

PARENT INFORMATION LEAFLET

# Going home with Nasogastric Tube Feeding Support

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The aim of this leaflet is to provide information and answer some of the questions you may have on feeding your baby using the nasogastric tube at home.

Your baby has made good progress and is now medically well and needs no intervention, except to establish oral feeding by mouth independently.

Research has shown that most babies are better at learning these skills when they are at home with their parents. However, while they are in the process of learning, they may still need the occasional top up feed by nasogastric tube. It is now possible for us to support this learning at home until your baby is completely orally feeding either by breast or bottle.

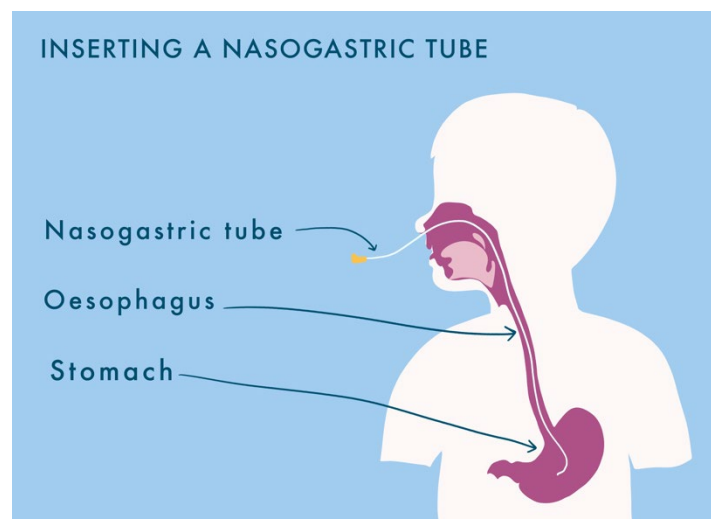
You will learn from the nurses how to safely use the nasogastric tube before your baby's discharge home. When you are home you will be supported by the Neonatal Community Outreach Nurses (NCOT), who will make frequent visits and provide you with feeding support according to your baby's progress.

Taking your baby home with a nasogastric tube does not mean you have to learn how to pass the tube unless this is something you want to do. If your baby is taking at least half of the required amount orally, then replacing the nasogastric tube is not an emergency. Continue feeding your baby by mouth in the meantime and contact your Neonatal Community Outreach Team (NCOT).

## What is a nasogastric tube?

A nasogastric tube (NGT) is a specially designed tube that allows milk to be fed directly into your baby's stomach. This tube is inserted into one of your baby's nostrils (nose), and passed down the back of the throat, through the oesophagus (food pipe) and into the stomach.

A nasogastric tube is often needed when a baby can't feed orally, this may be due to them being premature or other medical conditions. This is usually only a temporary method of feeding until your baby establishes breast or bottle feeding.



## What are the risks of having a nasogastric tube?

NGT feeding is used widely in the neonatal unit to support progress to oral feeding. With appropriate training, guidance and safety checks, nasogastric tube feeding is safe. However, no medical procedure is without some risk.

When the NGT is passed through the nostril (nose) into the stomach, there is a small risk it can go into the lungs. The NGT can also come loose if accidentally pulled or if the baby coughs or vomits.



## Why is it important to check the position of the tube?

It is important to check the position of the NGT before every feed to be certain that the tip of the tube is in the stomach. The most reliable way is by carrying out a pH test on the milk/fluid drawn from the tube. If the tube is in the stomach, the fluid will normally have a pH of 5.5 or below. If you get a pH reading of 6 or above- **do not** use the NGT- seek advice from a nurse or community outreach team before feeding. It may be that the tube has moved, or your baby is on a medication that is affecting the acidity of their stomach, such as Omeprazole.

### What you will need with you to do this:

- 5ml syringe to draw stomach content
- pH indicator strip to test the drawn fluid
- 20ml syringe for feeding
- Milk for top up (warmed).

### Step- by step guide in obtaining stomach content for pH measurement

1. Ensure your baby is in a safe and secure position to feed
2. Wash your hands and dry them thoroughly
3. Collect equipment needed (listed above) and open packets to get equipment ready to use. Do not touch the pH indicator strip squares as this may alter the reading
4. Check that the NGT position has not been moved. Look for the following:
  - The amount of visible tube – is it the same length as before? There are numbers on the NGT to guide you in this.
  - Is the NGT secure, has tape come off? Does the NGT slide easily within the tape?
  - Can you see the NGT in your baby's mouth?
5. Unscrew the NGT and attach the 5ml syringe to it. Gently pull back the syringe until you obtain some milk/liquid from your baby's stomach. This is called aspirating. You only need a minimal amount, about 0.2ml. It's usually thicker, more mucous than milk normally appears.
6. Place a drop of the liquid onto the pH indicator strip, covering the coloured squares. Wait 10-60 seconds until colour no longer changes. Check against the scale on the side of the container. It must be pH5.5 or less (this indicates acidity, which means the tip of the NGT is in the stomach).
7. When you are happy with the tube placement, you can now start feeding.
8. Remove the plunger from the 20ml syringe and attach the syringe to the NGT. Fill the syringe with milk. Do not overfill the syringe as if your baby cries or strains, the milk can be forced to overflow from the syringe.
9. Hold the syringe at the height of around 10cm above baby's nose, which allows the milk to flow gently down the tube. If the feed is stuck, you may need to gently apply a push with the plunger to get it restarted. Allow gravity to assist. The flow should be not too fast, and not too slow. Continue until the feed is completed.
10. Throughout the feed, observe your baby for signs of coughing, vomiting, and colour change, or if they are in distress. If this happens, lower the syringe to the height of your baby or kink the NGT; both will slow or stop the flow of milk down the NGT. When your baby recovers, continue with the feed by raising the syringe again or un-kinking the tube.
11. When the milk feed has been completed, allow the milk to run all the way down the NGT. Remove the syringe and recap the port.
12. Dispose of all used items of equipment appropriately in a safe manner and wash hands again.



## Quick guide to some common problems with stomach content sampling

### **Check the tube before every feed**

- Measure the external length
- Is it secured to baby's face?
- No coiling in the mouth

### **If you cannot get a sample:**

Turn your baby on to their left side and re-aspirate

Inject 1-2mls of air down the NGT gently

Offer a small oral feed of milk and wait 15 minutes and re-aspirate

**If you still cannot get a sample or aspirate is greater than pH5.5:**

**Do not feed**

**Seek advice**

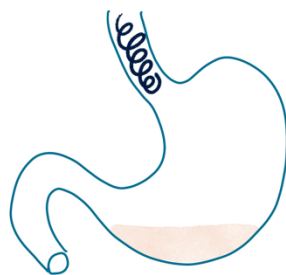
If you have been taught, remove the NGT and re-insert a new one

## Why you may not be able to get aspirates

The tube is above the fluid level



The tube is in the oesophagus



The tube is blocked in the stomach lining



There is no fluid in the stomach



The tube has gone into the small bowel



The tube is blocked



## What do I do if the NGT has come out?

If your baby pulls out their NGT, replacing the NGT is **not an emergency** as your baby is managing half of their feeds orally.

Feed your baby by either breast or bottle, and contact the NCOT to inform them as soon as possible. The team will arrange a visit to replace the NGT.

If this occurs out of working hours (8am-6pm, Monday-Friday), please use out of hours contact. It may be decided that your baby is safe to orally feed until the community team is able to visit in the morning to replace the NGT.

If you are concerned your baby is sleepy or has not been feeding well before the NGT coming out, please highlight this when calling in. You may need to attend Accident and Emergency (A&E) for the NGT to be replaced sooner and you will be given the emergency contact for the A&E

## How do I contact the team?

### Contact telephone numbers

<b>For emergencies</b>	999
<b>Neonatal Community Outreach Team (8am – 6pm)</b>	0131 242 2587 (answer phone) 0131 242 1306 0131 242 1323
<b>Neonatal Unit Royal Infirmary of Edinburgh</b>	0131 242 2601
<b>Neonatal Unit St. John's Hospital</b>	01506 524 394
<b>Royal Hospital for Children and Young People Accident and Emergency (RHCYP)</b>	0131 312 0007

## Discharge check list

Before you can take your baby home, you should have:

- Been given this leaflet
- Had a Nasogastric parent check-list completed
- Had a discharge checklist completed
- Been given a discharge pack/supplies.

## Discharge pack/supplies before discharge include:

Before you can take your baby home, you should have been given:

- 1 tube of pH strip indicator
- 1 NGT tube
- 1 duoderm dressing
- 5 sticky plasters to secure NGT (teddy bear tegaderm)
- 20 x 5ml syringe for aspirating NGT
- 20 x 20ml syringe for feeding.

