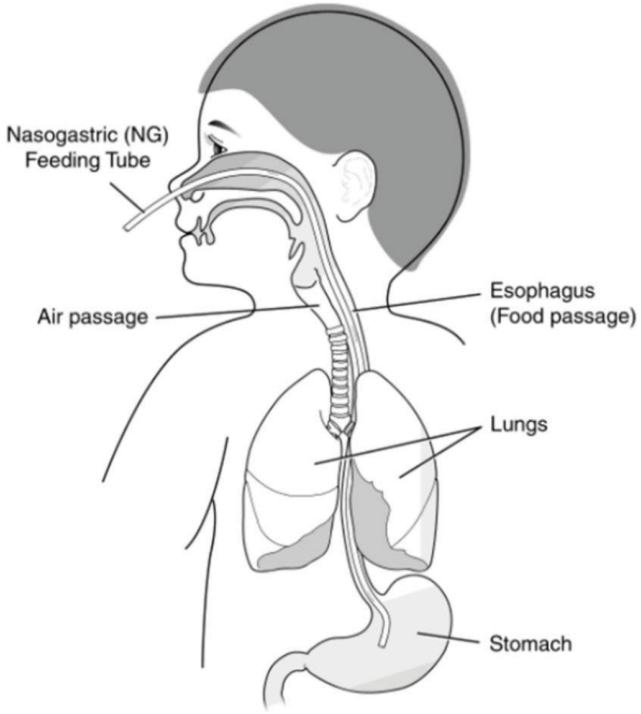
Parent Education for Feeding Tubes

Learning to care for a child with a feeding tube takes time and practice. Your child's nurse will teach you what you need to know. You will practice these skills many times in the hospital, so you feel comfortable when you go home.

There are different kinds of feeding tubes. One kind is a **nasogastric tube**. It is a thin, soft tube that goes into your child's nose, down the throat, and into the stomach. It is taped to your child's cheek, so it stays in place.

A nasogastric tube is also called an **NG tube** or a **feeding tube**.



Why does my child have an NG tube (feeding tube)?

A nasogastric tube is sometimes needed for:

- Sucking and swallowing problems
- Unable to get enough food by mouth
- Has a hard time taking medicines
- To prevent nausea and vomiting
- Prematurity
- To conserve calories for babies with heart problems
- Infant or child who is not growing well

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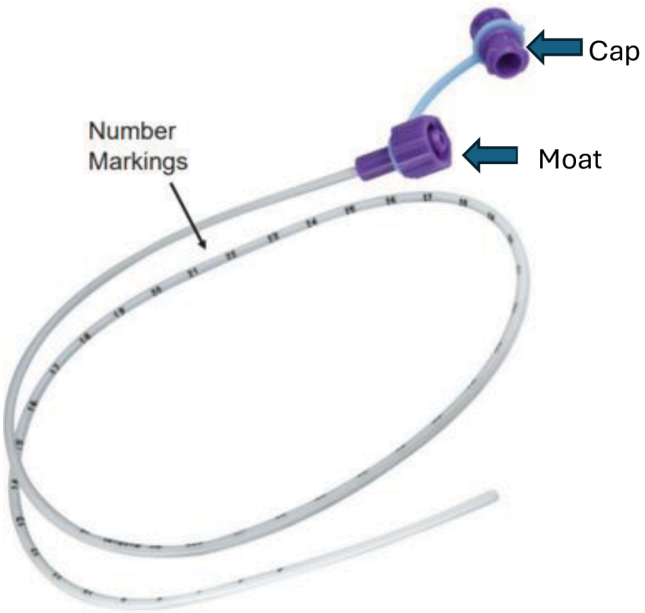
Feeding Tube Parts

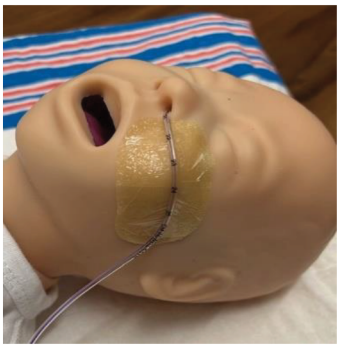


Caring for the NG Tube (Feeding Tube)

General Information

- Always wash your hands well before touching the NG tube or giving food or medicine.
- Always make sure the tube is in the right place before you use it.
- Know what to do if the tube gets clogged or comes out.
- Keep the skin around your child's nose clean.

Skin Care



- Check the skin around the nose at least two times a day.
  - Look for more redness, pain, swelling, cuts, or fluid coming out. (A little redness is normal.)
  - Tell the GI clinic if you notice anything that worries you.
- Clean the area with warm water and gauze or part of a clean washcloth.
- Change the tape and Duoderm (if used) when needed to keep the tube in place.
- Your child can take a bath like normal, but do not let the tube or nose area go fully underwater. Keep the nose area dry.

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- If your child's nose is sore, move the tape to a different spot on the cheek to relieve pressure.
- You can put a tiny amount of lotion or Vaseline inside the nostril to help with irritation but use a small amount so that the tape doesn't come loose.

Checking Placement of the Tube — Checklist

Before Every Feeding or Medication

☐ Wash your hands.

☐ Make sure the tube is in the **correct place** before using it.

Step 1: Check the Mark

☐ Look for the mark on the tube where it comes out of the nose.

☐ Make sure the mark is in the **same spot** as usual.

Step 2: Measure the Tube

☐ Use a tape measure to measure the distance from the mark to the end cap.

☐ Make sure the length is the **same as before**.

Step 3: Check the pH

☐ Use a syringe to gently pull back a small amount of fluid from the stomach.

☐ Test the fluid with the pH paper provided.

☐ Make sure the pH is **6 or lower**.

☐ If the pH is **higher than 6, do not use the tube** and call your provider.

*The pH strips may be colors based on the home care company. Please use the instructions that the home care company has given you.

Flushing the Tube

- Flushing the tube with water helps keep it from getting clogged.
- You should flush the tube with 3–5 mL of water before and after every feeding and every medication.

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If the Tube Will Not Flush

- Try flushing with 3–5 mL of warm water.
- Do not push hard on the syringe to try to unclog the tube
- If the tube will not flush, call your provider.
- If your child coughs or gags, stop flushing the tube right away. Contact the provider as they may want to check the tube's location

Giving Medications

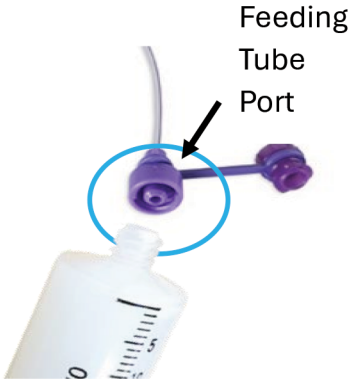
- You can give medications through the feeding tube using a syringe.
- It is best to use liquid medicines whenever possible.

If You Need to Give Pills

- Crush the pills and dissolve them in warm water so they do not clog the tube.
- Some pills cannot be crushed (such as enteric-coated or time-release pills).
- If you get a medicine like this or you are not sure, talk to your pharmacist, pediatrician, or the prescribing provider.

How to Give Medications

- Give each medication separately.
- Do not mix medications together.
- Do not put medications into the feeding bag.
- Some medicines have special instructions, such as taking them with food, without food, at certain times of day, or mixing them with more water.
- Always read and follow the instructions for each medication.
- **It is important to flush the tube after giving each medication.**



Feeding

There are different ways to feed a child with a feeding tube. You and your child's health care team will choose the best way for your child.

Feeding Schedule

- Before your child goes home, you will learn the feeding schedule.
- Your care team will help you choose the best times for feedings and medicines.

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Types of Feedings

- Bolus feedings are small feedings given several times during the day.
- Continuous feedings are feedings that run over a long time. The baby gets food slowly and is eating all the time.

Formula and Tube Feedings

- Breastmilk and formula can be used for tube feeding.
- There are many kinds of formula for tube feeding.
- Some formulas are ready to use.
- Other formulas need to be mixed using a special recipe.
- A nurse or a Dietitian will teach you how to mix the formula if needed.

Feeding Pump

- Feedings can be given by hand (using gravity) or with a feeding pump.
- A feeding pump helps control how fast the milk or formula goes from the feeding bag, through the tube, and into the stomach.
- The pump gives the milk or formula at a set speed.

A home care company will come to the hospital to teach you how to use the feeding pump at home.
You can also start learning how to use the pump before your child goes home.

Gravity Feeding

- In some cases, milk or formula can be given through a large syringe into the feeding tube.
- You control how fast the milk or formula flows by raising or lowering the syringe above the infant's stomach.
- If there is less than 15 mL of milk or formula left, you may give it by gravity

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Giving a Bolus Feeding on a Feeding Pump:

Supplies:

1. Formula (amount based on feeding instructions) + 15mL for priming the tubing
2. Feeding pump
3. Syringe, pH paper, and measuring tape to check placement
4. Feeding bag

Tube Feeding with a Pump Checklist

☐ Gather all supplies
☐ Wash hands with soap and water

☐ Help child sit up
  ☐ If not able to sit, place child on right side
  ☐ Raise the head of the bed

☐ Check NG tube placement
  ☐ Check mark or number at the nose
  ☐ Check with pH paper (if told to do so)
  ☐ Measure tube length if needed

☐ Pour milk or formula into feeding bag
☐ Close feeding bag and prime tubing

☐ Connect feeding bag tubing to NG tube

☐ Start feeding on pump
  ☐ Set correct amount: _____ mL
  ☐ Set correct time: _____

☐ When feeding is done, flush tube with 3–5 mL of water
☐ Disconnect tubing and place cap on tube

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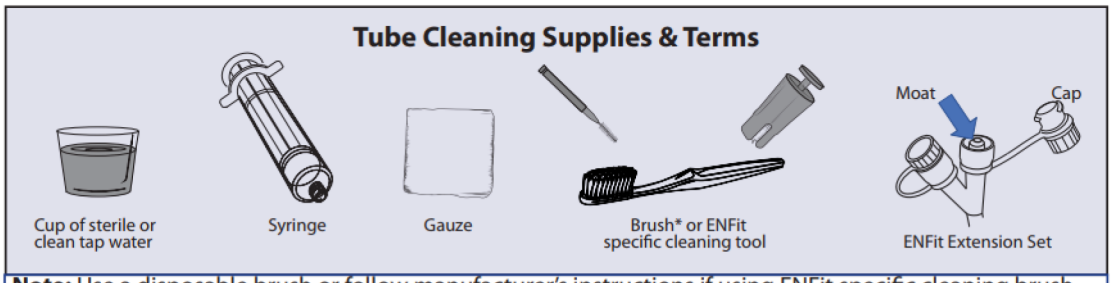
Cleaning the Equipment

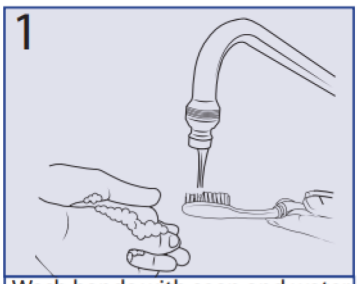
Wash the feeding bag and tubing with hot tap water after each use. Clean them at least every 4 hours or follow the instructions from the manufacturer. After washing, rinse the bag and tubing well and let them air dry. Replace feeding bags every 24 hours.

Cleaning the Moat on the Feeding Tube

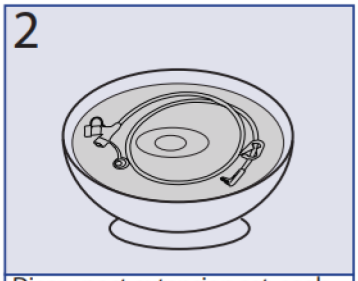
Use a small brush, such as a disposable toothbrush or interdental brush, with warm water to clean the connector and the cap. Scrub gently to remove any milk, formula, or medicine. Rinse with more water, then dry well with gauze. This helps prevent buildup and keeps the connection clean and safe.



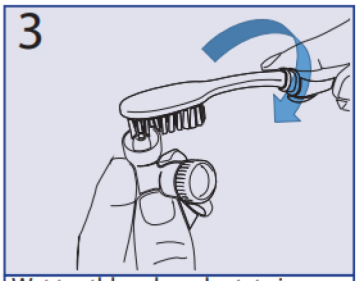
Note: Use a disposable brush or follow manufacturer's instructions if using ENFit specific cleaning brush.



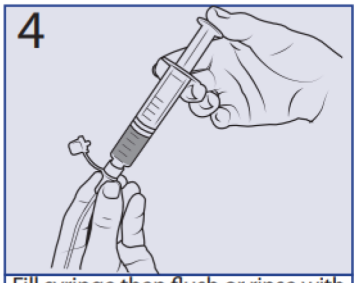
Wash hands with soap and water or use gloves. Rinse brush with tap water.



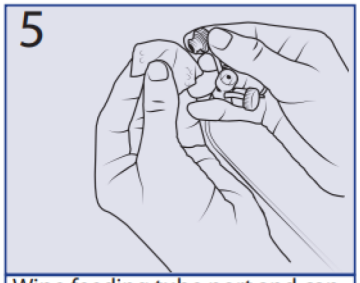
Disconnect extension set, soak in clean water or rinse under faucet for at least one minute.



Wet toothbrush and rotate in bottom of moat and grooves of cap for 15 seconds.



Fill syringe then flush or rinse with clean tap water.



Wipe feeding tube port and cap dry with gauze Clean supplies and allow to air dry.

Potential Problems

Leaking:

- If the tube is cracked or leaking, it will need to be replaced.

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Equipment problems:

- If you have problems with equipment, like broken clamps, worn-out connections, or pump issues, call your home care company.

Home Care Company Name: _____
Phone Number: _____

Tube falling out or is pulled out:

- If the tube comes out or is out further than it should be, it will need to be replaced.
- Children who need a tube for a long time may need the tube replaced multiple times. Tubes should be replaced at least every 8 weeks.
- If the tube falls out, replace it only if you were taught to by the hospital. Confirm placement using pH paper.
- Switch nostrils when changing the tube.

Important:

- If you have not been taught how to replace the NG tube, **do NOT try to put it back in yourself**.
- Contact your pediatrician or the GI clinic for instructions. **GI Clinic number:** 860-545-9560

When to Call the Doctor

Call your doctor if you notice any of these problems:

- The feeding tube is clogged and you cannot clear it using the steps above
- Signs of infection or a fever
- The tube is leaking
- Bleeding from the nose, in the stomach contents, or in the child's poop
- Belly pain, vomiting, or diarrhea
- New trouble passing gas or having a bowel movement
- Coughing during or right after a feeding (stop feeding immediately)

Emergency:

- **Stop feeding, remove the NG tube, and call 911 if your child is having trouble breathing, is choking, or turns blue.**

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Inserting or Replacing an NG Tube (feeding tube)

Supplies:

You will need:

- Feeding tube: Size _____Fr Length _____ cms
- Water-soluble lubricant
- Transparent dressing (Tegaderm)
- Scissors
- Syringe
- pH paper
- Skin barrier (Duoderm)
- Tape
- Black Marking Pen

NG Tube Insertion Checklist

☐ **Wash Hands**

- Wash your hands with soap and water before starting.

☐ **Gather Supplies**

- Have all supplies ready and pre-cut the tape.

☐ **Measure the Tube**

- Place the end of the tube at the tip of your child's nose and measure to the earlobe (A).
- From that point, measure down to the halfway point between the bottom of the breastbone and the belly button (B).
- Make a mark on the tube at this point with a marker.

☐ **Prepare the Tube**

- Dip the end of the tube in lubricant or water to make it slippery.

☐ **Position the Baby**

- Lay the baby on their back and swaddle to keep arms down.
- Let the baby suck on a pacifier to help calm them.

☐ **Insert the Tube**

- Gently insert the tube into the nose, aiming slightly downward until you reach the mark.
- If the tube does not go in easily, remove it, reposition the baby, and try again.

☐ **Check Placement**

- Remove the stylet if there is one.

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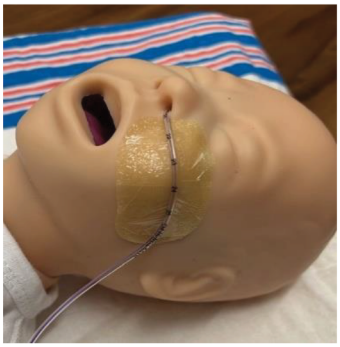
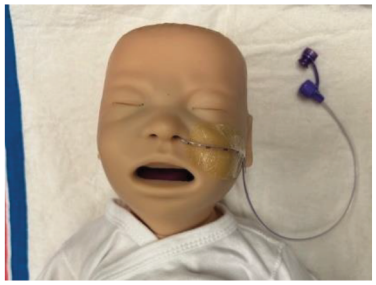
- Use a syringe to get some stomach fluid and check the pH.



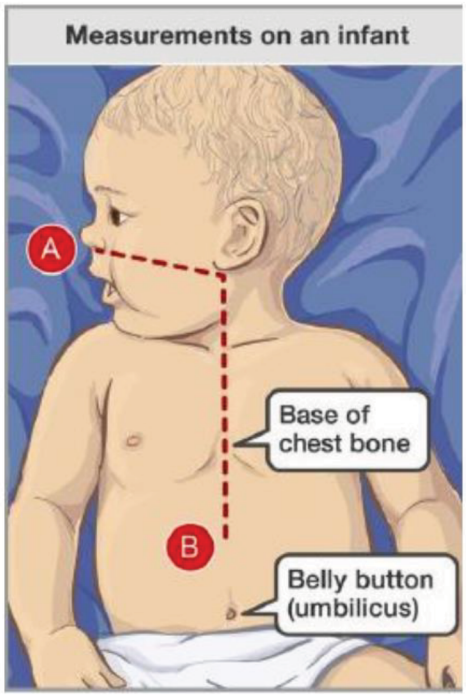
☐ **Secure the Tube**

- Place the skin barrier (Duoderm) on the child's face. Any tape you use will go on top of this skin barrier.
- Tape the tube in place using a small piece of tape and a transparent dressing (Tegaderm).
- Make sure the tube is not too tight at the nose.
- If it puts pressure on the nostril or cheek, remove the tape, reposition the tube, and tape it again.



☐ **Ongoing Checks**

- Check the tube placement before each feeding.
- Make a note of how far the tube is inserted every time.



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