down the tube to clear any debris.
 - If your child is able to give them a drink or something to eat and re-check the tube after this to see if you can get an aspirate.
 - If you are still unable to get an aspirate contact your children's community nurse or the hospital ward you were discharged from for advice.

If aspirate is above 5:

- If your child's pH of aspirate is always above 5 because of medications they may be taking (i.e Ranitidine) and you are not worried that your child has been coughing, vomiting or wretching, if the length at the nostril is the same measurement it is ok to feed your child/administer medication.
- If your child's pH of aspirate is usually below 5, if they are able to, give them a drink or something to eat and re-check the pH of the aspirate after this to see if you can get an aspirate below 5.
- If the aspirate is still above 5 contact your children's community nurse or the hospital ward you were discharged from for advice.

If the NG tube blocks:

- If the tube blocks, water (cold or warm) can be used to try and unblock the tube. Use a push/pull action with a 60mls syringe to try and unblock the tube.

- A smaller gauge syringe can be used to try and unblock a tube – reasonable caution needs to be taken when applying pressure with a smaller gauge syringe to prevent any tube damage.
- If unable to unblock the NG tube contact your children's community nurse or the hospital ward you were discharge from for advice.

How to get supplies

Feeds/Delivery sets/Pump and other equipment

- When your child leaves hospital you will be given the equipment you need to feed and your nurse will explain how you get equipment in the community. This will be from a home delivery company.
- If required, a feeding pump will be supplied by the hospital. You will be taught how to use the pump by your nurse on the ward.
- The GP should send the prescription for the special milk to the company, so that the feed can be delivered each month.
- If you choose to continue to collect feeds from a local chemist, then the other equipment can still be delivered by the company.
- If your child is on a bolus feed discuss with your local Community Services how this equipment will be ordered for your child.

Waste Disposal at Home

- Ask your children's community nurse how you get rid of used equipment and any feed that is left.

What to do if you have you any questions?

- If you have any questions these can be answered by the nurse on the ward. After you go home, these can be answered by your children's community nurse. It is sometimes a good idea to write them down.

Checklist for healthcare professionals and parents for minimising risk of overnight continuous NG tube feeding:

- The child should sleep in the same room as the parents/carers OR a suitable alarm or monitor should be fitted in child's room.
- The child needs to be positioned at a minimum of a 30 degree angle, preferably using a wedge or sleep system as recommended by an Occupational Therapist or Physiotherapist.
- Feeding regimes should be reviewed regularly as the child grows and develops, especially at the stage where movement during the night is likely to change.
- The feeding pump should be positioned at the top end of the cot or bed with the giving set threaded through the bars of the cot not dangling over the top.

Contact Details

Monday to Friday between the hours of 9am to 5pm

Please contact your child's community nurse or telephone the ward that you were discharged from.

Contact number community nurse:

Contact number ward:

Outside the hours stated above:

Please telephone the ward that you were discharged from.

Contact number:

For further information

The Patient Advice and Liaison Service (PALS) can offer on-the-spot advice and information about the NHS. You can contact them on freephone 0800 032 02 02 or e-mail northoftynepals@nhct.nhs.uk

Useful websites

If you would like further information about health conditions and treatment options, you may wish to have a look at the NHS Choices website at www.nhs.uk. On this website there is an information prescription generator www.nhs.uk/ips which brings together a wealth of approved patient information from the NHS and charity partners which you may find helpful

Patient Name (Print)

Has had an NG tube inserted

NG tube Manufacturer:

NG gauge:

NG length at nostril:

Date of Insertion:

See dietitian's plan for feeding regime

Discharge nurse (signature)

Discharge nurse (print).....

Parent/carer (signature)

Parent/carer (print).....

Date.....

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