

A Naso / Orogastric tube is a soft thin tube which is passed through your child's nose/mouth down the back of the throat through the Oesophagus (food pipe) into the stomach.

Always ensure you decide on the tube length required prior to passing the NG tube

***NB* Prepare all your equipment prior to commencing**

- Nasogastric Tube (appropriate size)
- 10ml syringe – opened pH strips Duoderm Extra Thin (optional) cut to size
- Tegaderm Tape (cut to size)
- Sterile Water
- Decontaminate hands prior to and following each activity

Measuring Nasogastric (Ng) Tube: (same for Orogastric Tube)

1. Place the tip of the tube at the tip of the child's nose and extend the tube to the bottom of the child's earlobe. From there, extend downward to midway between the xiphoid process and the umbilicus.
2. Note the centimetre mark. Place Duoderm (if using) on cheek of infant.



Inserting a Nasogastric Tube

1. Lubricate the tip of the tube with sterile or cooled boiled water.
2. Lie infant on his back and swaddle him in blanket. Supporting his head, Insert the Ng tube into nostril and advance to premeasured point.
3. Check that the Ng tube is now in the stomach by attaching a syringe and aspirating the tube while holding the tube in position.



Checking tube placement

1. Place a small amount of aspirate on the pH strip.
2. The pH strip should read somewhere between 0 and 5.5 (this tells us the tube is in the stomach)
3. If pH is within these limits, secure tube in place with Tegaderm tape along cheek.
4. If there is any uncertainty about the position of the tube, no aspirate or aspirate is reading higher than 5.5 on pH strip then Ng tube may not be in stomach so do not use. Seek advice.



Discuss with your nurse prior to discharge what to do in event of above happening when you are at home.

NB Ng tube position must be checked every time you use the Ng tube i.e prior to every feed and or medication administration.**

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NB NG tube must be tied up when not in use to prevent entanglement/entrapment.**

Administering a Feed through the Naso/Orogastric tube

1. Ensure correct position of Ng tube by checking aspirate from tube on pH strip, the pH should read between 0 – 5.5 this tells us that tube is in the stomach.
2. If there is any uncertainty about the position of the tube, i.e no aspirate or aspirate is reading higher than 5.5 on pH strip then Ng tube may not be in stomach so do not use. Seek advice. Discuss with your nurse prior to discharge what to do in the event of above happening when you are at home.



Depending on how feed is being administered i.e either by gravity bolus feed or via Nutricia pump, follow points 1 and 2 above and then:

If giving **bolus gravity feed**, attach syringe without plunger to the Ng tube and pour feed into syringe and allow it to flow with gravity through the tube. Watch how fast/slow feed is going down and adjust height of syringe accordingly. Do not allow feed to go in too fast as this may make infant vomit.

When feed is completed, disconnect the syringe and flush the Ng tube with sterile water/cooled boiled water.

If giving feed via **Nutricia pump**, follow points 1 and 2 as above, then connect feeding container and tubing into pump as instructed and attach giving set to Ng tube.

When feed is completed, disconnect the syringe and flush the Ng tube with sterile water/cooled boiled water.

Administering Medications through Naso/Orogastric Tube

- Follow points 1 and 2 as above.
- Administer medications separately; it is a good idea to flush Ng tube with 1ml of water in between multiple medications to prevent blocking the tube.
- When all medications have been administered, flush Ng tube with 2 -3mls (or as instructed) of sterile water/cooled boiled water

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