

Nasogastric Feeding Tube Insertion

Your child needs a special feeding tube placed through the nose and throat into the esophagus and stomach to give medications and nutrition. This tube is called a nasogastric (NG) tube. This tube can be safely used for a long period of time. It is important that the tube is secured to your child's cheek so that it can not be easily pulled out after it is inserted. If the tube does come out, just rinse it off and replace it by following the instructions below.

Insert _____ feeding tube as follows:

1. Wash your hands with soap and water for 15 seconds.
2. Gather all supplies:
 - Skin protector (Stomahesive®, Duoderm®, Tegaderm®) to place on face
 - Feeding tube, and stylet (or guide wire) for NG tube, if needed)
 - Piece of tape or transparent dressing to secure to face (cut to fit)
 - Small cup of water
 - _____ ml syringe
3. Place skin protector on face next to nose.
4. Remove feeding tube from package.
5. Measure tube for correct length to insert it:
 - Hold the opening of the feeding tube at the end of your child's nose where it will be inserted.
 - Extend the tube to the earlobe, then bend it down toward the stomach to a point halfway between the tip of the breast bone and the belly button.
 - Put a piece of tape on or around the tube to mark this length. If the tube is marked with black dots, note the dot closest to the piece of tape.
6. Dip the tip of the tube in water to moisten and make it slippery.
7. Flush the tube with tap water to make the stylet (guide wire) easier to remove, as needed.
8. Position your child comfortably and securely to insert the NG tube safely.
9. Gently insert the tube in the child's nose and continue to push it in until the tape mark on the tube reaches the nose. If your child starts coughing or you see the tube curling in the mouth, pull it out. Let your child rest a minute. Then start again.

10. Apply tape or transparent dressing to the cheek to hold the tube in place.
 11. Remove the stylet (guide wire) from the tube.
 12. Check the tube to make sure it is in the proper place:
 - Attach the syringe to the open end of the tube.
 - Pull back on the plunger to bring stomach contents into the syringe. Look at the contents. Stomach contents can be green, yellow, or clear. If the child has been fed, the contents may look like formula/milk or have food particles in it.
 - Gently push the stomach contents back into the stomach with the syringe.
 - If no stomach contents can be drawn into the syringe, have the child lie down on his left side for 15 minutes and try again.
 - If at any time the child starts coughing or choking, has difficulty breathing, or becomes restless and irritable for no reason (something that is not normal for your child), remove the tube.
- **If you are still unsure of the placement of the tube, contact your child's health care provider or call the Children's Mercy Hospital Information Line at (816) 234-3188. Do not give the feeding.****
13. Position the remaining tube over the skin protector and secure it.
 14. Close off the end of the tube until it is needed for feeding.

Safety Precautions:

- Only insert the feeding tube when your child's stomach is empty, since it can cause gagging and vomiting.
- If your child starts choking or coughing while putting in the tube, take it out. Let your child rest and then try again.
- Never place a stylet (guide wire) in an NG tube that is already placed in your child. Remove the tube completely from your child before reinserting the stylet.
- When you reinsert the NG tube, use a stylet that matches the color of the end of the NG tube. (For example, a pink NG tube requires a stylet that has a pink end.)
- If your child is diagnosed with a sinus infection, change the nostril in which the tube is placed.
- Change which side of the nose you use when you reinsert the tube.
- Check with your child's doctor for how often the tube needs to be changed or replaced.

Call your child's health care provider or the Children's Mercy Hospital Information Line at (816) 234-3188 if:

- You are not able to insert the feeding tube.
- You do not think your child's feeding tube is in the proper place.
- You are unable to get the feeding to flow into the tube.
(The tube may be kinked. Reposition the tube by pulling it back 1/4 to 1/2 inch. Retape the tube and check the placement. Then restart the feeding. If still unable to get the feeding to flow, call your health care provider.)
- Your child's abdomen (belly) becomes swollen.
- You have questions or concerns about your child's feeding tube or condition.

Call 911 if your child has breathing difficulty that does not get better after one minute while or after putting in the tube.