If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Neonatal Outreach Team

Patient Information

Nasogastric tube feeding at home

Document history
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Who is this leaflet for?
This leaflet is meant for parents who may be taking their baby home from hospital, who still needs some feeds by a nasogastric tube.

What is a nasogastric tube?
A nasogastric tube is a thin soft plastic tube that is passed through your baby’s nostril, down the back of the throat, through the oesophagus (food pipe) and into the stomach. A nasogastric tube is sometimes called an ‘NGT’. The NGT is then held in place by being taped to the side of your baby’s face, near the nostril. The tube is used to give your baby feeds and sometimes medicines.

Benefits
The benefits of taking your baby home while tube feeding are that you will get home earlier, your baby will thrive better in the home environment and bonding and family building can begin earlier.

Risks
The risk with NGT feeds is that the tube may become dislodged and that is why the tube is tested before each feed, to make sure it is in the right place. You will have been feeding your baby this way while he/ she was in hospital and the staff will make sure that you are confident before taking your baby home. If the tube becomes dislodged, but your baby is able to take some of his/ her feed by sucking then please orally feed your baby and then a member of the team will come and replace the tube, if its within their working hours. If however your baby cannot take any feed by mouth because he/she is too sleepy, then it will be important for the tube to be replaced promptly, either by the team or it may be necessary to contact NICU to get this done.

Contacts
Neonatal outreach team: 01223 216079 (24hour answer phone service)
We work Monday – Saturday 0800 - 1600.
Outside of these hours please contact the Neonatal Unit, Telephone number: 01223 245151 bleep 156 2279
Why does my baby need a tube?
Your baby may have had a tube inserted for various reasons:

- He/ she may have been born early and because of this not have developed the ability to suck fully
- your baby may have a problem with sucking and swallowing because of an illness or syndrome
- your baby may not be able to complete all of each feed that is needed to ensure proper growth and development
- your baby may be jaundiced and needs help with feeding because of sleepiness.

Equipment needed for home NGT feeding

- 20 ml syringes
- 5ml syringes
- PH indicator strips
- extra tape
- spare nasogastric tube
- cold water sterilising solution or tablets
- cold water tank
- expressed breast milk or formula feeds

References/ Sources of evidence

NPSA. (2005) Carers briefing for those looking after babies under the care of neonatal units in the community.

Neonatal outreach team support at home

Establishing breast or bottle feeding of a premature baby can be a slow but rewarding process.

It is important that your baby has enough calories to ensure good weight gain. Your baby may be discharged home receiving some of his/her feeds by a nasogastric tube as well as breast or bottle feeding.

Your baby must be able to complete two full breast or bottle feeds in a day in order to be discharged home under the care of the outreach team. As your baby is able to breast/ bottle feed well and achieve a satisfactory gain of weight, the amount and number of full nasogastric feeds will decrease. The pace of this decrease will be adjusted to suit you and your baby.

A feeding plan will be discussed with you before discharge and clear guidelines for feeding will be given for you to follow at home. You will also be given feeding charts to complete at home, for the outreach team to review during their visits.

Careful monitoring of progress with feeding and weight gain will be done by your outreach nurse at each home visit. Changes will be made to the care plan after discussion with you. Your outreach nurses will usually visit twice a week while the nasogastric tube is in place, followed by weekly visits until your baby is fully breast/bottle feeding, gaining weight and you and your family are confident and happy with caring for your baby.
Testing the tube

The tube must not be used for feeding unless it has been tested with PH paper to ensure that it is still in the correct place.

Before feeding:
- Check the length of the tube
- Check that the attached tape is not loose

Using a 5ml syringe, slowly withdraw a small amount of milk from the tube

Test the milk with the pH indicator strip

If you cannot withdraw any milk from the tube, one of the following may help:
- Wait five minutes and try again
- Turn your baby over onto his/her side and try again
- Offer your baby a breast or bottle feed if able to wake, wait for a few minutes to allow some milk to enter the stomach, then try again to withdraw a sample of milk.

If the pH is 5.5 or below, you may go ahead and give the next feed using a 20ml syringe.

Remember a feed should take up to 20 minutes to give – the same amount of time it would normally take to breast or bottle feed.

If the pH is 6 or above – Do not feed.
Contact the Outreach Team or Neonatal unit for advice

Tube feeding procedure

1. Wash your hands and prepare the feed.

2. Ensure that your baby is comfortable before starting to feed

3. Test the tube. (see section of the leaflet ‘Testing the tube’).

4. Draw up the milk into the 20ml syringe. Then pull back the plunger carefully until it meets resistance at the end of the barrel.

5. Attach the syringe to the nasogastric tube and withdraw the plunger from the barrel. The milk may now flow easily or it might need a gentle push on the plunger to get it going. Allow the milk to descend by gravity and continue until all the feed is gone.

6. Disconnect the syringe and close the end of the tube.

Your baby should never be left alone with the tube feed in progress. So if the phone rings or an emergency happens, pour the milk back into the bottle and detach the syringe before attending to the problem.