Nasogastric Tubes for Kids
What we teach the families!

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Objectives:

• Review nasogastric tube placement teaching
• Integrate patient and family education feedback in discharge teaching (aka: what are we missing?)
Parent Education Resources

• Paper Teaching guide is available in English, Spanish, and Russian
  • Placement of NG tube
  • Gravity Feeds
  • Continuous drip feeds
• “Get Well TV”
  • NG tube how to place safely
  • NG tube the basics
Teaching Process

- Team determines the child is going home with an NG tube
- Clinical nurses caring for the patient begin to teach how to use the NG tube for feeding and medications
  - Time of day
  - Availability of family
  - Availability of interpreters if needed
- Clinical nurse asks parents if they have seen the NG tube placed
- Clinical nurse describes how to place the NG tube using teaching resources
- Parent places the NG tube “once” prior to discharge
- Parent rooms in to return demonstrate care
Teaching tools: Replacing an NG tube

Gather Supplies

Replacing a Nasogastric Tube

Supplies:
- Stethoscope
- Replicare
- Tagaderm
- 5 to 10 mL syringe
- Permanent marker pen
- Lubricant
Step 1
Measure tubing on the outside of your child’s body from tip of nose, to ear, to above belly button. Then mark spot with a black marker.

Step 2
Put lubricant on unmarked end of tubing. Slide the lubricated end of tube into one nostril all the way to the black line you made on the tube.

Step 3
Secure tube to cheek using replicare and tagederm. To avoid tube being pulled out, be sure tube is secure during the day when not being used for a feed.
Step 4
Check NG tube placement.
You want to hear air enter the stomach and/or see stomach contents enter the syringe to ensure tube is in the stomach.

Listening method: Listen for air going into stomach.
1. Pull 2 to 5 mL of air into syringe.
2. Attach syringe to tube.
3. Place stethoscope on child’s stomach.
4. Push air into tube quickly.
5. Listen for “whoosh” or “gurgle” sound.

Stomach content method: Look for stomach contents.
1. Connect empty syringe to tube.
2. Gently pull back plunger until stomach contents are in syringe.
3. Return stomach contents by gently pushing them back into the tube.
Hospital Vs Home

Hospital
- Nurse assists with gathering supplies
- Instructions available
- Controlled environment
- Assists with holding infant

Home
- Who gathers supplies
- Siblings?
- Distractions?
- Holding?
- Fear? Overwhelmed
- Where are the instructions?
Feeding through the NG tube

Check tube placement before feeding your child

Remove immediately if there is persistent coughing, any problems breathing, or turns blue

Why do you not teach use of pH paper?
- Formula in the stomach may change pH
- Acid-reducing meds may change the pH
- pH strips may be difficult for some families to interpret, adds complexity
Bolus Feeds with a syringe or a bag

Step 2
Make sure that the tube is clamped. Fill bag with liquid food and connect to NG tube.

Step 3
Open clamp. Food will flow through bag by gravity, usually over 10 to 20 minutes. Control the flow of feeding by the height or the syringe. The nurse will show you how to do this.

Step 2
Make sure that the tube is clamped. Connect syringe to NG tube and fill with liquid food.

Step 3
Open clamp. Food will flow through syringe by gravity, usually over 10 to 20 minutes. Control the flow of feeding by the height of the syringe. The nurse will show you how.

- After every medicine and after each feeding, flush the tube with 5 to 10 mL of water. This can help keep tube from clogging.
- Wash both parts of syringe in warm soapy water, rinse and air dry after each use.
Continuous Feeds

**Step 1**
Check NG tube placement.

**Step 2**
Make sure that the tube is clamped. Fill bag with liquid food and connect to NG tube.

**Step 3**
Open clamp. Turn on pump. The feeding rate is regulated by the pump. The home care company providing supplies and the feeding pump will provide training materials for you. Your home pump may look very different than the picture on this page.
Questions for you…

How do we improve the information we provide in the hospital?

How do we limit use of the emergency room to replace NG tubes?

What questions do you have?