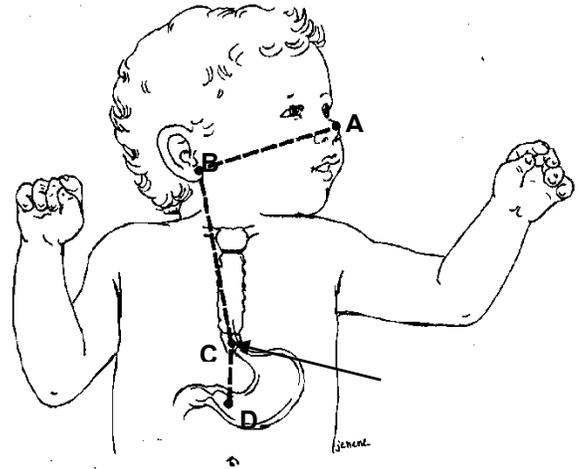




Nasogastric Tubes Insertion and Feeding (NG Tube with a Guide Wire)

Nasogastric tube feedings are used for infants and children who are not able to take in enough calories by mouth. Tube feedings are also given to older children who cannot eat by mouth. The tube is inserted into the nose or mouth and slid into the stomach. The formula is then put into the tube and flows through it into the stomach. A nasogastric tube with a guide wire is a soft silicone tube that may be left in place for up to a month. Because the tube is soft, it is less likely to irritate the nose, throat and esophagus.



Picture 1 Measure to find out how far the tube should go into the abdomen. (A+B+C+D = the total length the tube is inserted.)

You Will Need

- Feeding tube with guide wire
- Large safety pin
- Formula prescribed by your doctor
- Stethoscope
- Water soluble lubricant (K-Y® Jelly or Surgilube®)
- Luerlock® syringe - 60 mL.
- Scissors
- Measuring container and spoon
- Tape (1-inch cloth or paper tape)

Preparing to Place the Tube

1. Wash your hands.
2. Pour prepared formula into the measuring container and stir. Place the container in a pan of hot water and let the formula reach room temperature.
3. Cut a 2-inch piece of tape. Then cut the tape lengthwise to the middle. Place the tape over the bridge of the child's nose, keeping the lower piece free to wrap around the tube after it is placed.

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Preparing to Place the Tube, continued

4. Place the end of the NG tube with the 2 small holes in it at the tip of the child's nose and measure to his ear lobe. Then from that point on the tube, measure down halfway between the tip of the breastbone and the navel (belly button). Mark the tube at this point with a piece of tape (In picture 1, page 1, A+B+C+D = the total length the tube is inserted). The tape will let you know how far to insert the tube to reach the stomach.
5. Place the child in a sitting position. An infant should be placed on his or her back with the head of the bed raised. You may need to wrap your baby in a blanket to keep his arms down during the procedure.

Placing the Tube

1. Dip the end of the feeding tube into about 3 inches of water to lubricate it (make it slippery).
2. Put the tube slowly into the nose, aiming toward the ear lobe. Using gentle pressure, keep inserting until the tape-marked place on the tube reaches the outside of the child's nose. If the tube does not go in easily, remove it. Reposition the child, wet the end of the tube, and try again. The tube may go down easier if you have an infant suck on a pacifier or an older child drink small sips of water.
3. After the tube is in place, carefully remove the guide wire. Use the free end of the tape on the child's nose to keep the tube in place (Picture 2). A taping device in the package may be used instead of the 1-inch cloth or paper tape.
4. Check the placement of the tube (See below.)
5. The tube may be coiled up and taped to the child's back. Or you may use a large safety pin or tape to secure the tubing to the child's clothing.



Picture 2 The NG tube in place.

How to Check the Placement of the Tube

You must check to make sure the tube is in the stomach each time before a feeding:

1. Pull back on the plunger of the syringe to draw up 5mL of air.
2. Place the syringe on the end of the NG tube while the other opening is capped off.
3. Place the stethoscope over the child's stomach (upper left side of the abdomen).

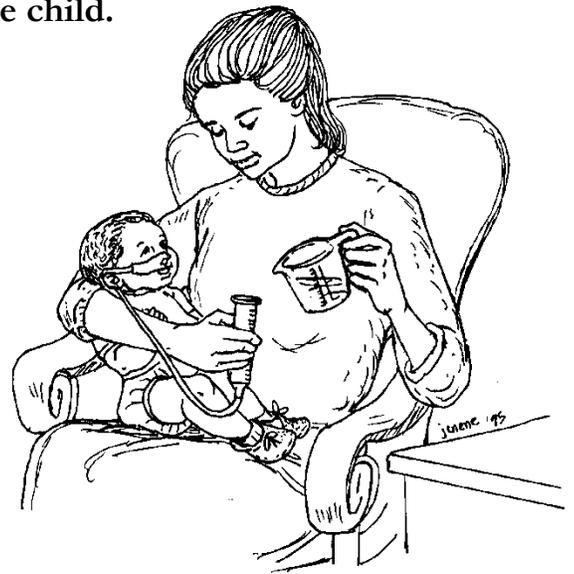
How to Check the Placement of the Tube, continued

- Inject the air into the tube and listen for a "whoosh" sound. This sound will tell you the tube is in the right place. If you do not hear this sound, remove the tube and repeat the steps in Placing the Tube and steps 1 through 4 of How to Check the Placement of the Tube.
- If you hear the "whoosh" sound, the tube is in the stomach. Hold the tube in place and gently pull back on the guide wire to remove it. Throw away the wire. **Never put the guide wire back into the NG tube after the tube is in the child.**

Feeding Your Child

After you check the placement of the tube, you may feed your child.

- Test the temperature of the formula by dropping a few drops on the inside of your wrist. It should feel warm, not hot.
- Choose a comfortable chair and hold your child while feeding him (Picture 3).
- Remove the plunger from the syringe.
- Put the tip of the syringe into the open end of the feeding tube. Keep the other end capped.
- Hold the tip of the syringe no higher than 10 inches above the child's head. The height of the syringe affects how fast the formula goes in. Holding it higher than 10 inches may make the stomach puffy and the child may vomit.
- Pinch the tube while you pour the formula into the syringe.
- Release the tube and let the formula enter the stomach slowly. Keep adding more formula as the syringe empties (Picture 3). Feed your child slowly over 15 to 20 minutes.
- If the formula does not flow, change your child's position. If the formula still does not flow, put the plunger into the syringe and gently push enough to start the formula flowing again then remove the plunger.
- You may give your child a pacifier to suck on during feedings.
- If your child begins to vomit during the feeding, keep the child's head upright, face turned to the right side, and stop the feeding immediately. **Wait until the vomiting stops before you start the feeding again.**



Picture 3 Hold your baby while feeding.

Note: Some children cannot handle 20-minute feedings given by syringe. (The formula goes in too fast, making the child vomit.) If your child has trouble with syringe feedings, your doctor may order continuous feedings using a special pump. The pump slows down the rate at which the formula goes in. If your child needs a pump, a nurse from the equipment supply company will teach you to use it.

After the Feeding

1. Pour 5 to 10 mL of water into the syringe after giving the formula. The water helps clear the tube to prevent clogging and decreases the chance of infection.
2. Remove the syringe. Place the cap on the tube.
3. Infants should be burped after every 2 to 3 ounces and after feedings.
4. If you put your child to bed after the feeding, put him in bed on his **right** side. This lets the formula follow the normal course of the intestinal tract.
5. Raise the head of the bed 30 degrees. This can be done by placing a pillow **under** the mattress.
6. If your child begins to vomit, turn your child's head to the side and unclamp the tube.

Cleaning the Equipment

1. Place a clean paper towel on a tray.
2. Rinse the syringe, spoon and measuring container with cold water. Then wash them in hot, soapy water. Rinse and dry.
3. Place the clean items on the tray.
4. Cover with a paper towel and store in a cupboard out of the reach of children.

Removing the Tube

1. To remove the tube, loosen the tape, pinch the tube, and gently pull the tube out of the nose.
2. Place the tube in the other nostril when you replace it.
3. Change the tube once a month, unless it becomes clogged, dirty, or damaged.

Other Information

- If the doctor has ordered liquid vitamins, drop them into the tube along with the formula.
- Never change the baby's formula or give more than your doctor ordered.
- If your child's still seems hungry, ask your doctor for advice on increasing feedings.
- If your child's abdomen becomes puffy, unclamp the tube. The unclamped tube can be attached to a 60-mL syringe. Wait 1 hour. If the abdomen is no longer puffy, re-clamp the tube. If the abdomen is still puffy, call your doctor.

If you have any questions, be sure to ask your doctor or nurse, or call _____.