

Family Education Sheet

Inserting a Nasogastric (NG) Feeding Tube

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Includes content from: "Inserting a Nasogastric (NG) Feeding Tube", Boston Children's Hospital, 9/20/2017, #166533: used with permission.

This Family Education Sheet teaches you how to insert a nasogastric (NG) feeding tube.

This is a supplement to the UC Davis Children's Hospital Family Education Sheet: **Use and Care of a Nasogastric (NG) Feeding Tube** for families who have been trained to replace their child's NG tube in the home setting.

How often is my child's NG tube replaced?

- NG tubes are usually replaced once a month or sooner if the tube falls out. If possible, switch nostrils when the NG tube needs to be replaced.

Your Child's NG Tube:

- Type _____ Fr _____ Length _____
- Mark at nostril _____ cm
- Date placed _____

Who can I call if I have questions?

- Your child's doctor or provider:

How do I prepare to insert my child's NG Tube?

- Do **not** give your child anything to eat or drink for at least 30 minutes before inserting the NG tube.
- **Wash your hands with soap and water.**

Gather these supplies:

- | | |
|---|--|
| - 5 mL and 10 mL feeding tube syringes (e.g. EnFit® syringe) | - Tape |
| - NG feeding tube. | - Hydrocolloid skin protectant dressing, (e.g. Duoderm®) |
| - Permanent marker | - Transparent dressing, (e.g. Tagaderm®) |
| - Small cup of water | - Scissors |
| - Barrier Film Sticks/Swabs, (e.g. Cavilon No Sting Barrier®) | - Water-soluble lubricant, (e.g. K-Y Jelly®) |

Prepare your supplies:

- Open the barrier film sticks/swabs and the water-soluble lubricant. Set them aside in the packages.
- Cut a piece of hydrocolloid skin protectant to fit on the side of the child's face to protect the skin from the tube.
- Cut small pieces of tape to secure the NG tube to your child's face.
- Cut a small piece of transparent dressing to place over the NG tube.

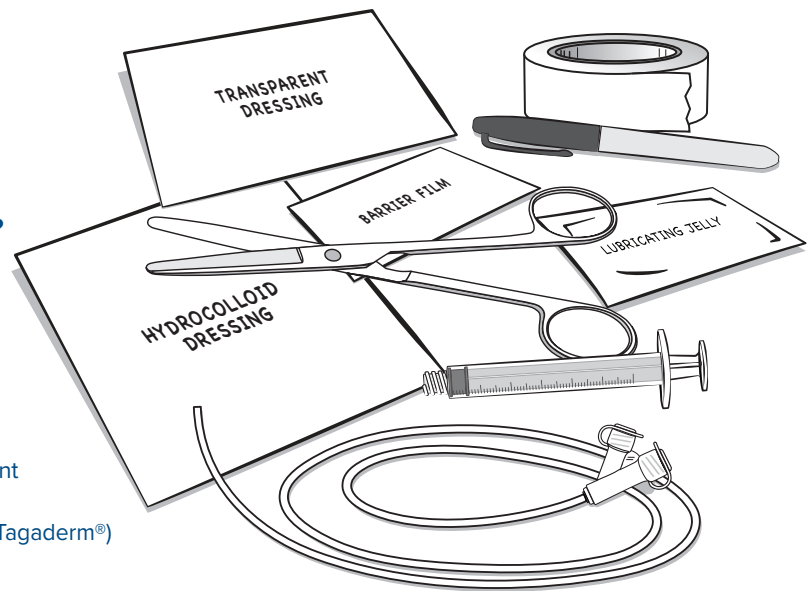


IMAGE 1

NG tube insertion supplies.

Can I reuse the same NG tube?

- You can use the same tube two-three times, for up to one month if it is still functional.
- Check the NG tube for tiny cracks or tears by flushing the tube with water. Throw the tube away if water comes out anywhere besides the end of the tube.
- Wash the tube with warm water and a bit of dish soap and flush and rinse well before reinserting.
- To make the tube easier to reinsert, you can put the tube in a plastic bag and place in the freezer for 10-15 minutes before replacing.

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A few tips to know before inserting the NG tube:

- If the NG tube does not slide in easily, stop for a few seconds. Then try again. You can also try the other nostril.
- If you still cannot insert the tube easily, do not force the tube. Call your child's doctor or nurse.
- Your child will probably gag. When this happens, pause for a few seconds until the gagging stops. If appropriate, have your child try to swallow or drink a few sips of water while you put the tube in to help it go down. For infants, sucking a pacifier can help.
- Your child may cough as the tube goes in, but the coughing should stop.
- **Take the NG tube out right away if your child has intense coughing, develops a blue color around the mouth, or cannot breathe well, or the tube is coming out of the mouth.**

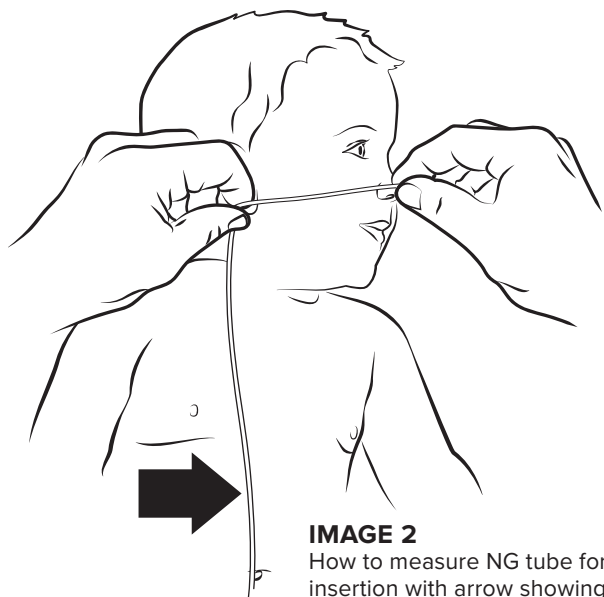


IMAGE 2
How to measure NG tube for insertion with arrow showing where to mark the tube.

How to Insert and Secure the NG Tube

After washing your hands and preparing your supplies, measure the tube to determine how far it needs to be placed:

- If the NG has a stylet, remove it from the tube.
- Hold the tip of the NG tube at your child's nose. (Image 2, page 2)
- Extend the NG tube to your child's earlobe.
- Then, extend the NG from the earlobe to a spot halfway between the bottom of the breastbone (xyphoid process) and the belly button. This is where their stomach is. (arrow on Image 2, page 2).
- Use a dark permanent marker and mark this spot on the tube. This shows how much of the tube needs to be inserted before it reaches the stomach.

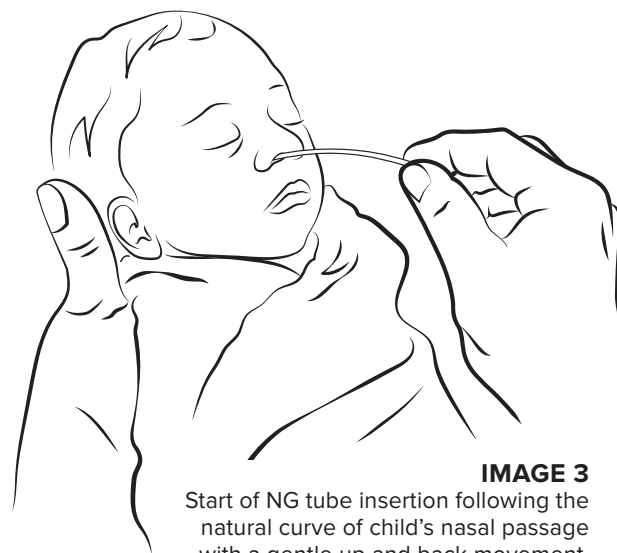


IMAGE 3
Start of NG tube insertion following the natural curve of child's nasal passage with a gentle up and back movement.

Positioning your child and inserting the NG:

- If needed, ask a family member or friend to hold your child while you insert the NG tube.
- If age appropriate, it may help to talk to your child and explain what you're doing during tube placement.
- If your child is a baby, wrap them in a blanket with their arms by their sides to prevent them from getting their hands in the way and/or pulling at the NG tube.
- If your child is older, he or she should sit upright. If possible, have your child tuck their chin slightly toward their chest. Dip the tip of the tube in lubricant; this makes it slippery and easier to insert.
- Insert the tube into the chosen nostril using a gentle up and back movement, following the natural curve of their nasal passage.
- Advance the tube gently and swiftly until the dark mark you made earlier on the tube reaches the child's nose.
- Make sure you can see the dark mark at the nostril.
- Secure the NG tube to your child's cheek (see page 3 of UC Davis Children's Hospital Family Education Sheet: Use and Care of a Nasogastric (NG) Feeding Tube).
- Check the tube placement by attaching the feeding tube syringe to the end of the NG tube and pull back a little to see formula and/or partially digested food or stomach juices (clear or light yellow) (see image 2 page 2 of UC Davis Children's Hospital Family Education Sheet: Use and Care of a Nasogastric (NG) Feeding Tube).