

# INSERTION AND CARE OF A FEEDING TUBE AT HOME

## HOME CARE GUIDELINE<sup>®</sup>

There are many reasons why your child may require a tube feeding. Some are designed for short term use, while others are designed for long-term feeding.

A flexible polyurethane (or long-term) feeding tube may be left in place until there is a reason to remove it. However they are generally changed every 3 months. A plastic (or short-term) feeding tube must be replaced every 7 days. You will have received training on how to manage your child's feeding tube prior to being sent home from the hospital.

Your child has a short/long-term (circle appropriate) feeding tube in place.

It is currently a size Fr 6/8/10 (circle appropriate).

Not every family will feel comfortable learning how to insert a feeding tube at home. This is a decision best made in conjunction with your child's treating team. Sections of this Homecare Guideline may not be relevant if you are NOT going to learn to insert the tube at home.

Your hospital team should have provided you with a copy of your child's

[Nasogastric Tube \(NGT\) Checklist for Discharge Planning](#).

This will have been completed in hospital prior to your child's discharge.

You will also be provided with a copy of your child's **Kids GPS NGT Management Plan** or the contact details of your local area health service provider for ongoing support.

Kids GPS 9845 2526 (CHW 7:30am – 4:00pm)

9382 0529 (SCH 8:00 – 4:00pm)

Virtual Kids 1800 005 846, press 1 (4:00pm - 7:30am)

Your local Area Health Service contact details \_\_\_\_\_

### ***Important points to remember when using a polyurethane feeding tube:***

- If the long-term tube is accidentally removed it may be reinserted. The tube must be sterilised for babies less than 6 months old by soaking for 15 minutes in sterilising solution. Any brand of sterilising solution eg. Milton® is suitable and should be diluted according to the manufacturer's instructions. It is important to keep the guide wire in case the tube is reused.
- After giving each feed or medication a water flush of 2-10mls (depending on age of child) should be flushed into the tube to prevent a blockage.
- Cooled boiled water should always be used for babies less than 6 months old.
- Polyurethane tubes have a lubricant that is activated by water when it is used for the first time. You may also have to use a lubricant such as KY® jelly if you reinsert the tube.

## PROCEDURE FOR INSERTION

- Wash and dry your hands thoroughly. Use a clean towel or kitchen paper towel to dry your hands.

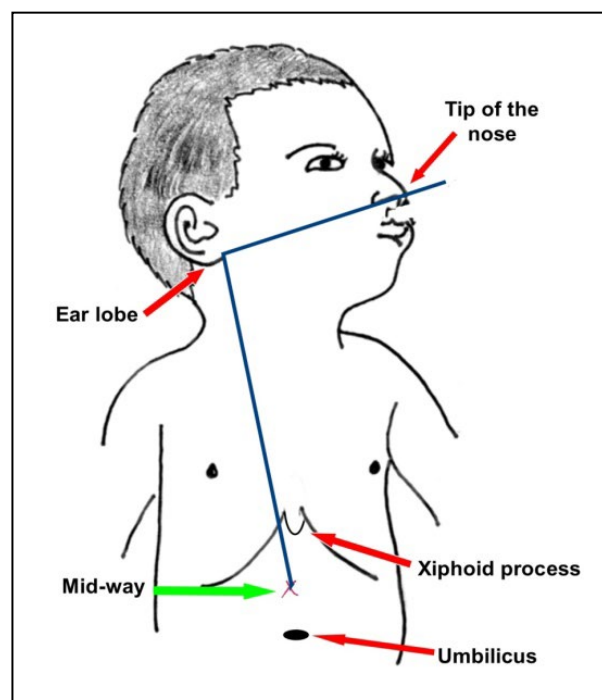
### **Prepare the equipment**

- Remove the feeding tube from the packet. A guide wire is already threaded into the tube in the long-term feeding tubes, check that it is firmly in the tube connector and close the medicine port.
- For the long-term feeding tube you will need to push some water through the tube with a syringe until you see it flow out at the end. This activates the lubricant inside the tube so that the guide-wire can be easily removed. Ensure the guide-wire can be easily removed before attempting to insert tube.
- If reinserting a used tube, ensure it has been cleaned appropriately for the child's age, and the guide wire carefully reinserted.
- Water (cooled boiled for infants less than 6 months old)
- 2.5-20 mL syringe
- pH indicator strips
- Skin protective dressing if required, (e.g. Comfeel®) and securing tapes (of your choice). Pre-cut these to the correct length so they are ready to use.

### **Prepare your child**

It is best to have someone to help hold and comfort your child while the tube is inserted. You can wrap a young baby firmly in a cuddly/sheet. It may be helpful to lay an older child on his/her back with a small pillow under the head or they may prefer to sit up in a chair.

- Wash and dry your hands again.
- Measure the part of the tube to be inserted from the tip of the nose (or edge of the mouth if being inserted through the mouth) to the earlobe and then down to midway between the end of the breastbone and bellybutton (umbilicus) - see the diagram. Take note of the marking on the tube or mark with a pen.
- Lubricate the tube with a water soluble lubricant, such as KY® jelly.



## **Nasal Tube**

Gently insert the tube into the nose and arch it over and downwards towards the throat. Continue inserting the tube until you reach the marker. It may make it easier to pass the tube while your child swallows. Sucking on a dummy or blowing gently on the child's face may help a baby to swallow. If you feel resistance do not force the tube. Pull the tube out slightly and try again. It might be helpful to use a small piece of tape to hold the tube in place while you test that it is in the stomach.

## **Oral Tube**

Gently insert the tube into the side of the mouth and direct it over the tongue towards the throat. Continue inserting the tube until you reach the marker. It may make it easier to pass the tube while your child swallows. Sucking on a dummy or blowing gently on the child's face may help a baby swallow. If you feel resistance do not force the tube. Pull the tube out slightly and try again. It might be helpful to use a small piece of tape to hold the tube in place while you test that it is in the stomach.

**If your child starts to choke and/or turn blue at any stage during the procedure, remove the tube and try again when they settle. If the child continues to cough, choke or remains blue, call 000 for an ambulance**

Using a 2.5 - 20 mL syringe withdraw a small amount of fluid from the stomach (aspirate) & place on the pH indicator strip.

For the pH indicator strip places a small amount of fluid on the pH indicator strip and check against the colour chart. The reading should show a pH that is equal to or less than 4.

Acid pump inhibitors and continuous gastric feeds will alter the pH to a less acidic state (4.0-7.0). If the pH reading is greater than 4, contact your child's feeding team or KidsGPS for advice. In these situations an individual risk assessment will need to be completed to determine a safe pH reading for your child.

We acknowledge some families in the community on PPIs or continuous feeds may use litmus paper as an alternative method to determine tube placement. Litmus paper needs to change from blue to pink to confirm placement. **pH indicator strips are recommended as the safest for accuracy by NSW Ministry of Health and UK and NZ guidelines.**

**THE POSITION OF THE TUBE MUST BE CHECKED PRIOR TO EACH USE TO  
MAKE SURE IT IS STILL IN THE STOMACH**

### **Note:**

It is possible to withdraw fluid from the tube with or without the guide wire in place if inserting a long term feeding tube.

Remove the guide wire from the long term feeding tube by gently pulling it. It should slip out easily.

### ***Troubleshooting***

If you cannot remove any fluid from the tube to test it, move the tube in a little further (about one centimetre, which is about the size of your fingernail) and try again to withdraw some fluid.

If you are still unable to get any fluid from the tube to test, using a 2.5 - 20 ml syringe add 2.5-10mls of air and wait a few minutes before you try to aspirate the tube again. Alternatively, place your infant/child on his/her left side and wait for a few minutes before trying again to withdraw some fluid.

If your child is safe to feed orally, give them a small amount of fluid orally and then retest the tube after a few minutes.

If you are in any doubt as to whether the tube is in the stomach, DO NOT USE. Please contact a health professional for advice.

### ***Helpful Hints***

You can place a small piece of skin protective dressing such as Comfeel® on your child's cheek and then tape the tube in place or if using a hypoallergenic tape such as Hypafix® you can apply it directly to the skin. Make sure the nostrils are not covered with tape. Check that the tube is not causing pressure on the nostril or pulling the nostril out of shape. The Comfeel and/or tape will need to be changed periodically.

It is helpful to take note of the measurement of the tube following insertion for future reference. This can be done by either:

- take note of the mark on the tube closest to the nose or
- draw a line on the tube close to or at the nose or
- measure the length of the tube from the nose to the end where you attach the syringe

Be aware that after periods of coughing, retching or vomiting the tube may become dislodged. First look inside your child's mouth to check the tube has not become coiled in his/her throat. If this happens, the tube must be removed and reinserted. Always remember to recheck the position of the tube on pH indicator strips a well.