- Amount of water depends on length and gauge of tubing.

- Determine amount before administering any medication by using a syringe to fill completely an unused NG or OG tube with water. Amount of flush solution is usually 1.5 times this volume.

- With certain drug preparations (e.g., suspensions), more fluid may be needed.

If administering more than one drug at the same time, flush tube between each medication with clear water.

Clamp tube after flushing unless tube is left open.

Alternative Feeding Techniques

Some children are unable to take nourishment by mouth because of anomalies of the throat, esophagus, or bowel; impaired swallowing capacity; severe debilitation; respiratory distress; or unconsciousness. These children are frequently fed by way of a tube inserted orally or nasally into the stomach (**orogastric [OG]** or **NG gavage**) or duodenum–jejunum (**enteral gavage**) or by a tube inserted directly into the stomach (**gastrostomy**) or jejunum (**jejunostomy**). Such feedings may be intermittent or by continuous drip. Feeding resistance, a problem that may result from any long-term feeding method that bypasses the mouth, is discussed in Chapter 8. During gavage or gastrostomy feedings, infants are given a pacifier. Nonnutritive sucking has several advantages, such as increased weight gain and decreased crying. However, only pacifiers with a safe design can be used to prevent the possibility of aspiration. Using improvised pacifiers made from bottle nipples is not a safe practice.

When a child is concurrently receiving continuous-drip gastric or enteral feedings and parenteral (IV) therapy, the potential exists for inadvertent administration of the enteral formula through the