

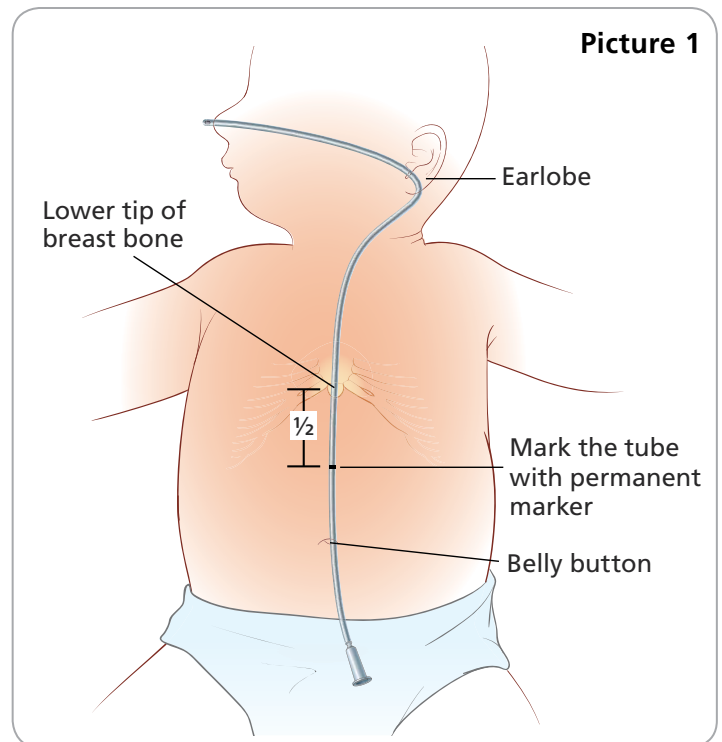
Placing a Nasogastric (NG) Tube and Gavage Feeding

Gavage [guh-VAHJ] **feeding** is a way to give your child nutrition or medicine directly into their stomach. 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. Gavage feedings may either supply all your child's nutrition needs or be added to what your child can eat on their own.

Why does my child need gavage feeding?

Your child may need a feeding tube if they can't get enough nutrition eating by bottle or breastfeedings or when eating by mouth. Gavage feedings may be used for:

- Babies who are premature and too small or weak to suck enough from the breast or bottle
- Children who have a problem coordinating their sucking and swallowing, or don't have a good gag reflex
- Children who have problems with their throat, esophagus, or bowel, or for other reasons cannot meet their nutritional needs on their own
- Children who have lung problems and are breathing too hard or too fast to be able to suck or swallow safely



What equipment do I need?

To insert an NG or OG tube, you'll need:

- The correct size of feeding tube
- A syringe to check stomach contents
- A syringe for formula (30 to 50 mL)
- Tape
- Padding to put under the tube
- pH paper (only if your provider has educated you on the use of it)
- Lubricating jelly or sterile water
- A suction bulb
- A permanent marker
- A blanket or towel for propping your baby up
- A bowl in case your child feels they might vomit
- Optional: A pacifier for infants

How do I put in a feeding tube?

1 Measure and mark the correct length of tubing.

- If you put the tube through your child's nose, use the tube to measure the distance from the nose to the earlobe. Then measure from the earlobe to the area halfway between the lower tip of the breast bone and the belly button (see **Picture 1**). Mark this spot on the tube with the permanent marker.
- If you put the tube through your child's mouth, measure the tube distance from the mouth to the earlobe. Then measure from the earlobe to the area halfway between the lower tip of the breast bone and the belly button (see **Picture 1**). Mark this spot on the tube with the permanent marker.

2 Place your child in a comfortable, raised position. If needed, ask someone to help hold your child or swaddle your baby, toddler, or small child while you are putting in the NG tube.

- Prop your child's chest up with a blanket, towel, or firm pillow.
- Have older children lie back on the arm of a sofa or sit in a chair.

3 Wash or sanitize your hands.

4 Moisten the end of the tube with lubricating jelly or water. Slowly insert the tube through the nose or mouth until the mark you put on the tube is at the nose or mouth.

- Your child may cough or gag when the tube reaches the back of their throat.
- Offer a pacifier or ask your child to try to swallow as you are inserting the tube. Having a baby suck on a pacifier often makes it easier to insert the tube.
- If your child continues to cough or choke, pull the tube out a little and try again. The tube may have curled in the back of their throat.
- Watch your child for any signs of trouble breathing. If the tube is in the lungs instead of the stomach, they may keep coughing, start gasping for air, or begin to look blue. Pull the tube out and let your child recover before trying again.

5 Place a protective pad under the tube.

Tape the tubing on top of the pad.

6 Check that the tube is in the right place.

- Attach a 20 to 30 mL syringe to the end of the feeding tube (see **Picture 2**).
- Pull the plunger back to check for stomach fluids. If you have been taught to do so, check the pH of the fluid. Return the stomach fluids into the stomach. **Note:** If you withdraw stomach fluids, such as old formula, it is very likely that the tube is in the stomach.
- If you do not see stomach fluids when you pull the plunger back, the tube may be up against the stomach wall. Roll your child over to their left side and push a small amount of air through the tube. Then pull the syringe plunger back again and check for stomach fluids. If you still don't see any stomach fluids, remove the tube and try again.

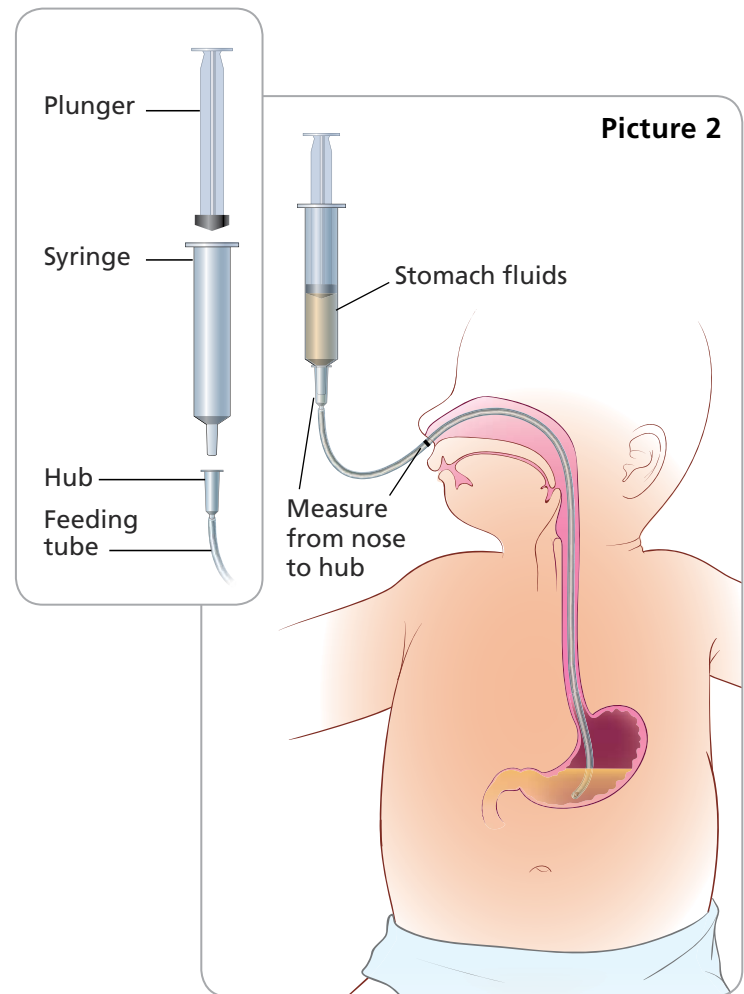
7 Measure the tube.

- Once you have pulled back stomach fluids and you're sure the tube is in the right place, measure the tube from where it leaves your child's nose or mouth to the capped end, called the hub (see **Picture 2**). Write this length down.
- Permanent marker will disappear over time, so measuring the tube is the best way to make sure you put it in the right place. You may also want to note any manufacturer measurement markings on the tube where it leaves your child's nose or mouth. **Make sure this measurement is the same (re-measure the tube) before each feeding and before giving your child medicine.**
- This length will change as your child grows, so re-measure every time you put in a new tube.

How do I give my child a bolus feeding?

A bolus feeding is a feeding that is given over a short period of time. First, make sure the tube is in the stomach.

- 1 Position your child comfortably for the feeding.** Whenever possible, hold your child during the feeding. If this is not possible, place them on their right side with their side propped up a little. **Never leave your child alone while bolus feeding!**
- 2 Flush the tube with 3 to 5 mL of water.**
- 3 Remove the plunger from the 30 to 50 mL syringe** and attach the syringe to the end of the tube. Everything should be as warm as room temperature or warmer. It should not be hot. If you give your child cold liquid, they may have stomach cramps.
- 4 Add formula to the syringe** and apply slight pressure with the plunger to start the fluid moving down the tube. Then remove the plunger.
- 5 Raise the syringe to allow the feeding to go into the stomach using gravity.** The height of the syringe controls how quickly the formula flows. The feeding should take about 15 to 20 minutes to complete.
- 6 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 the stomach.
- 7 Burp infants after the feeding.** All children should either lay on their right side or sit upright for at least 30 minutes after the feeding.



How do I give a continuous feeding?

A continuous feeding is one that is flowing in all the time. First, make sure the tube is in the stomach. (Follow the previous instructions.)

- 1 Set up the feeding pump** using the pump's directions and give the feeding as instructed.
- 2 Flush the feeding tube with 3 to 5 mL of water every 4 hours during the day.** Do this by pushing the water through the tube with a syringe.
- 3 Change the feeding bag every 24 hours** and add no more than 8 hours of formula in the bag at a time.

How long can the feeding tube stay in my child?

The feeding tube may be left 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 the tube back in.
- The end is hard, put a new tube in.

If home care will be coming to replace the tube, please keep the old tube until they come, as the nurse may want to see it.

Who do I contact if I need help or have questions?

Enteral Team
385-887-7356

Intermountain Homecare Main Number
385-887-6000 | 800-527-1118 (toll free)

How do I give medicine through the feeding tube?

Your child's medicine can be given through the NG tube. When you get a prescription for medicine, request the liquid form of the medicine. Some liquid medicine may need to be thinned with water. If the medicine does not come in a liquid, ask for a pill without any coating. Pills that don't have a coating can be crushed into a fine powder and dissolved in water. Be sure to ask your pharmacist if the medicine can be crushed.

Important: Do not mix your child's medicine with their formula. If your child is getting more than one medicine at a time, do not mix the medicines together. Give each medicine one at a time.

Ask your doctor or pharmacist if any of your child's medicines cannot be given through the tube.

Before you start, gather all the supplies you need.

Notes

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