

Information for Patients

Tube feeding your baby on the Neonatal Unit

Baby's name: _____

Parent name: _____

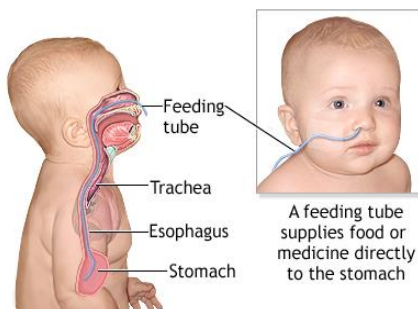
Date information sheet given: _____

What is Naso/orogastric tube feeding on NICU?

It is usual for babies who have been born prematurely or who have been very sick to be unable to take all their milk from either the breast or bottle. These babies are given milk via a Nasogastric Tube (NG tube) or Orogastric Tube (OG tube) - this is a thin tube that passes through the nose down into the stomach.



Feeding in this way will help your baby receive enough nutrition to grow and develop. The feed is allowed to drip slowly down the tube by gravity into the stomach. Even when your baby starts to take milk from the breast or bottle, they may tire easily therefore require tube feeding for part of their feed.



To help you become more involved in caring for your baby, we encourage you to participate in tube feeding in the hospital. Our nursing team can teach you how to do this. It is very important that you learn to do this in the correct way and complete all the training.

Don't worry about how long it takes for you to gain confidence when tube feeding your baby. It is better that you feel happy and confident in what you are doing.

Please remember, you can speak to a nurse if you are unsure about anything.

Equipment you need to get started

- ✓ **Oral syringe to aspirate**
2ml for a baby weighing less than 1000g.
5ml/10ml for a baby weighing more than 1000g.
- ✓ **Oral 10ml/20ml syringe for giving feed**
- ✓ **ph indicator strips**
- ✓ **Measured amount of correct feed, warmed to room temperature**



Please note: An extension set will be required for babies on Optiflow, Cpap, Bipap, Abdominal and Respiratory surgery.

Step by step guide

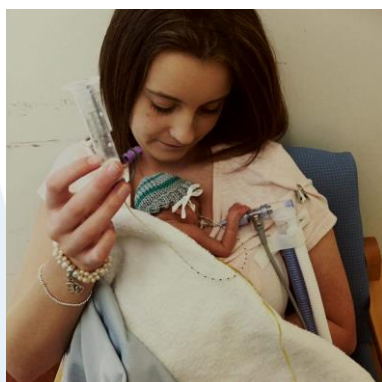


It is important that you **always test** that the tube is in the stomach **before** feeding your baby. If the tube is not correctly positioned, fluid could go into your baby's lungs.

1. Wash and dry your hands before and after tube feeding.
2. Check that the tube position has not changed, look for the following:
 - The amount of visible tube – is it the same length as before?
 - Any loose tape?
 - Any kinking of the tube at the back of the mouth?

Once you are happy with the above steps:

3. Remove the cap from the tube and attach a purple syringe.
4. Pull back gently (aspirate) a small amount of fluid and place this on the pH indicator strip.
5. The strip should change colour and should show a **pH of 5.5 or below**. The colour change/pH is caused by the acidity of the stomach contents.



It is important to hold the feed and observe your baby

You should not feed your baby if:

- The reading is pH6 or above.
- You are unable to obtain any fluid.

If this happens, inform your nurse so that they can check the position of the tube.

If you need to stop the feed, lower the syringe or kink the tube and call the nurse for help.

Problem Solving

- If the pH paper does not change, this does not necessarily mean that the tube is not in the right place. It could be that your baby's stomach is empty or the tube is resting up against the stomach wall.
- If no aspirate is obtained, try turning your baby on their left-hand side and drawing back the fluid, then test again.

Inform your nurse - they can help you check the position of the tube.

References

National Patient Safety Agency (2005) *Information for parents and carers of babies with nasogastric feeding tubes under the care of neonatal units*. NPSA.

NU001 *Administering Nasal or Orogastric Feeds on the Newborn Intensive Care Unit*. Saint Mary's Hospital (2015).

Sticker/Baby's Name ID

Competency for NGT/OGT testing and feeding

Parent copy

Action	Discussed/ Demonstration	Parent 1 Initial and date	Parent 2 Initial and date	Final Competency (Nurse's signature)	Parent/carer to sign when confident
Handwashing - 7 steps					
Preparation of equipment - Clean surface - Purple syringes - Warming milk					
Check tube position - Tape secure - Measurement - Coiling?					
Ph testing - Reason for testing - Colour change - Ph 5.5 or below - On reflux meds?					
Giving gravity feeds - Reason - Appropriate level - Present during					
Care of nostril and cheek - Use of duoderm - Application and removal					
Non-nutritive sucking					

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Sticker/Baby's Name ID

Competency for NGT/OGT testing and feeding

Nursing copy

Action	Discussed/ Demonstration	Parent 1 Initial and date	Parent 2 Initial and date	Final Competency (Nurse's signature)	Parent/carer to sign when confident
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Well Done!

Awarded to

for completing parental
tube feeding

Signed

Date
