

Caring for a Child with a Nasogastric (NG) Tube



Education Checklist

- ☐ Watch Get Well Network Videos on Nasogastric Tube care
 - ☐ Attend NG class in the Family Resource Center
 - ☐ Review this handout on Nasogastric Tube care
 - ☐ Each caregiver demonstrates proficiency with tube placement
 - 3 times on doll
 - 1 time on patient
 - ☐ CPR training, optional (unless your medical team decides you need to take it)
 - ☐ Pump teaching with the vendor
 - ☐ Complete 48 hours total care of the patient – preferably 24 hours at a time (or as discussed with your medical team)
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WHAT IS A NASOGASTRIC (NG) TUBE?



NG stands for Nasogastric. The N stands for Naso, which means nose. The G stands for Gastric, which means stomach. The NG tube is a soft, thin tube that goes from the nose into the stomach. It is used to feed children that are not able to drink enough formula or food by mouth. It can also be used to give medicine.

You will learn how to place the tube in the nose before your child goes home.

LENGTH OF TUBE WHEN MEASURED: _____ cm

The NG Tube was put in on _____ **(date).**

The NG Tube should be changed every 30 days. **Next tube change is due on** _____.

How do I put the NG-tube in my child?

Supplies needed:

- NG Tube, size _____ French (Fr.)
- Water based gel or lubricant to help the tube slide down the nose easier
- Tegaderm™ or Hypafix™
- Duoderm thin (brown tape)
- Black permanent marker to mark the tube
- Small EnFit™ syringe to check placement
- Cup of water with a straw or a pacifier depending on your child's age

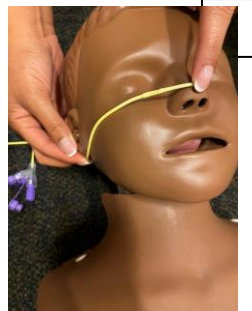


Before placing tube:

- 1) Wash your hands well for at least 20 seconds with soap and water and dry with a paper towel.
- 2) Take the NG tube out of the package. The tube will have a wire in it.
- 3) Check the tube for any damage. Leave the wire in place.
- 4) Measure the tube before you put it in your child to make sure it is long enough:

☐ For all ages:

1. Put the tip of the tube at the end of the nose. Run the tube to the tip of the earlobe.
2. From the earlobe, run the tube down to the area (midway point) between the end of the breastbone (xiphoid process) and the belly button.



- 5) Mark the tube with tape or a permanent marker so that you know how far you will insert the tube. Be sure to keep track of the date you placed the tube.
- 6) Cut a piece of Hypafix™ or prepare the Tegaderm™ and set it aside so it is ready to tape the tube in place.
- 7) Dip the tip of the tube into the water based lubricant gel.

Naso-Jejunal (NJ) Tubes:

- Tube is good for 30 days.
- Flush every 4 hours with ____mL water
- Feeds must run on a pump (no bolus/gravity feedings)
- If the tube comes out, return to the Emergency Department to have it replaced.
- It is not recommended to give crushed medications in a NJ tube.

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- If the tube is clogged, return to the Emergency Department.

How do I insert the tube?

- 1) Have your child sit or lean back a little bit. Place towel on the chest or stomach area.
- 2) If your child is an infant, swaddle with a blanket and lay your child on their back.
- 3) If using skin prep (Cavilon™), put it on your child's cheek where the tube will be taped, making sure it dries completely.
- 4) Gently slide the tube into the nose and down the throat while having your child swallow water or your baby suck on a pacifier. This will help the tube go to the correct place. It can be normal for the child to cry, gag, sneeze, or spit up during tube placement.
- 5) Slide the tube down until the tape mark/markings is at the edge of the nose.
- 6) If tube does not slide easily or at all, remove it and start again with the other nostril.
- 7) Once the tube is placed and the marking is seen at the edge of the nose, have the 2nd person hold it in place while you remove the wire.
- 8) Once the wire is removed, hold the tube against your child's cheek and tape it the way you were taught using Tegaderm™ or Hypafix™. Save the wire in a zip lock plastic bag to use again if you need to replace the tube. *The tube is good for 30 days unless damaged.*
- 9) When taping the tube, make sure the tube is not pulling on the nostril.
- 10) Check the number on the tube where the tube is taped.
- 11) Make sure the number that you see on the outside of the nose is the length of the tube when it was measured.



When placing the tube there is a danger of putting the tube in the windpipe (breathing tube) and this may cause your child to choke and cough.

Remove the tube **right away** if:

- your child chokes
- has trouble breathing
- turns blue
- you see the tube coming out of the mouth

****After the child calms down, you can try again.**

How do I know if the tube is in the right place?

☐ **External markings:**

- a. Do you see the black mark or pink tape mark just outside the nostril?
- b. Find the number that is supposed to be marked and make sure it is just outside the nostril.

☐ **Stomach contents/juices:**

- a. Attach the syringe to the end of the NG tube and pull out some stomach juices. If you can pull stomach juices out of the stomach, this is one way to check to make sure the tube is in the right place.
- b. Give the stomach juices back to your child.

How do I give medications through the tube?

Wash hands completely with soap and water before you prepare the medication.

- 1) All medication needs to be in liquid form.
- 2) Ask the pharmacist if it is okay to crush the pill and mix with water.
- 3) If the medication is a tablet, always crush it into a fine powder and mix in _____ mL of warm water. Never mix it with formula. We recommend mixing the medication with at least 2mL of water. Check with your child's doctor, nurse, or pharmacy before you crush any tablets or open any capsules.
- 4) Check to make sure the tube is in the right place. Follow steps above, under **"How do I know if the tube is in the right place?"**
- 5) Flush the tube before each medication with _____ mL of water.
- 6) Draw up liquid medication in syringe and give through the NG tube. Repeat if you have more than one medication to give your child.
- 7) If you are giving more than one medication, flush with 0.5mL – 1 mL of water in between each medication. Flush the tube with _____ mL of water after all medications have been given.
- 8) Close the end of the NG tube with attached plastic stopper.



What important things do I need to remember?

1. Check to make sure the tube is in the right place before EACH TIME you use the tube.
2. Use EnFit™ extension when feeding or giving medication.
3. Flush the tube with 2-3 mL of water before and after giving feedings or medication (ask your medical team what the maximum amount of water your child can get per day).
4. Flush the tube with 0.5-1 mL of water in between each medication, if ok to do so.
5. Keep end of tube closed between uses so the stomach juices do not leak out.
6. The NG tube is good for 30 days. If you need to replace the tube (place the tube back in the nose) before 30 days, you can use the current tube. After 30 days, use a brand-new tube.
7. Clean your supplies (syringes, etc) in between use with soap & water. Rinse well.
8. Practice good oral care (brush teeth, rinse mouth) twice a day.
9. When you change the NG tube or put it in again, use the other nostril.

When should I call the doctor?

- If the NG Tube comes out and you are not able to replace it.

- If your child is choking with feedings.
- If your child throws up more than 2 times in 24 hours.
- If your child throws up anything other than formula.
- If your child's belly is bloated or distended more than usual.
- If you have any other concerns, such as a fever, call your child's pediatrician.

When should I bring my child to the Emergency Department?

- If the tube comes out and you cannot replace it.
- If your child throws up more than 3 times in 24 hours.

Who do I call for problems or concerns?

☐ NG-TUBE FOR HOME PROGRAM:

- For any questions or concerns related to the tube, feeding, or difficulty obtaining supplies:
 - Monday to Friday (8:00am-4:00pm), call Pediatric Surgery Linda Camacho NP (323)361-2322 or email Lcamacho@chla.usc.edu
 - After 4pm and on weekends, call (323) 660-2450 and ask for on-call Pediatric Surgery
 - *Call 911 if your child is having trouble breathing.*
 - You will be expected to follow-up in the NG clinic every 1-2 weeks after discharge and will be seen by a nurse practitioner, registered dietitian, and a dysphagia therapist.
 - If the tube comes out, you are expected to replace the tube and call the clinic.

I understand the above instructions and agree to follow-up in the NG Clinic.

X_____ Date: _____

☐ CARDIOLOGY PATIENTS:

For patient with CHLA cardiologist

- Do not change the patient's diet or discontinue the NG tube without discussing with dietitian or nurse
- For feeding intolerance and questions regarding formula, patient's diet, or if you are having trouble getting supplies: Call dietitian Stephanie Sanborn, RD at 323-361-6044
- For questions about problem solving the NG tube or feeding intolerance: Call CT Surgery nurse care manager at (323) 361-5883
- If unable to reach dietitian or nurse care manager during business hours, call primary cardiologist's office at (323) 361-2461
- After 4pm during the week and on weekends and holidays, call (323) 660-2450 and ask for the cardiologist on-call or bring patient to CHLA Emergency Department

For patient with outside cardiologist

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- Do not change the patient's diet or discontinue the NG tube without talking to your dietitian or nurse
- For feeding intolerance and questions regarding formula, patient's diet, or if you are having trouble getting supplies: Call dietitian Stephanie Sanborn, RD at 323-361-6044
- For questions about problem solving the NG tube or feeding intolerance: Call CT Surgery nurse care manager at (323) 361-5883
- If unable to reach dietitian or nurse care manager during business hours, call primary cardiologist's office
- After 4pm during the week, on weekends and holidays, bring patient to CHLA Emergency Department.

☐ OTHER FOLLOW-UP

If you are having trouble with the NG-Tube:

- Please call your primary team (or team taking care of the tube):

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- After 4pm during the week, on weekends, and on holidays, bring your child to the CHLA Emergency Department.

If you are more than 1 hour away from the hospital, go to the nearest Emergency Department and ask them for help to replace the tube.

NG-Tube Home Care Problem Solving

Problem	Why it happens or what you see	What to do
Tube Comes Out	<ul style="list-style-type: none"> • Tube is pulled out by accident • Tegaderm™ or Hypafix™ is too loose on face • Coughing or vomiting can cause tube to come out of the nose or mouth 	<ul style="list-style-type: none"> • Do not panic! • Clean NG-Tube. Wipe it clean, using a syringe flush tube with warm water; insert the wire into the tube, and replace as instructed. • Only use the guide wire to replace the tube after the tube has been completely removed from your child. • If you don't know how to replace the tube, take your child to the Emergency Department. • If the tube comes out, see pages 5-6 to find out who to call to let them know.
Incorrect Placement	<p>TUBE IN TOO FAR:</p> <ul style="list-style-type: none"> • Can't see the number markings on the outside of the tube • Vomiting or discomfort with feeds <p>TUBE NOT IN FAR ENOUGH:</p> <ul style="list-style-type: none"> • Number markings are not visible at the edge of the nose • Coughing or choking with feeds • Vomiting or discomfort with feeds 	<ul style="list-style-type: none"> • Pull back the tube to the correct length and re-tape or replace the tube • If the tube does not easily slide out when you pull tube back, STOP! Call the medical team you were asked to follow up with on pages 5-6. • Check to make sure you can see the marked area on the outside of the tube.
Unable to Aspirate (Pull Back) Stomach Juices	<ul style="list-style-type: none"> • End of the tube is up against the stomach wall • Tube is bent or pinched • Tube is not in far enough <p>What You See</p> <ul style="list-style-type: none"> • When you pull on the syringe plunger, the plunger is quickly suctioned back towards tip of syringe 	<p>If you cannot pull back juices from the stomach, you should:</p> <ul style="list-style-type: none"> • Check the external markings to make sure it's in the right place. • Change your child's position • Slowly push 2-3mls of water into the tube and then try and pull back on the syringe again. • If you still can't get anything from the stomach, replace the tube.

	<ul style="list-style-type: none"> No stomach juices come into the syringe 	
Tube is Clogged	<ul style="list-style-type: none"> Formula is too thick Tablets or powder medication is not crushed or mixed well Not flushing often enough 	<ul style="list-style-type: none"> Use the push-pull method using a syringe and lukewarm water. If unable to flush the tube, remove the tube and replace the tube, if supplies available. Never put any object into the tube to unclog it. If unable to unclog the tube, call your medical team (see pages 5-6). Disconnect the extension and rinse.
Problems that may not be related to the NG-tube: Nausea/Cramping/ Distention/ Vomiting/ Choking/Diarrhea	<ul style="list-style-type: none"> Rate of the feed is too fast Formula is too cold Formula is expired or spoiled Child is lying flat Child has a full stomach Constipation Other medical problem 	<ul style="list-style-type: none"> Slow the rate of the feed. Allow at least 15-20 minutes for each feed, or as ordered by your doctor. Formula should be at room temperature, not too cold or too warm. Always wash your hands before setting up feeds. Change the feeding bag as you were taught. Rinse the tubing with warm water after each feed. Check expiration date of formula. Store any open formula in the refrigerator and throw away after 24 hours. Have your child sit up with feeds or elevate the head of the bed with pillows during the feed. If questions or concerns, call your medical team (see pages 5-6).