

FEEDING TUBE CARE

This book belongs to:



Blank Children's Hospital
UnityPoint Health



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COPING PLAN



General Information

Feeding Tube Type: NJ-Tube NG-Tube

Weighted No Weight Tube Size _____

Medical Equipment/Supply Company (DME) _____

Phone Number _____

Home Health Contact Person _____ Phone Number _____

Pediatrician (Family Doctor) _____ Phone Number _____

Gastroenterologist (Stomach Doctor) _____ Phone Number _____

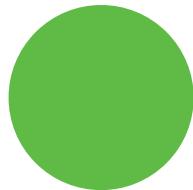
Dietitian _____ Phone Number _____

Fire/Ambulance Service _____

Nearest Hospital _____

Managing NG-Tube _____

Other information _____





INTRODUCTION

WHY GOOD NUTRITION IS IMPORTANT

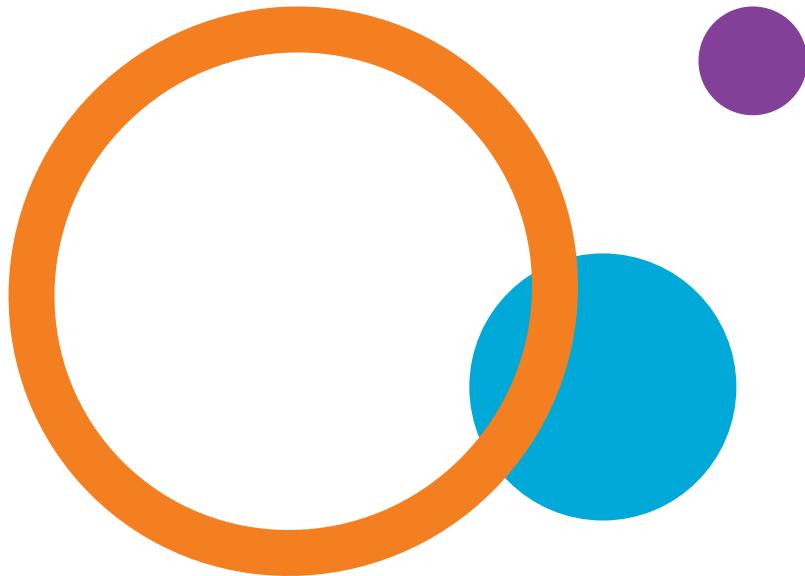
Eating the right foods helps our bodies stay healthy, grow, and heal when we are sick or hurt. But sometimes, an illness or surgery can make it hard for a person to eat. When that happens, they may need to get nutrition in a different way.

One way to do this is called tube feeding, or enteral nutrition.

WHAT IS TUBE FEEDING?

If someone can't eat by mouth, but their stomach or small intestine still works, they may need tube feeding. This means a special tube is used to send food straight to the stomach or small intestine. The tube might go through the nose, stomach, or directly into the small intestine.

Tube feeding helps people get the nutrients they need to stay healthy when they can't eat in the usual way.





Tube Feeding Basics

Tube feeding uses a special medical device, sometimes called a "feeding tube", to create a direct pathway to deliver nutrition into either the stomach or the small intestine.

Feeding tubes can be used to deliver formula, real food blends, medication, and water.

Feeding tubes are named based on where they enter the body and where the nutrition is being delivered. For example, a tube that passes through the nose and into the stomach is called a nasogastric tube, or NG-Tube.



For some children, tube feeding may be their only source of food; for other children, tube feeding may be added to their daily food routine as a supplement.

PREPARING FOR NG PLACEMENT

PREPARING YOURSELF

- Your approach and demeanor can influence your child's coping and comfort level
- Give yourself grace and allow yourself plenty of time to familiarize yourself with the supplies and process
- Crying is coping. Placing an NG is an invasive procedure that is often times uncomfortable. Meet your child where they are to best support them.
- Lean on your support system and/or treatment team. It is equally as important for you as a caregiver to have support in the same way your child does.

PREPARING YOUR CHILD

- Use simple, concrete, and non-threatening language to describe the medical supplies and steps involved in the process
- If appropriate, don't hesitate to engage your child in play with extra or leftover medical supplies to familiarize your child with the supplies
- If your child asks questions, it can be helpful to begin the conversation by asking your child what they know or understand about their NG. To answer their questions, use honest, clear communication with language they can understand. You know your child best so trust your gut as you help them learn.

COMFORT HOLD OPTIONS AND PICTURES:

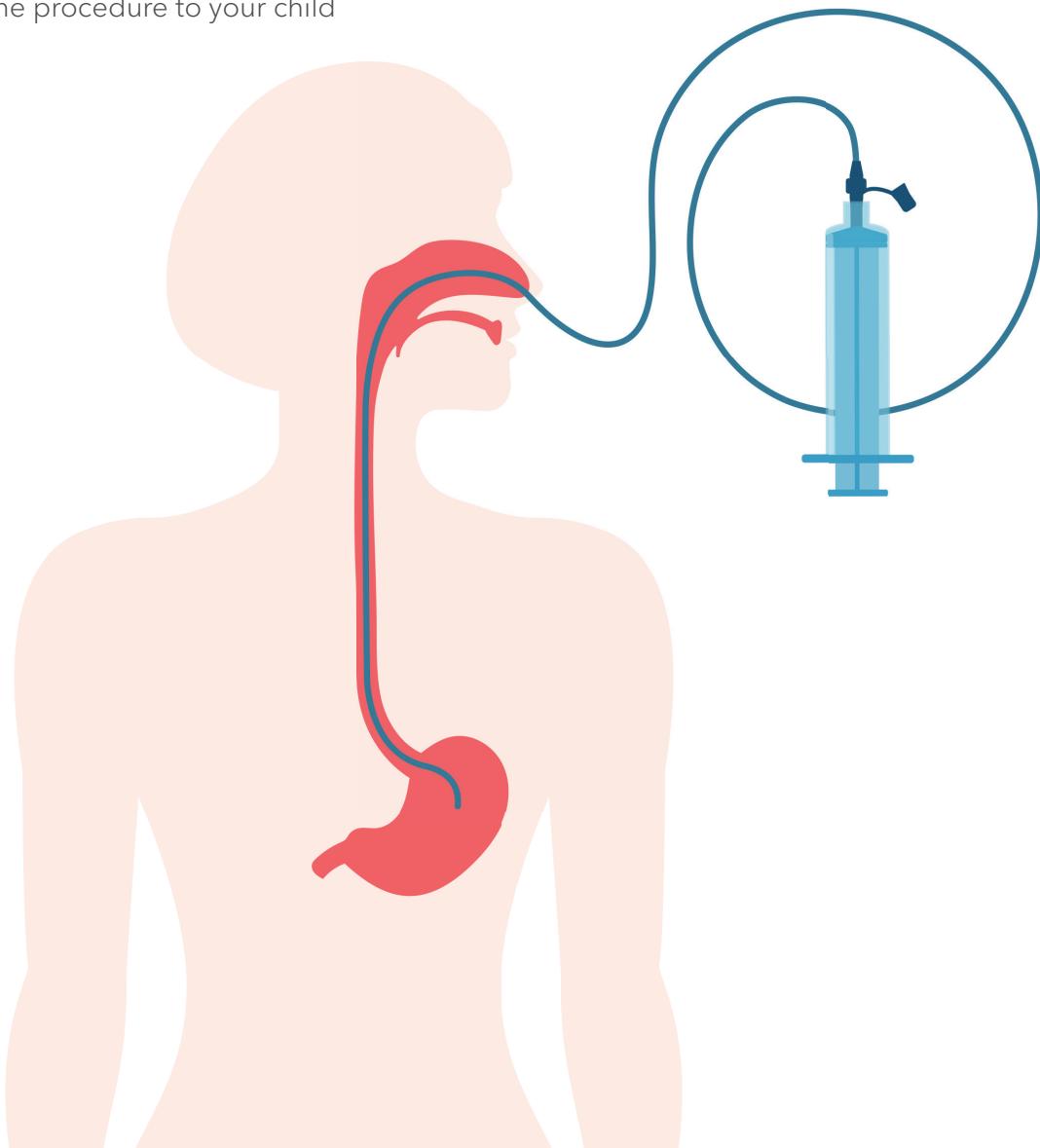
- Swaddling for infants
- Side sit
- Tummy to tummy sit
- Back to tummy sit



Feeding Tube Insertion

STEPS TO PLACE TUBE

1. Gather appropriate supplies
 - NG Feeding tube (size is dependent upon patient nare size. Sizes available are 5fr, 6.5fr, 8fr and 10fr)
 - ENFit Syringe for placement verification. Size 3-6ml
 - Water-soluble lubricant or water
 - Tape or transparent semipermeable dressing to secure tube
 - If used- tube securement device
 - Skin preparation agent
 - Permanent marker or tape for marking depth if needed
 - Stethoscope
2. Wash your hands
3. Explain the procedure to your child





4. Measure for insertion depth
 - Measure from tip of nose to the earlobe, then from the earlobe to midway between the bottom of the breast bone and the belly button.
 - Note number on tube at this location.
 - If tube does not have numbers, may mark with permanent marker or tape.
5. Lubricate the tip of the tube with a water-soluble lubricant
6. Put on gloves
7. Insert the tube into selected nostril, advancing to predetermined depth
8. Stop and remove tube if there are signs it's not in the right place such as, trouble breathing or coughing.
9. Secure tube once desired length is reached
10. Verify tube placement

PLACEMENT VERIFICATION PRIOR TO USE Must use a MINIMUM of two verification methods.

Methods may include:

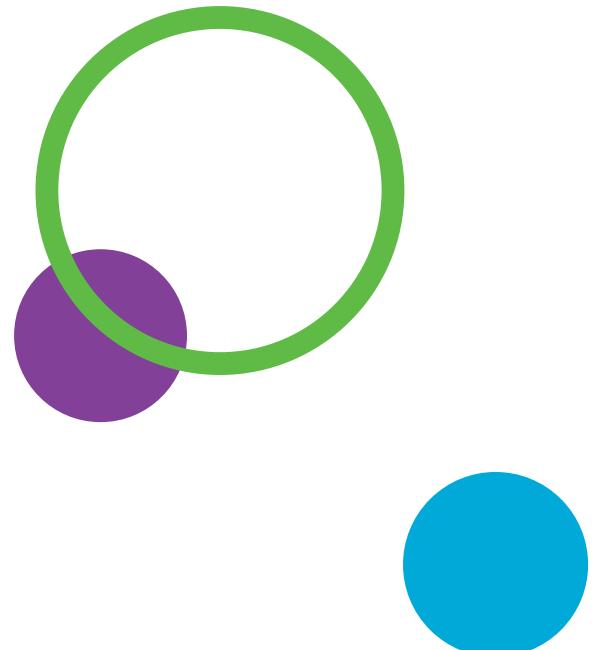
- Aspiration of stomach contents
- Listening for air instillation just above the belly button. (whoosh sound)
- Tube measurement

SIGNS OF DISLODGEMENT - REMOVE TUBE Signs of tube misplacement may include:

- Coughing
- Blue lips or face
- Decreased oxygen saturation (if on a pulse oximeter)
- Other signs of breathing difficulties

REASONS TO CHANGE YOUR NG-TUBE

- Tube is too tight against the skin
- Tube is broken
- Tube has been in for 30 days
- Tube is clogged despite efforts to unclog





Gravity Feeding

A gravity feeding may be done with either a syringe or a gravity bag.

SYRINGE FEEDING:

- **Check placement**
- Remove the plunger from the large syringe
- Attach the syringe to the feeding tube
- Slowly pour 10-15mls of formula into the syringe
- Unclamp the feeding tube
- Allow the formula to flow slowly through the feeding tube, adding more each time the amount in the syringe reached 5mls until all feeding has been given
- Flush with prescribed amount of water
- Clamp feeding tube
- Disconnect syringe

GRAVITY BAG FEEDING:

- **Check placement**
- Pour the prescribed amount of formula into the bag
- Hang bag in a secure location, such as on an IV pole
- Prime the bag tubing by unclamping the bag clamp and allowing formula to flow until it reaches the end of the bag tubing. Close clamp.
- Attach the gravity bag to the feeding tube
- Unclamp the feeding tube
- Allow the formula to flow slowly through the feeding tube
- Flush with prescribed amount of water
- Clamp feeding tube
- Disconnect gravity bag



Pump Feeding

- Clamp the feeding tube
- Pour the prescribed amount of formula into the pump bag
- Hang bag and pump in a secure location, such as on an IV pole
- Prime the bag tubing by unclamping the bag clamp and allowing formula to flow until it reaches the end of the bag tubing. Close bag clamp.
- Following manufacturer directions, put pump feeding bag tubing into pump
- Set pump rate as prescribed
- Attach the pump bag tubing to the feeding tube
- Unclamp the feeding tube
- Start the pump to allow the formula to flow through the feeding tube at prescribed rate
- When feeding is complete, stop pump
- Disconnect pump bag from feeding tube
- Flush with prescribed amount of water
- Clamp feeding tube
- Turn off pump

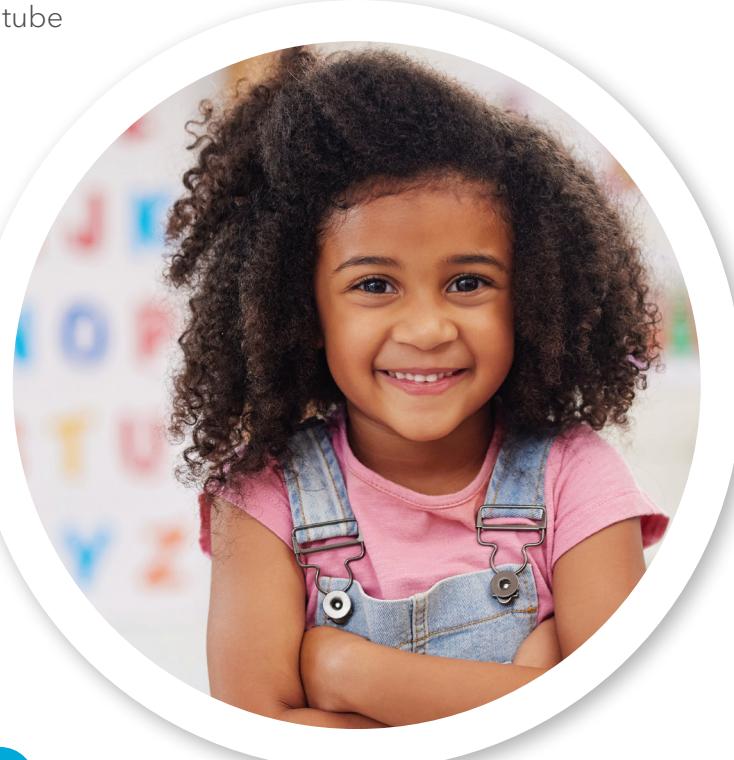
Following All Tube Feedings

- Wash the feeding tube supplies with soap and water.
- Rinse well with water and air dry.
- DO NOT wash the feeding tube supplies in the dishwasher.
- Most feeding bags will be replaced every 24 hours. This may vary depending on your supply company. Please work with them to make this determination.
- Remove your extension tubing following each feed if used.
- Close the feeding tube after removing the extension tube

GIVING MEDICATIONS IN THE FEEDING TUBE

You may use the feeding tube to give your child medications as prescribed. The medications given to your child will be determined with your medical team. **Remember to check placement prior to administering medications.**

- Flush the feeding tube with _____ fluid ounces or _____ ml of water after each medication.





Tube Feeding

Always check placement before starting a feed or using tube.

Tube feedings may be given in a variety of ways including, gravity, with a pump, continuously, or intermittently (bolus). The way a feeding is given to your child will be determined with your medical team.

Your tube feeding formula is _____

Your formula recipe is _____

BOLUS (INTERMITTENT FEEDING)

Give your feedings _____ times each day

Each of your feedings will be _____ fluid ounces or _____ ml of formula
over _____ time

CONTINUOUS (ALL THE TIME)

Your child's feeding will run from _____ am/pm to _____ am/pm. As you become more familiar with your child's feedings, you may want to vary the feeding times. Check with your healthcare professional.

Set the pump flow rate at _____ ml per hour

To assure adequate fluid intake, a total of _____ fluid ounces or _____ ml of room temperature water should be taken each day in addition to the formula

Flush your tube with _____ fluid ounces or _____ ml of water _____ times per day, using a 60ml or larger syringe to gently push the water through the tube

FEEDING INSTRUCTIONS

- Gather all NG-Tube feeding items
 - Large catheter tip syringe
 - Feeding tube extension
 - Formula
- Check the formula amount and how often to give it
- Wash your hands before starting the feeding



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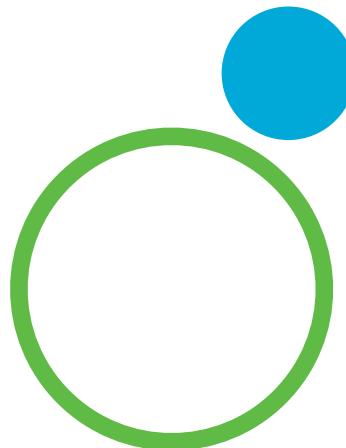
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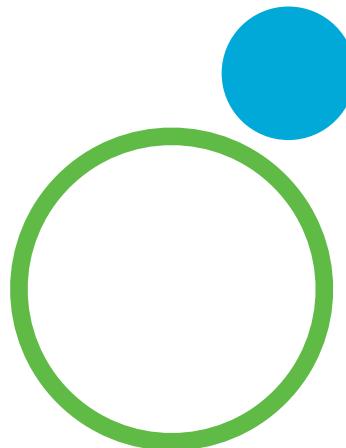
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General Care Information

ORAL CARE

Even if your child is not eating or drinking by mouth, it's important to keep their mouth clean and moist to prevent dryness, discomfort, and infection. Gently clean your child's mouth several times a day, or as often as needed, using a soft toothbrush or a damp cloth.

Regular oral care helps:

- Keep the mouth comfortable
- Prevent bad breath and infections
- Support overall health

Talk to your healthcare provider if you notice any redness, sores, or changes in your child's mouth.

When there is a feeding tube in the nose, it can make the nose feel uncomfortable. To keep this skin healthy:

- Check the skin around the nose at least twice a day for any signs of redness or soreness.
- Clean the nostril that has the tube in it at least once a day with a soft cloth or cotton swab dipped in warm water.
- When changing the tape or dressing, avoid pulling it too tightly to one side—this can cause the tube to rub and lead to a sore.

BATHING

- When giving your child a bath, make sure the NG-tube is closed.
- Keep the tape or bandage holding the tube in place dry.
- If it gets wet or starts to come off, change it once bathtime is over.

ACTIVITY

- Check the tube and securement devices regularly during activities.
- Avoid any activities that could cause the tube to be pulled out by accident.

SCHOOL

- Tell your child's teacher and school that your child has a feeding tube.
- Let them know what to do and who to call in case of an emergency.



LEAVING HOME

- Your child can travel with a feeding tube.
- Always make sure to bring extra supplies in case of emergency (including a replacement tube).
- Suggestions for your feeding tube travel kit:
 - Extra feeding tube
 - All connection tubing and syringes
 - Feeding pump if feedings are given by pump
 - Formula
 - Medications
 - Water for flushing after feedings/medications
 - New dressing/tape/securement devices

GENERAL CARE TIPS:

- If not using the feeding tube daily, flush at least once per day with 5-10mL of water to prevent it from being clogged.
- Secure the feeding tube to clothing if needed.

Special Considerations

WHEN TO CONTACT YOUR DOCTOR?

- You can contact your doctor by phone or via MyChart.
- If your child is not tolerating their tube feeding. Signs may include increased fussiness or agitation, gagging, vomiting, diarrhea, or if your child's stomach looks larger than normal.
- Fever over 101.5°F (38.5°C)
- If your child is experiencing pain with a tube feeding
- The tube cannot be reinserted
- Placement cannot be verified

TROUBLESHOOTING COMMON NG-TUBE PROBLEMS

VOMITING

- a. There are many possible causes for vomiting, including formula intolerance, excess gas, overfeeding, other medical conditions, viral infections (e.g. the flu), etc
- b. Contact your doctor

DIARRHEA

- a. There are many possible causes of diarrhea, such as the type of formula, medicines, how fast the liquid food is given and other medical conditions
- b. Contact your doctor



BLOCKED FEEDING TUBE

- a. Food or medicine may build up in the tube and may block the flow of your child's feeding
- b. To prevent blockage, always flush the feeding tube with 5mL of water before and after each feeding/medication

EDUCATING SIBLINGS, PEERS AND OTHERS ABOUT YOUR CHILD'S NG

- Depending on your child's age, ask them what they would like to be shared. Some may be open to sharing a lot of details and some may prefer to keep it private.
- Unusual questions are common as children try to understand the reasoning and the why's behind having an NG. Possible/common questions and suggestions are listed below. Remember that there is no right or wrong approach and the questions and answers will look different for everyone. If you are having a difficult time answering questions, please contact your treatment team.

It may be helpful to prepare your child for uncommon questions as their peers learn.

 - "Why do you have a tube in your nose?" or "What is that on your face?" - That is my tube that gives me food when I can't eat or can only eat a little.
 - "Does it hurt?" - It doesn't feel good when it is placed, but once it is in, I get used the feeling and it becomes more normal.
 - "Did you do something bad to have to get that?" - No! This is not something that I can control. It helps my body get the nutrients it needs.
 - "Where did it come from?" - My nurses and doctors told me I needed this to help me.
 - "Can you still play?" Yes - I can still play. I just need to be careful with anything close to my face to prevent my tube getting caught.
 - "How does it work?" -When it is time for my body to receive nutrients, a special formula is put into my tube that then goes into my stomach.
 - "How long do you have to have it??" - ***this will be individual to your child's needs***
 - "Can you still eat with your mouth?" - ***this will be individual to your child's needs***
- Siblings:
 - Your other children are going through change as well. As they adapt to a new normalcy, it is important to hold space for them and their coping.
 - Similar to asking your child what they know about their NG, it may be helpful to ask your other children about their understanding and what they know. Continue to facilitate a space for open and honest communication as children process in small spurts. Frequent reminders, or education can be helpful to not overwhelm them.
 - If possible, continue normal day-to-day routines for your family.
 - Before coming home with your child the first time they have an NG, preparing the other children for what they are going to see may be helpful.
 - If your child is still receiving inpatient care or visiting a clinic, a Child Life Specialist can assist with preparing your children from both the patient and sibling perspectives regarding what to expect with an NG tube.
 - Much of the information used to teach and prepare your child with the NG tube can be adapted to fit sibling's coping needs

YOUR CHILD'S COPING PLAN

• •

PROMPTS WHEN PLACING THE NG:

1

This is where I want to sit:

In a chair by myself

In a chair with someone i choose

2

I'd like to:

Have a show or song playing in the background

a comforting item to hold onto

A quiet environment

3

I want the person helping me to give me a count-down before the NG is placed:

10 seconds

5 seconds

No count-down

4

I like to take drinks during my NG tube placement:

Yes, my favorite drink is: _____

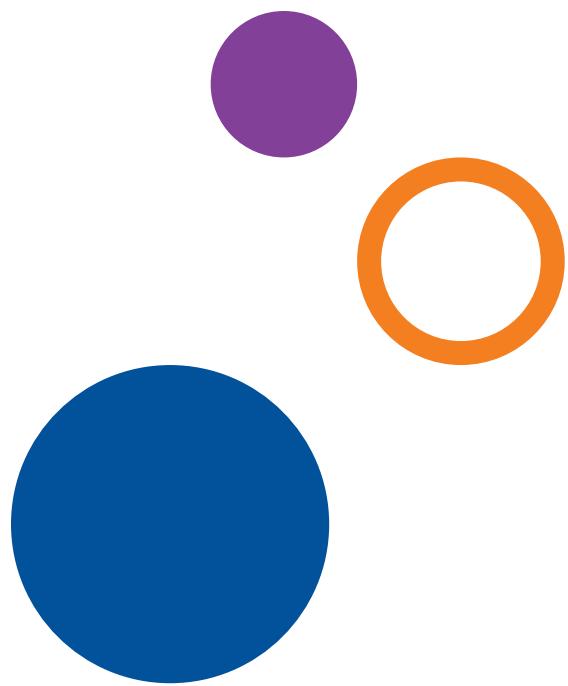
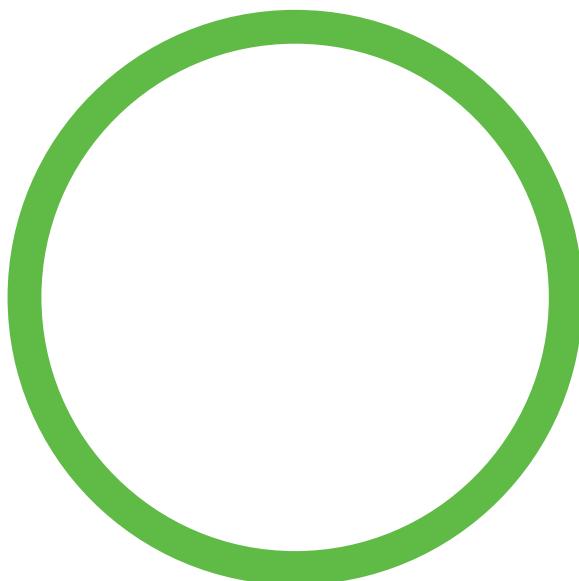
No

5

I like to do or have _____ after my NG is placed.



Notes



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