



Queen Victoria Hospital
NHS Foundation Trust

Nasogastric feeding tube management

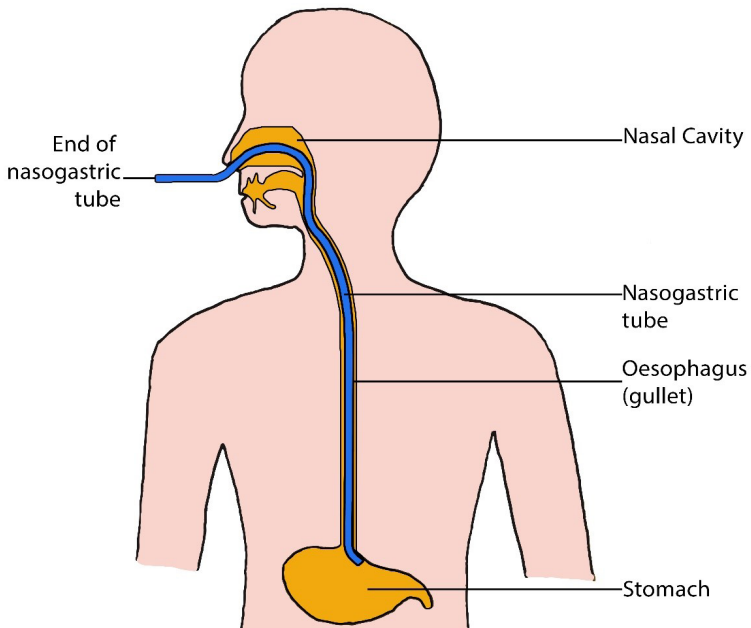


This leaflet explains about having a nasogastric feeding tube, including information about how to look after your tube at home. If you have any further questions, please speak to a doctor or nurse caring for you.

What is a nasogastric tube?

A nasogastric tube (NGT) is a fine tube that is passed through your nose, down the back of your throat and into your stomach. The end of the tubing left on the outside of your body is then usually secured to your cheek with an adhesive dressing.

The procedure is usually carried out by a nurse or doctor and takes just a few minutes. Having the tube passed may be uncomfortable but should not be painful. Once the tube is in the correct position it should be quite comfortable and can then be used to put liquid feed, water and medications into your stomach. If you have had a major operation, you might have the NGT inserted during the operation.



Why do I need a nasogastric tube?

It may be unsafe for you to take food and fluids by mouth, or you may be unable to take enough. A nasogastric tube is to help you through this period as it can be used to give all the liquid feed, fluids and medications you need.

How long will I need it for?

This will depend on your individual condition, and will be decided between you and the team caring for you. Please discuss this further with your dietitian.

How do I care for my nasogastric tube at home?

Nasogastric tubes are held in place by the adhesive dressing/tape on your cheek which means they are very easily dislodged. Coughing, vomiting or pulling on the tube can move the tube from your stomach making feeding unsafe. To ensure that you feed safely at home, you must follow the guidance below.

1. Ensure adhesive dressing/tape is firmly attached to the skin. This should be checked daily.
2. Check the centimetre measurement at the nostril daily (this is marked on the feeding tube). This should be the same as when you left hospital. If it is not, this may mean that the tube has moved. See Troubleshooting section of this leaflet.
3. Every time the tube is used for feed, medication or water, or if you have an episode of coughing or vomiting, it is essential that the position of the tube is checked to ensure the tube tip is in the stomach. This is done by 'pH testing' which checks the acidity level of fluid removed from your stomach. More information about pH testing is provided in the section below.

You will be shown how to do pH testing and care for your tube before you leave hospital.

How do I do pH testing?

You will need a clean surface, large purple syringe (60ml size) and some pH strips.

1. Wash your hands.
2. Attach a clean 60ml purple syringe to the end of your nasogastric tube (make sure the cap on the port you are not using is closed).
3. Pull back on the plunger of the syringe to draw back some fluid (aspirate) from your stomach (you only need a very small amount).
4. Use a new pH strip and squirt the fluid from the syringe onto the pH strip, make sure all coloured squares are covered.
5. Allow between 10 and 60 seconds for the coloured squares on the strip to change colour. Compare this immediately to the colour chart on the box of the pH strips for the closest match.
6. If the reading is 5.5 or less, then the tube is likely to be in your stomach and is safe to use.
7. Discard the used pH strip in the bin.

Troubleshooting

1. What if I can't aspirate or I get a reading of more than 5.5?

- Undertake pH check at least one hour following the stopping of the feed.
- Check that the tube is the same length as usual (using the centimetre markings by your nostril).
- Draw back 10 – 15mls of air into your syringe and push this down your tube (there could be some debris on the end of your tube so the gush of air may help to move it). Try to aspirate again.

- Try lying on your left side for 30 minutes and try to aspirate again.
- If you can drink, take couple of sips of water and try to aspirate again.

If you are still unable to aspirate or if the pH is above 5.5, contact your homecare company advice line or go to your local A&E with this leaflet.

2. What if the measurement at my nostril moves?

- If you are still able to get a pH of 5.5 or below, it is safe to continue using the tube.
- If you are unable to get a pH of 5.5 or below, this may indicate the tube tip is no longer in your stomach. You must attend your local A&E for the tube to be reviewed.

3. How do I prevent my nasogastric tube from becoming blocked?

- Ensure all medications are given separately with a minimum of 30ml cooled boiled water flush before and after each one.
- Always flush your tube with a minimum of 30ml cooled boiled water before and after your feed.

4. What should I do if my nasogastric feeding tube becomes blocked?

Step 1.

If you are able to see the position of the blockage, gently massage the tube around the area. If you are unable to see the position of the blockage, move to Step 2 below.

Step 2.

Flush the tube with 15-30mls of warm water or carbonated water in 60ml purple syringe and use a 'push pull' technique (draw back 15ml warm water into the syringe and push the

plunger in and out repeatedly). Do not use excess force or attempt to unblock it with any foreign objects.

Step 3.

If the tube remains blocked, contact your homecare feeding company advise line or go to your local A&E with this leaflet.

How will I get a regular supply of feed and equipment at home?

You will be registered with a feed company who will deliver your feed and equipment every month until you no longer need it. Your dietitian will arrange this.

What equipment will I be given when leaving hospital?

- 1 box of pH strips
- 1 spare nasogastric tube
- 1 roll of tape to secure the tube
- 1 week's supply of 60ml purple syringes
- 1 week's supply of liquid feed as prescribed by your dietitian
- If you are using a pump for your feed, delivery of your pump and stand and giving sets will be arranged from the feeding company via the hospital dietitian.

Frequently asked questions

Can I eat and drink with a nasogastric tube?

If your team advise that it is safe for you to eat and drink, you can continue to do so with a nasogastric tube.

How is my nasogastric tube removed?

When you no longer require your nasogastric tube, your team will arrange for it to be removed. The adhesive tape around it will be removed and the tube will be gently pulled out.

What should I do if my nasogastric tube comes out?

Ring QVH hospital and the ward you have been discharged from.

Further information

NHS Choices: provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

www.nhs.uk

PINNT (Patients on Intravenous and Naso-Gastric Nutrition

Therapy): is a national, independent, not for profit membership charity established for over 30 years providing mutual support and understanding to hundreds of adults and children and their families adapting to life on home artificial nutrition. PINNT provides this support direct via local and regional groups, online via forums and literature and a national telephone and email helpline.

www.pinnt.com

Contact us

Hospital number: 01342 414000

Hospital Dietician: 01342 414445/4152

Hospital Nutrition Nurse: 01342 414445/4152

Ward Name and Number:

Community Dietician:

Homecare feeding company:

Home care feeding company 24 hr advice line.....

Feeding regimen for home

Feed:.....

Volume:.....

Rate:.....

Suggested feeding time:

Water flushes:

Additional information:

.....

.....

Your nasogastric feeding tube

Name: _____

Procedure: _____

Date: _____

- Type of Tube _____
- Size: ____Fr
- Date of insertion: ____/____/____
- Method of insertion:
 - Bedside
 - Theatre
- Measurement at nostril: ____cm
- Type of securement _____





If you'd like to find out how you can support QVH, please
visit www.supportqvh.org



Please ask if you would like this leaflet
in larger print or an alternative format.

Dieticians

Issue 1 – Ref 0217

Approved by the Patient Information Group

Print March 2021 – Review March 2024

© Copyright QVH NHS Foundation Trust

www.qvh.nhs.uk