

Baby sticker

## Nasogastric tube feeding learning pack for:

If you're reading this information it probably means that your baby needs a Nasogastric (NG) tube to support them with feeding. It also means that you've either expressed an interest in tube feeding or the neonatal team feel that it may be beneficial for you to learn how to tube feed your baby.

This leaflet will support you in learning how to tube feed your baby. The staff on the Neonatal unit will teach you the techniques and show you how to do it in practice. They will then sign you off in this booklet. Keep it with your baby on the Neonatal unit.

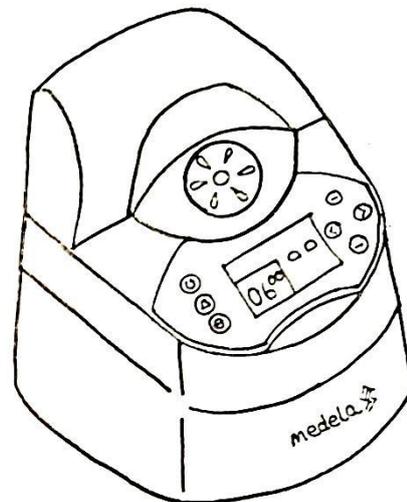
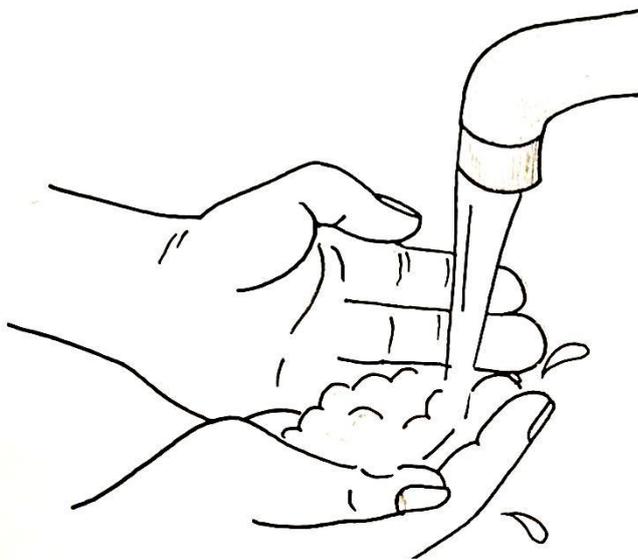
If at **ANY TIME** you decide that this is something you would rather **not do**, that's absolutely fine. However, if you do decide you would like to learn how to tube feed your baby, you'll be fully supported and won't be expected to undertake the procedure until you feel confident and competent

Sometimes the Gastric Tube will be placed via in the babies mouth, this is called an Orogastric (OG) Tube, this leaflet will refer to Nasogastric Tubes but OG Tubes should be treated in the same way.



## Before you start - Preparation

- Make sure your baby is settled in their cot or in skin-to-skin cuddles. Some parents like to take turns to cuddle their baby while the other parent tube feeds.
- For some infants, the use of a pacifier during a tube feed may be suggested in order to promote an association between a full tummy and sucking, particularly if they look hungry.
- Wash your hands.
- Clean a work surface – usually the incubator tray or cot side is easiest.
- Gather your equipment:
  - Appropriate size of syringe to administer the feed e.g. 5, 10 or 20ml syringe.
  - 10ml syringe to assess the position of the NG tube.
  - pH testing strip.
- Make sure you know how much milk you need before you start. For smaller amounts of milk, it might be easier to draw up the milk into a syringe before you begin. You'll need to label with your baby's name stickers if you're using a new container.
- Warm your labelled milk using the milk warmer or other local method. Ask your Neonatal nurse to show you how to do this if you haven't been shown.
- Once warm, check the milk is your baby's and take to your baby's cot side.



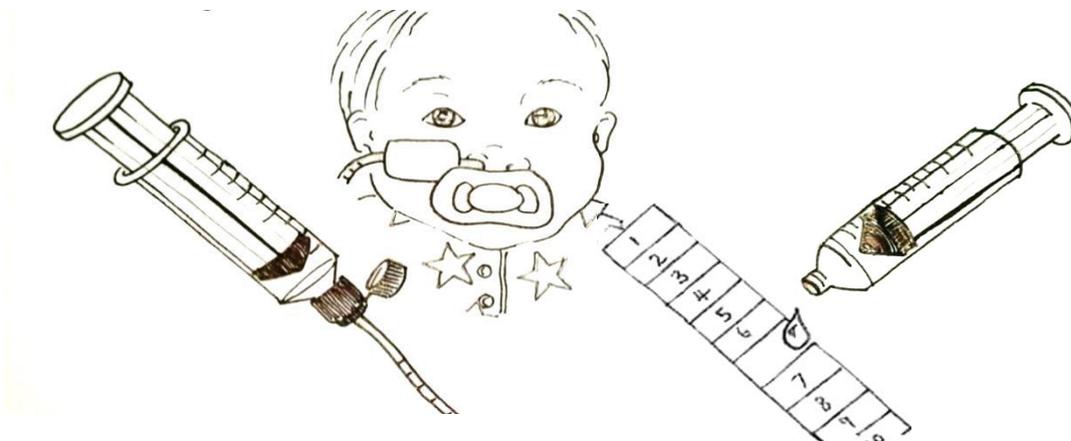
Name	Staff signature and date	Name	Staff signature and date
Demonstrated		Demonstrated	
Observed		Observed	
Observed		Observed	
Observed		Observed	
Competent		Competent	

## Checking the tube position

1. Open the cap on the end of your baby's NG tube.
2. Attach the 10ml syringe to the open end of the NG tube using a clockwise twist.
3. Gently pull back on the plunger of the 10ml syringe until you obtain a small sample of milk (aspirate) in the syringe, no more than 1ml.
4. Remove the syringe from the NG tube, using an anti-clockwise twist.
5. Replace the cap of the NG tube.
6. Gently press the plunger of the 10ml syringe until a small amount of aspirate is visible at the end of the syringe.
7. Drop the aspirate onto the pH strip

### The pH strip

This strip indicates the acidity of the aspirate. An acid reaction will change the colour on the strip the colour/ number you should get is \_\_\_\_\_ That means that the aspirate has been in the stomach. **Do not proceed with the tube feed if you do not obtain this. Go directly to the nurse overseeing the care of your baby.**



A non-acidic reaction might mean that the NG tube is no longer in the stomach and could be in your baby's lungs.

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## Dinner!

1. Remove the plunger from the syringe that you plan to use to give the feed.
2. Attach the empty syringe to the NG tube.
3. Pour the appropriate amount of milk into the syringe. Gently push with plunger to start the milk flowing.
4. Once the required amount of milk has been given, remove the syringe from the NG tube.
5. Replace the cap onto the end of the NG tube.

NG feeds are gravity fed. The higher the syringe is held, the faster the milk will flow.

It is much nicer for your baby to be able to see your face when you are feeding them it helps to build your relationship and also allows you to check they are coping with the feed.

Throughout the feed, you must watch your baby to make sure they remain settled, show no signs of distress and the NG tube stays in the same position as when you started the feed.

If your baby starts to splutter, cough, go floppy, lose consciousness, change colour or appears to be struggling to breathe:

Call for **HELP immediately**.

1. Kink the end of the tube with your thumb.
2. Gently replace the plunger into the neck of the syringe.
3. Reverse the syringe so that the milk is away from the NG tube.
4. Disconnect the syringe from the NG tube.



If your baby appears to be uncomfortable, you can slow the feed by reducing the height of the tube or by kinking the tube with your thumb to pause the feed. It may not always be necessary to stop and disconnect the tube. However, until you are happy with how to stop a feed, it's useful to practice.

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## Competency Assessment Checklist

**Baby's name:**

**Consultant:**

Please sign to indicate that you have worked through this program thoroughly, have had as much opportunity to practice as you would like, and feel both confident and competent to carry out nasogastric tube care. Please ensure that all your questions or concerns have been thoroughly discussed before signing this form.

I'm willing to take responsibility for the nasogastric tube feeding of my baby. I've learnt how and why the following should be done:

1. Wash my hands correctly.
2. Sterilise all equipment needed.
3. Set up an area for preparing feeds.
4. Handle the equipment confidently.
5. Decide the right amount of milk to be given.
6. Check the correct position of the Nasogastric (NG) tube.
7. Recognise when the NG tube has not been inserted properly and take appropriate action.
8. Give a NG feed.

Parent/Carer 1

Parent/Carer 2

Learner Signature(s)

Print name(s)

Date

Signature of Nurse

Print name

Date



## Trouble Shooting Guide

Complication	Possible causes	Possible action
<b>Tube blocks</b>	<ul style="list-style-type: none"> <li>• Medications</li> </ul>	<ul style="list-style-type: none"> <li>• Massage any visible blockages in the tube between fingers to break it up, and attempt to aspirate again.</li> <li>• Do not put anything down the tube unless you can confirm correct position</li> <li>• If unable to test position, ask your neonatal nurse for help</li> </ul>
<b>Vomiting</b>	<ul style="list-style-type: none"> <li>• Feed given too fast</li> <li>• Baby is laid flat</li> <li>• Constipation</li> <li>• Cold feeds may cause nausea</li> <li>• Slow stomach emptying</li> </ul>	<ul style="list-style-type: none"> <li>• Slow feed rate, by lowering the syringe.</li> <li>• Prop your baby upright during feeds and for at least 20-30 minutes post feed</li> <li>• Discuss with your Neonatal Nurse</li> <li>• Warm feeds</li> </ul>
<b>Coughing or choking</b>	<ul style="list-style-type: none"> <li>• Tube has displaced</li> </ul>	<ul style="list-style-type: none"> <li>• Stop feed immediately. Ask Neonatal Nurse for help.</li> </ul>
<b>High aspirate pH</b>	<ul style="list-style-type: none"> <li>• Tube has moved</li> </ul>	<ul style="list-style-type: none"> <li>• Do not use tube if unable to obtain low pH</li> <li>• Ask your Neonatal Nurse for help.</li> </ul>
<b>Unable to obtain an aspirate</b>	<ul style="list-style-type: none"> <li>• Blocked tube</li> <li>• Limited stomach contents</li> <li>• Displaced tube</li> </ul>	<ul style="list-style-type: none"> <li>• Ask your Neonatal Nurse for help if you are unable to test the tube</li> <li>• Do not use the tube if you are unable to obtain an aspirate</li> </ul>
<b>Tube falls out</b>	<ul style="list-style-type: none"> <li>• Several causes</li> </ul>	<ul style="list-style-type: none"> <li>• Ask your Neonatal Nurse for help.</li> </ul>