What is a nasogastric tube?

A nasogastric tube – often referred to as a ‘NG tube’ – is a specifically designed tube through which your baby/child can be fed. It is inserted through the nostrils, then runs down the back of the throat into the oesophagus (tube which links the mouth with the stomach) and on into the stomach (see picture below). Liquid food/fluids/liquid medicines can then be given to your child through the tube, directly into the stomach, avoiding the need for your child to swallow.
Why does my child need a nasogastric tube?

Your doctor will advise whether it is helpful or necessary, for your child to be fed through a tube, either as well as or instead of feeding by mouth. They will discuss this in detail with you. The main reasons for using this means of feeding are as follows:

- Your child is unable to feed orally due to a variety of medical reasons and it is necessary to use a tube to feed your child.

- Your child requires supplementary fluid or feed due to a number of reasons such as difficulties swallowing, difficulty in taking an adequate amount of fluid or difficulty in feeding self, poor appetite or lacks interest in food.

- Your child is able to drink/eat sufficiently but vomits in large enough amounts resulting in under nutrition or dehydration.

- Your child is unable to take a volume of feed at one time and therefore requires slow administration of a feed.

- Your child is unable to take their daily volume of feed 4-6 times per day and therefore requires slow administration of feed.

The main benefits for your child having a nasogastric tube inserted will be dependent on the reasons identified above. However, in the long term this may aid early discharge, make your child more comfortable instead of having an intravenous infusion attached to them to provide them with the extra fluid that they require and most of all allow you to become more involved in caring for your child.
What sort of nasogastric tube will my child have?

There are mainly two types of nasogastric tube:

- **Short term use tubes**, these are made of polyurethane and are available in a variety of lengths dependent on the age and size of your child. These tubes are designed to be used for a period of up to 7 days.

- **Long term use tubes**, these tubes are made of polyurethane and often can be referred to as a ‘silk tube’ and are available again in a variety of lengths. These tubes are designed to last for up to 30 – 60 days.

You will find it useful to see a tube before your child has one inserted, so that you know what to expect. The nurse caring for your child will discuss the tube and procedure with you (and your child if appropriate), prior to the tube being passed.

How is the tube passed?

Passing the tube is not a pleasant experience, but it is soon over. The procedure will be explained to you but it is important that you ask any questions if you feel unsure about anything, so that you fully understand what is involved.

If your child is old enough, they will normally be prepared for the insertion of the nasogastric tube by play therapists, so that they know where the tube is going to, why it is needed and what they may feel when it is being passed.

Babies may be given a bottle to suck on when the tube is inserted or if they use a dummy then they should be encouraged to suck this whilst the process is being undertaken. An older child can be given a glass of water with a straw to help them to swallow as the tube is passed.
A special adhesive tape is then used to secure the end of the tube by the side of your child’s nose. The child may complain of a sore throat and/or feel self-conscious, and a baby may try to remove the tube (so it is important that it is securely fixed in place) but most infants/children get used to the tube after a little time.

The tube remains in place until it needs replacing, the child is eating enough that the tube is no longer needed or an alternative means of tube feeding is implemented (gastrostomy).

Some parents may be given the option to learn how to pass the tube themselves in preparation for discharge (either when the tube needs changing or if it is inadvertently pulled out) but if you do not wish to do this then the nursing staff will continue to carry this out and arrangements will be made on discharge with local community nursing teams to support you at home. If you do choose to do this, comprehensive training will be provided so that you feel confident and competent about the procedure. If an older child/young person requires a nasogastric tube, then they can be trained to undertake this procedure themselves.
How do I feed my child using a nasogastric tube?

You will be fully trained to undertake this procedure by the nursing team if this is required as part of your child’s on-going care, as well as in preparation for discharge home. This will include all of the practicalities on how to manage your child at home and deal with any problems that could arise. The requirement for you learn how to undertake tube feeding will be discussed with you, in negotiation with the doctors and nurses and only if agreement is reached will you undertake this training.

If you decide you do want to be involved in tube feeding your child it is important that you do wait until you have received the training and have been assisted in gaining the knowledge and skills to undertake the procedure before you begin to actually do this.

What can I do while my child is being fed?

It is important that your child, if old enough, has the chance to be with your family at mealtimes, as these are social occasions and your child should be included. You should encourage them to touch and taste food just like other children.

Children who have been fed by a tube for a long time may become disinterested in oral foods, so it is important to make their feeding experience as close as possible to ‘normal’ mealtimes so that the transition to oral feeds is as stress-free as possible.
How do I care for the nasogastric tube?

There are three main things to remember when caring for your child with a nasogastric tube:

- Always wash your hands before handling the tube.
- Always test the tube with pH paper to ensure the tube is in the correct place prior to commencing feeding or administering medications into the tube.
- Ensure that the outer end of the tube is always securely fixed to prevent the tube becoming misplaced or falling out accidently.

Are there any risks to my child?

The potential risks to your child are very rare and could include damage to the oesophagus or nasal penetration into the surrounding areas, however, the two main risks are:

- Damage to the lining of the gastrointestinal tract on passing of the tube. There may be some evidence of blood on aspirating fluid from the tube. The tube should therefore be removed and discussed with the medical team caring for your child.

- The tube being inserted into the lungs instead of the stomach. The position of the tube is always checked at the time of insertion, before each use and following an event where your child may have been retching or vomiting excessively that could have caused the tube to become dislodged. This is tested on pH paper and should be acidic, confirming that the tube is in the correct position. This will be the responsibility of the nurse caring for your child or yourself if you have been trained and assessed as competent.
No Smoking Policy

The NHS has a responsibility for the nation’s health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

© Copyright to Central Manchester University Hospitals NHS Foundation Trust