

# Let's Talk About...

## Tube (Gavage) Feeding

Tube (or gavage) feeding is a way to give your child nutrition or medicine directly into their stomach. These feedings can be given as a bolus or continuous feedings.

To do this, a tube is placed through your child's nose or mouth and into the stomach. A tube in the nose is a **nasogastric** [nay-zow-GAS-trick] or **NG tube**. A tube in the mouth is an **orogastric** [or-oh-GAS-trick] or **OG tube**.

### How do I give my child a bolus feeding?

A bolus feeding is a feeding given over a short period of time. Follow these steps to give your child a bolus feeding:

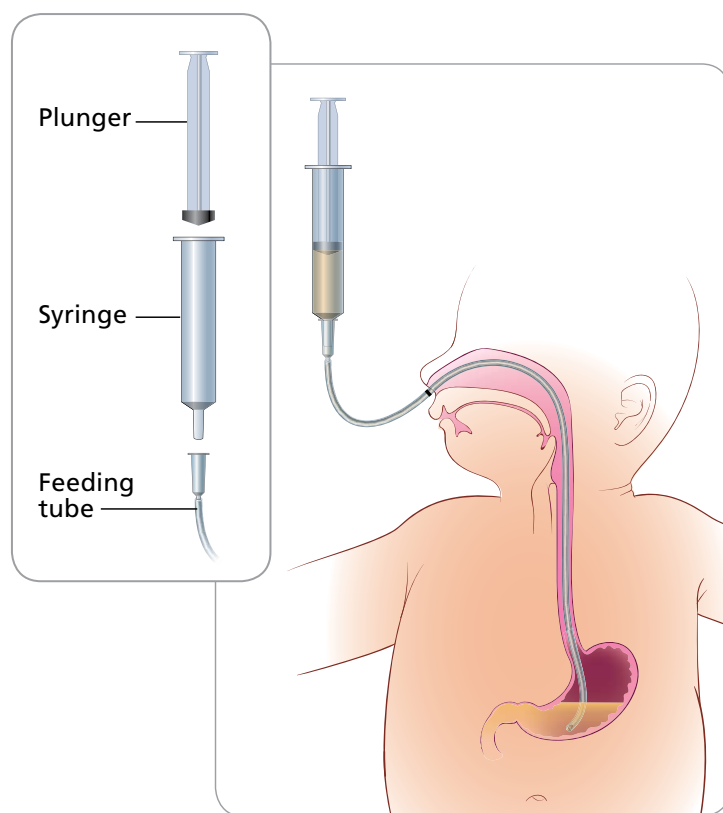
#### 1 Gather the equipment you will need:

- Syringe to check tube position
- pH paper, if you have been taught to use this method
- Water
- 30 to 60 mL syringe for feeding
- Liquid nutrition (formula, breast milk)

Infants can be held or lying down on their back during feedings. Children may sit up if this is possible. **Never leave your child alone during a bolus feeding.**

**2 Check to make sure the tube is still in your child's stomach.** Check the length of the tube outside of your child's nose and make sure it is the measurement you wrote down when the tube was placed. Pull back fluid with a syringe and look at the fluid. Stomach fluids are often clear and colorless or grassy green or brown. Check the pH if you were taught to do so.

**3 Use the feeding method that was recommended to you,** such as using an open syringe and allowing the formula to slowly flow in, or using a pump to give the feeding. Allow 15 to 30 minutes for the formula to flow into your child's stomach.



- 4 To give a feeding through an open syringe, often called "by gravity," remove the plunger from the 30 to 60 mL syringe and attach the syringe to the end of the tube** (see picture). Everything should be at room temperature or warmer, not hot or cold. If you give your child cold liquid, they may have stomach cramps.
- 5 Add formula to the syringe and apply slight pressure with the plunger** (just to start the fluid moving down the tube). Remove the plunger.
- 6 Use gravity to let the feeding go into the stomach.** The height of the syringe, in relation to your child's stomach, controls how quickly the formula flows. If your child's formula is thicker and does not flow with gravity, you may need to use slight pressure with the syringe plunger or to use a pump. Discuss this with your care team.

**7 When the feeding is finished**, clear the tube by putting 3 to 5 mL of water in the syringe and letting the water run into the stomach. Try not to put extra air into your child's stomach.

**8 Burp your baby after the feeding.** Talk with your medical team for the best position for your child after the feeding. For infants who will be put back to bed, put them flat on their back for safe sleep.

## How do I give my child a continuous feeding?

A continuous feeding flows into your child's stomach all the time. Before starting a continuous feeding, make sure the tube is in your child's stomach. See [page 1](#) for instructions on checking that the tube is in your child's stomach. Follow these steps to give a continuous feeding:

- 1 Set up the feeding pump** using the pump's directions and give the feeding as you were instructed.
- 2 Flush the feeding tube** with 3 to 5 mL of water every 4 hours during the day by pushing the water through the tube with a syringe.
- 3 Change the feeding bag** every 24 hours, and talk with your care team about how much formula you can add to the bag at one time.

## How can I help my child during feedings?

To help your child be more comfortable during feedings:

- **Give a baby a pacifier to suck on.** This helps satisfy their need to suck and helps them connect feeding with sucking.
- **Stop the feed and calm your child if they're crying.** The formula may not go down the tube if your child is crying too hard.
- **Touch and talk to your child during the feeding.** Hold your baby during the feeding and then burp and cuddle them when the feeding is complete.

## How long can my child's feeding tube stay in?

- You can leave your child's feeding tube in place for 1 month.
- If the tube comes out before 1 month, check the end of the tube:
  - If the end is soft, rinse the tube and put it back in.
  - If the end is hard, put a new tube in.
- If home care staff will be coming to replace the tube, keep the old tube until they come. The nurse may want to see it.

## What if my child needs medicine?

You can give your child medicine through their NG or OG tube. Before doing this:

- Request the liquid form of the medicine when you get a prescription. Some liquid medicine may need to be thinned with water.
- Talk to the pharmacist about other options if the medicine doesn't come in a liquid. Pills with no coating can sometimes be crushed into a fine powder and dissolved in water. Ask if the medicine can be crushed before doing this.
- Ask your child's provider or pharmacist if any of your child's medicines can't be given through the feeding tube.
- Check to make sure the tube is in the right place before giving medicine through it.

## How do I give my child medicine through the feeding tube?

To give your child medicine through an NG or OG tube:

- Get the medicine, an empty syringe, and a small syringe filled with warm water.
- Wash or sanitize your hands.
- Make sure the tube is in your child's stomach.
- Attach the syringe with medicine to the end of the feeding tube and gently push in the medicine. Flush the tube with 3 to 5 mL of water. Continue these steps until you've given your child all the medicines.
- Replace the plug on the feeding tube or restart the continuous feeding.

Remember to always give your child one medicine at a time. Never mix medicines together or mix medicine with formula.

## What are possible problems with tube feedings?

The most common problem with tube feedings is that a tube that isn't placed properly. The tube may:

- Be coiled in the back of the throat
- Not reach all the way to the stomach
- Be in the lungs (most serious)

Signs that the feeding tube is not in the right place may include:

- Coughing
- Bluish tint to the lips or skin
- Trouble breathing

If you can't flush the tube, it may be clogged.

**Replace the tube immediately.**

## What do I do if my child has a problem with the feeding tube?

If your child begins to vomit, stops breathing, or turns blue during the feeding:

- 1 Stop the feeding.
- 2 Remove the feeding tube. Pinch it closed while removing it to prevent formula from flowing into the lungs.
- 3 Suction your child's nose and mouth with a suction bulb.
- 4 Help your child cry by patting their back.
- 5 If your child isn't breathing, call 911.

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