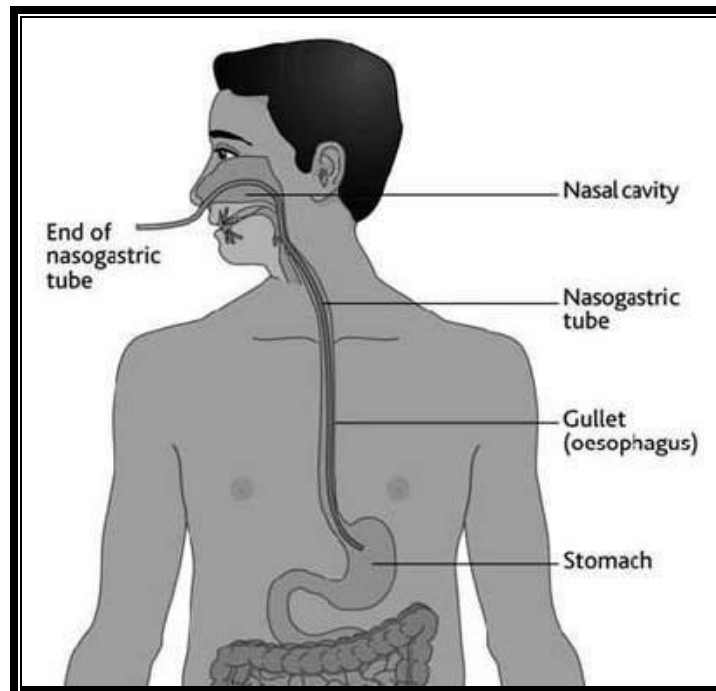


CHILDREN'S MEDICAL CENTER DALLAS

PATIENT/FAMILY INSTRUCTIONS FOR NASOGASTRIC (NG) TUBE INSERTION

Your child will need tube feedings at home. The feedings will supply your child with nutrients. Your child may still eat by mouth and get nutrients that way as well. You may have questions or concerns about doing this. Feel free to ask questions and discuss your concerns with your child's nurse or doctor. It is important that you feel comfortable as possible providing this care. Your child's nurse will teach you about the feeding tube.

The feeding tube is also called a nasogastric tube (NG). The tube goes from the nose (nasal) to the stomach (gastric).



The supplies you will need:

- Feeding tube (NG)
- Lubricant (water soluble, such as K-Y jelly)
- Tape, ½ inch
- Occlusive dressing/Tegaderm
- Syringe (10cc)
- Stethoscope
- _____
- _____

MEASURING HOW FAR THE TUBE WILL GO DOWN

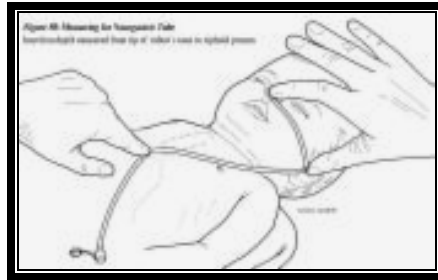
Before you start, gather all the necessary supplies.

1. **Wash your hands.**
2. Examine the tube for any rough edges.



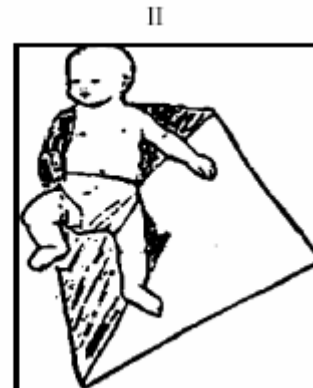
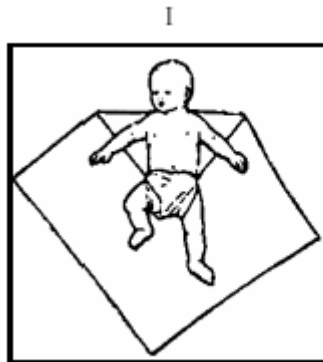
You will determine the correct amount of tube to insert.
Please repeat these steps **each** time you insert the NG tube.

1. Place the tip of the NG tube to the tip of the nose, then move the tube to the ear.
2. From the ear, move the tube to the base of the chest bone.
3. Then move the tube from chest bone to the belly button. Use the tape to mark the spot halfway from chest bone to belly button. This is how far you will need to insert the tube.



PLACING THE TUBE

1. Place the lubricant on the end of the tube. [If you are using a polyurethane tube, place the end of the tube in a glass of water for few seconds, this will allow the stylet (an internal guiding flexible rod) to be removed easily. Your nurse will review this with you]
 - a. Older child can sit up for this procedure
 - b. Infants will need to be wrapped in a blanket (see picture) to hold their arms steady and out of the way.



2. Move the tube through one of the two nostrils (nose openings) directing it toward the back of the throat as you move it.
3. Your child will start to swallow, keep advancing the tube. Keep advancing until you have reached the marked spot (the tape marking).
 - For infants, you can give your child a pacifier to suck during the procedure.
4. Your child may gag, cough, cry or sneeze while you are trying to insert the tube. This is normal. This is expected. **BUT IF YOUR CHILD CANNOT BREATHE, BECOMES BLUE OR SOUNDS HOARSE REMOVE THE TUBE AND LET THEM REST.** Try again.
5. **NEVER ADVANCE THE TUBE IF YOU MEET RESISTANCE.**
6. After the NG is placed, tape it to your child's face close to their nose so that the tube will not easily come out.

TAPING THE TUBE TO THE FACE TO HOLD THE TUBE IN PLACE

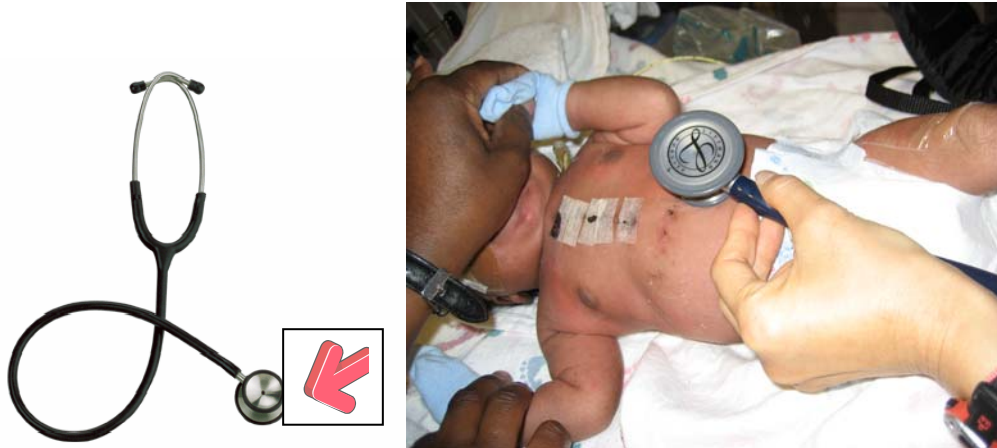
1. Make sure the face is dry. The tape sticks best on dry skin.
2. Place a small, narrow piece of tape as near to the nose as possible. The tape will cross over the top of the tube looking almost like an X or T.
3. Place a second small narrow piece of tape on the cheek. The tape will cross over the top of the tube looking almost like an X or T.
4. Position the tube behind the ear and tape the tube again with a small narrow piece of tape over the tube behind the ear as best you can.



CHECKING FOR PLACEMENT

The tube should now be in the stomach. You will now need to check for placement (to make sure the tube is in the stomach and not in the lungs).

1. Get a 10cc syringe and fill it with 3-5cc of air.
2. Attach the syringe to the end of the tube.
3. A stethoscope is also used to listen for a “growling” noise. When you push the air out of the syringe & into the stomach it will make a “growling noise”.
 - You will need to place the stethoscope (see red arrow) over the stomach area (left abdominal area)



Also, you can check for placement by gently pulling on the plunger of the syringe to check for stomach contents. Replace stomach contents. **SOMETIMES STOMACH CONTENTS ARE NOT WITHDRAWN.**

REMOVING THE TUBE

1. Check with the doctor when the tube can be removed.
2. Disconnect the tubing from the feeding equipment. Be sure the feeding is done.
3. Clamp the tube off. You can pinch the NG feeding tube or cap the end of the tube.
4. Remove the Tape.
5. Gently but quickly pull out the NG tube from the nose.
6. You can clean the nose and face now.

HINT: Sneezing and coughing are common after NG Tube removal.

MORE CARE INSTRUCTIONS

REMOVING THE TAPE-CHANGING THE TAPE

Gently pull/remove the tape while

1. Holding the tube in place.
2. Gently pull on the tape until it comes loose.

CLEANING THE FACE AFTER THE TAPE IS REMOVED

1. Clean the skin on the upper lip and around the nose using mild soap and warm water.
2. Dry well.
3. Reapply the tape.
4. Check the NG tube is still in place to be sure it has not moved during the re-taping or cleaning.

TIPS TO HELP KEEP YOUR CHILD FROM PULLING THE TUBE OUT

1. Keep the tubing behind the ear and tape it well.
2. Keep the tubing down the child's back under their clothing.
3. Cover a baby's hands with mittens, socks, or sleeves, especially at night.

CLEANING INSTRUCTIONS

The NG tube should be cleaned after it is removed or comes out if it will be used again.

The tube is now out of the nose and stomach.

1. Attach a syringe filled with warm water and dish soap to the NG tube
2. Push the soapy water through the NG tube
3. Repeat this 2 to 3 times until all of the formula is gone.
4. Push warm water through the NG tube several times until all of the soap is removed
5. Hang the NG tube up so that any left over water can drain out and the tube can dry.

ORAL STIMULATION

Your child will need oral stimulation. These are activities to help keep the lips and mouth moving normally when the patient is not completely eating or drinking by mouth. The nurses, Child Life Specialist and speech therapist can all help give your child activities appropriate for his/her age.

ORAL CLEANING

1. Clean your child's teeth and gums at least twice a day.
2. You will **need at least one** of the following supplies for cleaning:
 - Cotton tipped applicators (Q-tips)
 - gauze pads
 - sponge-tipped toothbrushes
 - a finger brush or a soft toothbrush.
3. Petroleum jelly (Vaseline) or a similar product made for the lips can be rubbed on the lips to prevent dryness. Do not use products with petroleum if your child receives oxygen.
4. Toothpaste with fluoride is recommended for children over the age of two.

MEDICATIONS

Many medications can be given through the NG tube but they must be in a liquid form.

1. Always check placement of the tube before giving any medication.
2. Fill a clean syringe with the amount of medicine to be given.
3. Connect this syringe to the NG tube and push the plunger of the syringe until all of the medicine is in.
4. Push 5 to 10 cc of water into the NG tube to clear all of the medicine out of the tubing and make sure it gets into the stomach.
5. Close the end of the NG tube.
6. Do not add medications to the formula.
7. Do not crush any medications without checking with the pharmacist first.
8. Never crush coated or time-released capsules or tablets.

FEEDING PLAN

Your child's physician, nurse practitioner or dietitian will tell you what formula to use and how often to feed your child. The nurses will show you how to feed your child.

SIGNS AND SYMPTOMS TO REPORT

1. Choking or coughing during or after feedings, gurgling sounds when breathing
2. Vomiting
3. Watery, loose stools
4. The size of your child's belly becomes suddenly larger
5. Stomach pain (babies will cry out and pull their legs up to their stomach)
6. Trouble inserting the NG tube
7. Problems with the formula itself or giving the formula to your child
8. Redness or blisters around where the NG tube is taped
9. Signs of dehydration:
 - a. Dry lips
 - b. Few or no tears present when crying
 - c. Decreased urine output (less than 6 wet diapers for infants or using the bathroom less than every 8 hours in older children)
 - d. Sunken eyes and soft spot on baby's heads
 - e. Sleeping longer than normal, hard to wake up, extra tired
 - f. Confused or "out of it"
 - g. Dizzy or lightheaded

IMPORTANT INFORMATION:

Child's Doctor/Nurse Practitioner: _____

Phone Number: _____

Home Health Company: _____ Phone _____

Supply (DME) Company: _____ Phone _____

Formula: _____

Amount of Formula per Feeding: _____

Feeding Times: _____