

Patient information

Nasogastric tube feeding for babies.

Nasogastric tube feeding for parents and care givers on the Neonatal Unit (NNU) and within the baby's home environment under Neonatal Community Service (NCS) guidance.

Nasogastric Tube (NGT) feeding, is a way to feed your baby, when they are unable to take their full feeds by mouth (orally). The time that this is required will vary from baby to baby, but it will facilitate establishing a normal feeding pattern over time. Before carrying out any NGT feeds, on NNU or at home you will need to have completed some basic training and have been signed off by NNU/NCS staff as confident & competent to do so.

This needs to be achieved by **each** parent/care giver who will be participating in NGT feeding (or administering of medications through the NGT), completing an '**East of England nasogastric tube feeding competencies for parents/carers on the Neonatal unit and Transitional care**'. NNU/ NCS staff can give you this competency to read prior to completing it.

In order for your baby to be assessed for home NGT feeding, an '**East of England risk assessment for short term nasogastric tube (NGT) feeding in the community**' needs to be completed by NNU/ NCS team. Most babies that need to NGT feed at home, will have a new NGT passed prior to discharge from NNU. In the home environment the NGT will be replaced by NCS team, around every 7 days if required and when necessary.

Equipment required ready to start the NGT feed

1. pH indicator strips (WSFT trust approved).
2. 2.5 - 5ml syringe for aspiration and 10ml / 20ml syringes (as appropriate) for the milk feed.
3. Hydrocolloid (skin protecting) tape and adhesive tape (placed on top of the

Hydrocolloid tape) for securing the NGT to your baby's face. Along with clean scissors to cut the tape to size.

You will require one of each syringe per feed. On discharge from NNU, you will be given a box of appropriate syringes, some spare NGT's, as well as the equipment listed above. Further supplies will be available on prescription from your GP via the dietitian. **It is very important, to have your baby registered with your GP** well before discharge in order to get further supplies.

Checking the position of your baby's NGT

It is very important to check the position of your baby's NGT before giving a feed or medication each time. You should also do this if your baby has been coughing or vomiting or the NGT has been pulled at. This is to ensure that the NGT remains in the correct position with the milk from the feed going directly into the stomach and not into the wrong place, the lungs.

How to check the NGT position

1. Ensure that your baby is in a safe and secure position, within someone's arms or on a flat surface such as their cot/incubator.
2. Wash and dry your hands thoroughly before checking your baby's NGT tube position.
3. Collect and prepare the equipment; 2.5 - 5 ml syringe, a PH indicator strip and the correct amount of warm/room temperature milk, required for your baby's feed.
4. Check the correct measurement (in cms) of the NGT, documented on the NGT label and ensure the tape is securely and firmly attached to your baby's face.
5. Remove the cap of the NGT and attach the 2.5 - 5ml syringe. Gently pull back the plunger to obtain 0.2ml – 1ml of stomach gastric contents (known as an aspirate).
6. Place a few drops of gastric aspirate onto the pH indicator strip. Do not touch the pH indicator strip where the aspirate is being tested, as it may affect the PH result.
7. Match the colour change on the PH indicator strip against the scale on the PH indicators packaging.
8. pH1 – pH5.5 indicates an acid reaction, which means the NGT is situated in the stomach and therefore safe to use.
9. Proceed to carry out the NGT milk feed/medication administration.

What to do if the pH is 6 or above

1. **Do not** feed via the NGT, it is **not safe** to carry out the milk feed.
2. Some medications such as anti-reflux/antacids (ranitidine, domperidone and Gaviscon®) reduce the acid in the stomach and can increase the stomach pH to 6 or above.
3. Wait for 15 - 30 minutes and test again.
4. **If the pH remains 6 or above do not give the feed** and contact the NCS or NNU as you cannot use the NGT for a feed or medication, it is not safe to do so.

What to do if you cannot get any aspirate to test pH

1. Check the external length of the NGT is correct (as documented on the NGT label when the NGT was put into place) and that the both tapes are securely attached to your baby's face. If this is correct carry on.
2. If the NGT external length has changed at all, or the tape is not securely in place, contact NCS/NUU staff to guide you through what to do next. It may be that the external length of the NGT (depth that was documented on the NGT label) has changed slightly, has become unstuck, or become misplaced.
3. If possible put your baby on their side.
4. Wait for a few minutes then try aspirating the NGT again.
5. If no aspirate is obtained, **do not feed via the NGT.**
6. Attempt an oral feed by breast feed or bottle feed and contact NSC or NNU on **(01284) 713251 for further guidance.**

Tube feeding your baby

Once you are happy that the NGT is in the correct position and secured to your baby's face, then proceed as follows:

1. Having warmed the milk, or using room temperature milk, attach the 10ml / 20ml syringe, with the plunger removed, to the NGT.
2. Pour the milk into the syringe, (up to the 10 / 20 ml mark). Do not overfill the syringe, as milk can be forced up the syringe and overflow if your baby 'wiggles', becomes upsets or cries.

3. Allow the milk to flow by gravity down the tube into your baby's stomach at a steady rate, not too quickly. The flow rate will depend on how high or low you hold the syringe. You may need to give a gentle push with the plunger to get the feed started.
4. Top up the syringe as necessary to complete the feed by kinking the tube and stopping the flow of milk each time, before the syringe completely empties. This prevents air entering into your baby's stomach and causing discomfort.
5. Throughout the feed observe your baby for signs of vomiting, change in colour or signs of distress. If this happens, stop the feed by kinking the tube and allow your baby to settle.
6. **If your baby stops breathing OR**
 - **If your baby's colour changes and they become pale, grey, white or blue**
 - **If your baby's breathing rate is significantly affected, from their usual breathing pattern**
 - **If your baby becomes very agitated, hot and sweaty**

**Trust your instincts as their parent/care giver, if you're concerned, call for help
DIAL 999 and ask for an ambulance**

7. Once the feed is completed, allow the milk to run down the NGT. If the NGT doesn't clear completely gently push 0.5mls (or less) of air into the tube. Kink the NGT to prevent milk flowing from coming back up the NGT, remove the syringe and recap the end of the NGT.
8. Dispose of or clean and sterilize relevant equipment appropriately and wash your hands thoroughly again.
9. Document your baby's feed onto the feeding chart provided by NCS if you have been asked to. This helps NCS assess your baby's feeding and whether an NGT is still required and whether your baby is getting stronger with their oral feeds.