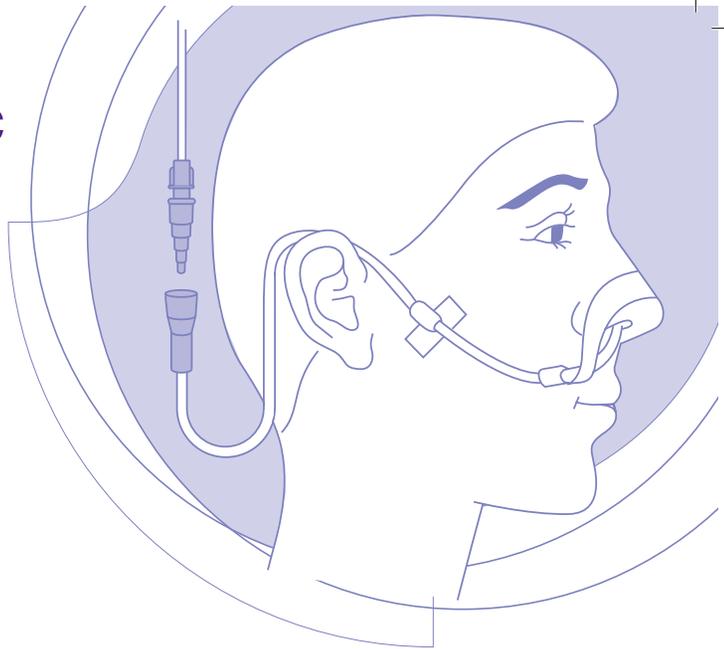


Nasogastric (NG) Tube



You are being fed through a nasogastric tube. This feeding tube is positioned from your nose to your stomach.

Daily Care Nasogastric Tube

It is important to keep your nasogastric tube in good condition to avoid unnecessary replacement of the tube. Regular care and flushing of the tube will help to prevent the tube becoming blocked.

- Always wash your hands before and after caring for your tube
- It is important to check the position of the tube by measuring the pH value of stomach contents. Check prior to administering anything via the tube, after a coughing fit or vomiting episode. **Never administer anything down the tube and do not start feeding before confirmation of pH.** The pH reading should be between 1-5.5. However, if you obtain a result of between 5-6 **do not** administer anything down the nasogastric tube. You must telephone your nurse or managing healthcare professional for further advice because the aspirate reading will need to be reconfirmed
- Flush the tube using a 60ml syringe before and after the administration of feed and medication, or every 4–6 hours if feeding is not in progress (except during the night). Flush with 30ml of water (type and volume as recommended by your managing healthcare professional) to prevent your tube from blocking

- Care of the nose: change the hypoallergenic tape if it becomes dirty or starts peeling off. When changing the tape, clean skin using your usual face cleaning method. Try to alter the position of the tape when changing it. If skin or the nostril becomes sore or irritated contact your nurse. Avoid the use of creams or powders as they can damage the tube
- The tube should be replaced by a healthcare professional and as recommended by the manufacturer's guidelines
- Check the nasogastric tube is intact and that the tube is not kinked or blocked and is secure.

How do I Check the Position of my Nasogastric Tube?

It is important to check the nasogastric tube position prior to administering anything via the feeding tube, after a coughing fit or vomiting episode.

- 1 Wash your hands before and after caring for your tube
- 2 Remove the end cap from the tube and attach a 60ml syringe
- 3 The nasogastric tube visible markings, which indicate tube position, must be checked along with pH measurement **before administering** anything down the nasogastric tube. The managing healthcare professional will provide guidance if local trust policy differs
- 4 Very carefully aspirate gastric acid from the stomach by gently pulling back on the plunger until a small amount of fluid (at least 0.5-1ml) appears in the syringe
- 5 Detach the syringe from the tube, remembering to replace the end cap of the tube
- 6 Test the pH of the aspirated fluid by placing it onto pH indicator paper, which is CE marked for use on human gastric aspirate. Regularly check the expiry date of pH paper
- 7 **Never administer anything down the tube and do not start feeding before confirmation of pH.** The pH reading should be between 1-5.5. However, if you obtain a result of between 5-6 **do not** administer anything down the nasogastric tube. You must telephone your nurse or managing healthcare professional for further advice because the aspirate reading will need to be reconfirmed.

Removal of the Nasogastric Tube

Loosen the tape securing the tube to the face.

The tube can be removed by gently pulling the tube out of the nose, as directed by your nurse.

Troubleshooting Nasogastric Tubes

My nasogastric tube has become blocked

Do not attempt to unblock or administer anything down the tube, as correct placement cannot be confirmed.

Contact your nurse or GP for advice.

My nasogastric tube has come out

You will need to have a new nasogastric tube placed in time for your next feed or medication, particularly if you are having a carefully calculated fluid balance, or if your medication has to be given at set times. Otherwise you may become hungry, dehydrated, or suffer from the symptoms that your medication normally prevents or controls.

If you have not been trained on how to place a nasogastric tube **do not** attempt to place a new nasogastric tube. Follow the steps below:

- Remain calm
- Contact your nurse or GP and explain that your nasogastric tube has come out
- If your nurse or GP is unavailable you may need to attend the hospital emergency department
- Telephone the hospital before leaving home to let them know you are coming in and that you need to have a nasogastric tube replaced. This will give the department time to find your medical notes and to ensure that a member of staff is available who is able to replace your nasogastric tube
- If you have a spare nasogastric tube at home take it with you. This will save time as your type and size of tube may not be readily available in the hospital emergency department. If you do not have a spare tube, take the tube that has fallen out with you in order that the staff can identify which type of tube is required

- When the new nasogastric tube has been replaced, inform the person who routinely changes your nasogastric tube
- You will need to order a new nasogastric tube so that you have a spare available as your feeding tube may unexpectedly come out again.

If your managing healthcare professional has advised that you are competent to replace your tube, and you feel confident to do so, follow the advice you have been provided with and assemble the equipment as you have been taught, and proceed to place a new nasogastric tube.

Please note: It is advised not to replace tubes during out of hours as there may not be sufficient experienced support available in the event of complications arising. Contact your managing healthcare professional for further advice.

Important Notes:

Never administer anything through the nasogastric tube until you are sure the tube is in the correct place (the stomach).

If you are unable to confirm correct position by pH measurement contact your nurse or GP immediately for advice.

If at any time during or after placement the following symptoms occur, remove the nasogastric tube immediately, as you have been trained to do by your nurse:

- Shortness of breath, coughing, vomiting
- Skin colour changes (blue/grey)
- Tube curls in the mouth
- Tube comes out of other nostril
- Any breathing difficulties.

References: National Patient Safety Agency 2011/PSA002 10 March 2011. NICE Nutrition Support in Adults. Issue Date: February 2006. National Patient Safety Agency 2012. RRR001 Harm from flushing of nasogastric tubes before confirmation of placement March 2012.

This information was correct at the time of printing and in line with changes to national guidance as required. Please contact your Nutricia Nurse or managing healthcare professional for the most up to date version. Provided on behalf of Nutricia at the request of the NHS managing healthcare professional.

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