



## **PATIENT INFORMATION**

### **Information for people being discharged with a naso-gastric (NG) feeding tube**

The aim of this leaflet is to provide patients with the relevant information for the use of a naso-gastric tube. It will include:

- What is a NG tube?
- How it is placed?
- Why have a NG placed?
- What are the benefits?
- What are the risks of a NG tube?
- How to check an NG tube
- What are the alternatives?
- How long a NG tube can be used?
- How you can be fed using a NG tube?
- How to take medication?
- How to use the tube?
- When things go wrong (trouble shooting)?
- Contact numbers

**All training will be provided prior to discharge and all questions answered.**

#### **What is a naso-gastric (NG) tube?**

An NG tube is a thin, flexible plastic tube which is passed into the stomach through the nose. Fluids and special feed can be given down this tube to help prevent dehydration and weight loss.

## **How is an NG tube placed?**

NG tubes are inserted by an appropriately trained member of staff, most often a nurse. Patients sit in an upright position to help the tube pass more easily. The tip of the tube is lubricated and passed through the nose and down into the stomach. There may be slight discomfort during this quick procedure but it should be temporary.

## **Why have a NG tube placed?**

There are several reasons someone may not manage enough to eat and drink by mouth and need an NG tube

- Some conditions such as stroke may cause swallowing problems that mean it is not safe for someone to eat or drink
- People may struggle to manage enough to eat or drink because of pain in their mouth or throat or due to nausea or weakness
- There may be a blockage in the throat that means that someone cannot eat or drink enough

Some people will still be able to manage to eat and drink depending on their condition. Please discuss this with your Speech and Language therapist or [Dietitian](#).

It is still very important that you look after the care of your mouth whilst you are not eating and drinking normally as plaque and bacteria will still build up. Clean your mouth and tongue at least twice a day.

## **What are the benefits of NG feeding?**

The benefit of having an NG tube is that your fluid and nutrition needs can be met either totally or if you are still able to eat small amounts, partially through the tube. Liquid medications can also be given via the tube.

## **What are the risks with NG feeding?**

The main risk associated with an NG tube is that feed can accidentally go into the lungs rather than the stomach causing serious harm or infection. To reduce the risk of this it is vital that the position of the tube is checked before each time you use the tube.

## **How to check the position of the NG tube using pH paper**

Using a 50ml catheter tipped syringe, draw back some fluid from the stomach through the NG tube, from the side port. Test this fluid on the pH paper, (pH paper is used to measure the alkaline and acid scale 0-14, 0 being very acidic and 14 alkaline). This will enable you to check for the presence of stomach acid. To confirm the tube is in the stomach, the pH paper must show a pH of below 5.

Check the position of the NG tube; if you are concerned that the tube is not in the correct place, prior to feeding or drug administration, following a coughing episode, after vomiting, if there are problems with breathing or if the length of the tube visible has changed.

Please refer to the trouble shooting section of this booklet if you have problems.

## **What are the alternatives to NG feeding?**

If your gut is working and you need part or all of your nutrition to be given artificially (i.e. you cannot take any or enough nutrition by mouth) using an NG tube is the only short term option to get full nutrition.

## **How long can an NG tube be used for?**

NG feeding is a short term option only. People tend to either return to oral food and drink or, if this is not appropriate, a different type of feeding tube may be placed.

## **How will I be fed?**

A special liquid containing energy, protein, vitamins and minerals can be put through the tube, either slowly with an electric feeding pump or using a syringe (bolus feeding). Your Dietitian will calculate the volume that you need each day. It is important that your upper back is propped up at a 30-45° angle, as this helps the feed to go into the stomach and then down into the gut for digestion.

It is very important that you only use the special liquid provided as homemade soups/liquids can block the tube, and may not have all the nutrients that are needed.

Name\_\_\_\_\_ Date of Birth\_\_\_\_\_

Hospital Number\_\_\_\_\_ NHS Number\_\_\_\_\_

**Feeding regime**

**NGT: Fr (Merck) Inserted to: cm Date:**

**This feed regime provides daily:**

**Energy:\_\_\_\_\_ kcal**

**Protein:\_\_\_\_\_g**

**Total fluid:\_\_\_\_\_ml**

**Feed name:**

**Feed volume:**

**Feed rate:**

**Feed period:**

**Rest time:**

**Extra water:**

**Tube position confirmed at insertion by:**

**aspirate ☐ pH\_\_\_\_\_**

**CXR ☐**

## How to take medications through an NG tube

Most medications are available in a liquid form that can be put down the NG tube. Some of these liquids can be sticky so ensure you flush the tube regularly with water following these. If liquids are not available, please discuss this with your pharmacist. Never mix medicines together. Always flush the tube with 10ml water between each medicine.

## How to use the tube?

Before starting a feed:

- Ensure the tube is in the correct position by checking the pH of the aspirate (you will be taught how to do this by the person that inserts your tube). Then flush the feeding tube with **50mls** of **cooled boiled water**.
- All flushes should be given using a 50ml catheter tipped syringe.
- If using a feeding pump set up the pump, feed and giving set. Connect the giving set to the feeding tube.
- Set the pump to run at \_\_\_\_\_ **mls per hour**.
- The prescribed volume of feed \_\_\_\_\_ **mls** should take \_\_\_\_\_ **hours** to run through
- When the feed is finished dispose of all the equipment. A **NEW** giving set must be used for each feed if using a pump for feeding.
- Flush the feeding tube with \_\_\_\_\_ **mls** of **cooled boiled water**.

## Trouble Shooting

| PROBLEM  | TROUBLESHOOTING  |
|--|--|
| <b>Blocked tube</b>  | <ul style="list-style-type: none"> <li>◆If blocked with feed, try warm water or pineapple juice or lemonade or pancreatic enzymes as prescribed and directed by the pharmacist - may need to try <u>several</u> times before successful</li> <li>◆Routine flushing before and after feeding and all medications (or at least every 4 hours) will reduce the likelihood of blockage</li> </ul>  |
| <b>Displaced tube</b>  | <ul style="list-style-type: none"> <li>◆The tube can be reused for same patient if the tube is undamaged: wash with warm soapy water, rinse with water via syringe and dry naturally</li> <li>◆Contact named specialist nurse or key worker; out of hours contact appropriate ward (see contacts at back of this booklet)</li> </ul>   |
| <b>Sore nose</b>   | <ul style="list-style-type: none"> <li>◆Observe frequently, remove tape, wash and dry area carefully, replace tapes in a different position, apply a barrier cream as appropriate</li> <li>◆Alternate nostrils may prevent nasal irritation</li> </ul>   |
| <b>Damaged NG tube</b>                                       | <ul style="list-style-type: none"> <li>◆Contact specialist nurse or key worker, or out of hours designated ward (see patient information booklet)</li> </ul>   |
| <b>Diarrhoea/ vomiting</b>                                   | <ul style="list-style-type: none"> <li>◆ Contact dietitian, specialist nurse or key worker, or out of hours designated ward (see patient information booklet)</li> </ul>   |
| <b>Aspirate/ stomach contents &gt;5 on pH test</b>           | <ul style="list-style-type: none"> <li>◆Ensure correct procedure as per manufacturers guidance</li> <li>◆May need to remove and reinsert tube</li> <li>◆Confirm position with a chest x-ray if necessary</li> <li>◆Some medications may reduce acid production in the stomach- please discuss with nutrition nurse specialists</li> </ul>  |
| <b>Position of tube moved i.e. visible pen marking moved</b> | <ul style="list-style-type: none"> <li>◆Confirm position of tube with pH strip or chest x-ray</li> <li>◆Do not recommence feed until position confirmed</li> </ul>   |
| <b>Unable to obtain stomach contents (aspirate)</b>          | <ul style="list-style-type: none"> <li>◆If the guide wire is still in place, use the pink guide wire port to aspirate the tube</li> <li>◆If the guide wire has been removed, ensure pink side port is closed</li> <li>◆Use half drawn back 50ml syringe, and pull back on it gently to gain aspirate</li> <li>◆If obtaining air but no aspirate, try inserting tube slightly further and then aspirating</li> <li>◆If unable to aspirate air or aspirate try pulling tube back slightly and then aspirating</li> <li>◆If unable to pull back on syringe, inject 10mls of air and then aspirate</li> <li>◆Lie patient on left side if little fluid in stomach</li> <li>◆Give patient small amount of blackcurrant juice to drink if appropriate/patient is safe to swallow</li> <li>◆Chest x-ray if in doubt</li> </ul> |

### What to do if your NG tube comes out

If your NG tube comes out, please contact:

\_\_\_\_\_ on ☎ \_\_\_\_\_

**Or out of hours (5pm-9am)**

**Ward ☎ 01803 65**

**If you have any queries regarding your NG tube please contact the nutrition nurses**

**If you have any queries regarding your feed or deliveries please contact your dietitian on**

☎ \_\_\_\_\_

#### Contact Details ☎

Nutrition nurses (01803) 654951

Dietitian (01803) 654380

Fresenius Kabi 0808 100 1990

Torbay hospital switchboard (01803) 614567

Produced by the NG tube steering group at Torbay Hospital from a document originally devised by Ashford and St Peters Hospitals. May 2012.

Information given to: \_\_\_\_\_

Information Given by: Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Contact Number ☎ \_\_\_\_\_

Produced by the department of Nutrition and Dietetics, Torbay hospital

Further copies are available from the intranet (Nutrition and Dietetics website) and iCare.

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