

esophageal lengths in children with height: application to the Tuttle test without prior esophageal manometry. *J Pediatr*. 1979;94(1):81–84.

Westhus N. Methods to test feeding tube placement in children. *MCN Am J Matern Child Nurs*. 2004;29(5):282–291.

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\*Adapted from the Quality and Safety Education for Nurses website at <http://www.qsen.org>.

## Nursing Care Guidelines

### Nasogastric Tube Feedings in Children

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Place child supine with head slightly hyperflexed or in a sniffing position (nose pointed toward ceiling).

Measure the tube for approximate length of insertion, and mark the point with a small piece of tape.

Insert a tube that has been lubricated with sterile water or water-soluble lubricant through either the mouth or one of the nares to the predetermined mark. Because most young infants are obligatory nose breathers, insertion through the mouth causes less distress and helps stimulate sucking. In older infants and children, the tube is passed through the nose and alternated between nostrils. An indwelling tube is almost always placed through the nose.

- When using the nose, slip the tube along the base of the nose and direct it straight back toward the occiput.
- When entering through the mouth, direct the tube toward the back of the throat (see [Fig. 20-20, B](#)).
- If the child is able to swallow on command,