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Caring for your nasogastric tube

Rehabilitation Department

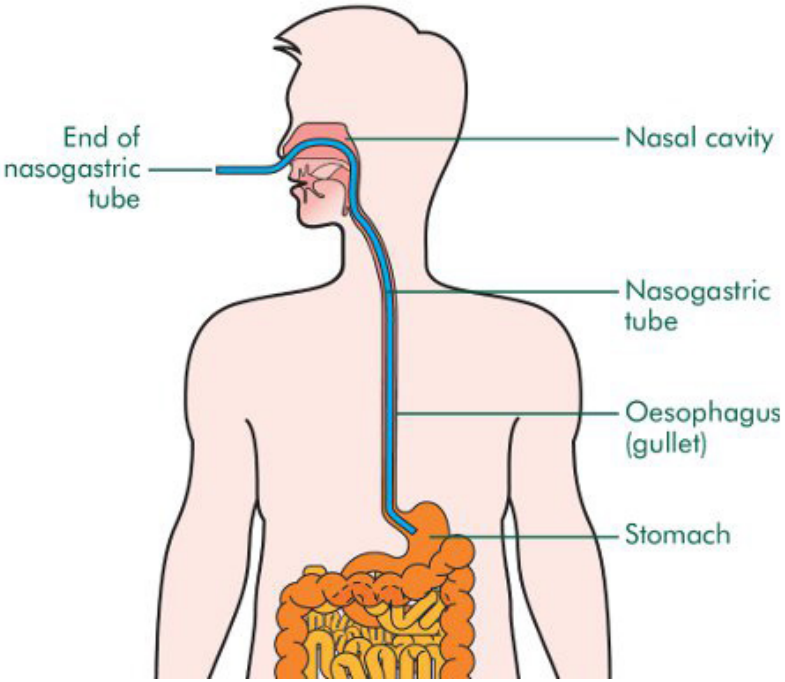
Patient Information

NHS

What is a nasogastric tube?

A nasogastric (NG) tube is a small flexible plastic tube. It is passed down through the nose, down the back of the throat and into the stomach.

This booklet aims to provide you with information about your NG feeding tube and to answer any questions you may have.



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How do I prepare for feeding?

Always wash your hands with soap and water and dry them before caring for the tube.

Do not put water, feed or medication through the tube until you have checked that the tube is in the correct position.

Why is it important to check the position of the nasogastric tube?

It is important to check the position of the tube to make sure the end is still in the stomach and has not moved into the lungs. All tubes have measurement marks on them and you should be aware of the measurement point at which it leaves your nostril.

Length of tube (measurement mark at entry into nose)

= ……cm

If this moves, call your key worker, nurse or dietitian to check if it is still safe to use the tube.

When should I check the position of the nasogastric tube?

- Before giving a feed
- Before giving medicine down the tube
- After you have vomited, retched or had a severe coughing bout
- If the tube looks longer
- If the tapes holding it in place have come loose
- If the tube is accidentally pulled or tugged
- At least once a day.

How can I check the position of the nasogastric tube?

You should check the position of the tube by measuring the pH (acidity or alkalinity) of your stomach contents. You can do this by using pH indicator strips and following the procedure below. There is a colour code chart on the box containing the pH strips. These show pH readings from 0.0 to 6.0. Keep the pH strips clean and dry by storing them in a sealed container.

1. Wash your hands before and after checking the tube position.
2. Remove a pH strip from the box and place the pH strip on a clean accessible surface and put it to one side.
3. Remove the cap from the end of the NG tube.
4. Attach an 60ml enteral syringe (purple) containing air to the NG tube and flush approximately 5-10ml air down the tube to remove any water or feed from the tube.
5. Draw back the syringe to obtain contents from the stomach. This is called 'aspirating' the tube.
6. Place a few drops of the stomach contents (aspirate) on the pH strip.
7. Match the colour change of the strip with the colour code chart on the box to check the pH of the aspirate.
8. A pH reading of **below 5.5** shows an acid reaction, which means the tube is correctly positioned in the stomach.
9. Make a record of your pH reading.

What if I cannot get any aspirate out of the NG tube to check the pH?

- Clean and rinse your mouth if you are nil by mouth to help stimulate gastric secretions.
- Lie on your left side for 20 minutes.
- Inject air down the tube (approximately 5-10ml) and then draw back the syringe to obtain contents from the stomach.

If there is still no aspirate:

If you are able to drink, sip on a drink (for example juice, water or fizzy drink), wait a few minutes and try drawing back from the stomach again.

If there is still no aspirate:

Wait for 30 minutes to let the acid form in the stomach and try again.

If there is still no aspirate:

Call one of the contacts listed on page 7/8.

What if I get a pH reading of more than 5.5?

If you have just finished a feed, then the feed in your stomach can increase the pH of the stomach contents (it can become more alkaline).

- If you are using continuous feeds, stop the feed, wait for up to one hour and test again.
- If you are giving feeds at regular intervals (known as bolus feeds), wait for up to one hour after feeding and test again.
- If you are on medication which reduces the acid in the stomach such as Omeprazole and Lansoprazole, you may also get a pH reading of more than 5.5. It is important that you speak to your nurse or doctor to find out if this is normal.

If you are still unable to obtain an aspirate, or the pH is above 5.5, do not start feeding. Inform your key worker, nurse or dietitian.

General care

To prevent unnecessary replacement of your nasogastric tube, it is important to keep it in good condition. Regular care and flushing of the tube will help to prevent the tube becoming blocked.

The external part of the tube can be cleaned with soap and water. Some discoloration of the tube is normal and does not affect its ability to deliver feed. Wash the rest of your face in the usual way. Check your nose for redness and any dry, sore or cracked areas. Change the tape securing the NG tube to the nose if it becomes dirty or starts to peel off.

Wash the rest of your face in your usual way.

If you are not using your NG tube, flush the tube with water at least once daily.

Can I administer medications down my nasogastric tube?

Yes, but please ensure that your medication is prescribed in a soluble or liquid form, and check with your doctor or pharmacist that all medications are suitable to be given via your tube.

The tube must be flushed with at least 30ml of cooled boiled water before and after giving any medication. This is to prevent the tube from getting blocked.

What do I do if my tube becomes blocked?

If you are confident that the tube is still in the correct position, for example the tube becomes blocked immediately after finishing your feed, try to flush the tube with warm water using a 60ml syringe.

If you can visibly see where the tube is blocked, massage the tube with your fingers and thumbs or put a warm compression on it to help break up the blockage.

If the tube remains blocked, gently draw back on the syringe and attempt to flush as before. It can take more than 30 minutes to unblock the tube, so be patient.

If unsuccessful, contact your key worker, nurse or dietitian.

Do not attempt to unblock or administer anything down the tube, if you are unsure if the tube is in the correct position. Contact your key worker, nurse or dietitian.

What do I do if my tube has come out?

If your tube has partially come out, slowly pull the remainder of the nasogastric tube out so the whole tube is fully out.

Contact your key worker, dietitian, nutrition nurse or doctor **immediately**.

If it is **after** office hours or on a weekend, please go to your local Accident and Emergency Unit. If you have a spare tube, take

this with you as this will save time. If you do not have a spare tube, then take the tube which has fallen out so the staff can identify which type of tube is required.

How do I look after my feeding equipment?

Giving sets

You need to change the giving set every 24 hours.

If you are giving more than one feed a day, it is important that the giving set is stored correctly between feeds to keep it as clean as possible. When you have finished a feed, place the empty bottle with the giving set still attached in a plastic bag in the fridge. At the time of your next feed, disconnect the giving set from the empty bottle and immediately attach it to the new feed bottle. Throw away the old, empty feed bottle. This applies to both gravity feeds and feeds taken via a pump.

Repeat this process at the end of each feed and remember to throw away the giving set at the end of the day.

Syringes

When you are at home your ..... is responsible for supplying you with syringes.

Reusable syringes are used for flushing water and medication down the tube.

Some people will also use syringes to give feed down the tube (bolus feeding).

Each reusable syringe can be used 30 times and for most people the syringe will last one week (four uses per day).

Between each use the following procedure should be followed to clean the syringe:

- Clean immediately after each administration using fresh, warm soapy water (domestic washing-up liquid).
- The plunger should be removed to allow for thorough cleaning.

- Other approved cleaning methods include dishwasher (tip uppermost), immersion in boiling water (three minutes), cold sterilising solution (as per manufacturer's instructions) and microwave steam-steriliser (as per manufacturer's instructions).
- Allow to air dry (parts still separate)
- Once dry store in a clean, dry container
- Only reassemble syringe prior to use.

Please discuss with your dietitian if your supply of syringes is not adequate.

Pump

It is important to keep your pump clean. Before cleaning ensure you unplug it from the wall.

Clean using a damp cloth. Wipe any spillage as soon as possible. Stubborn stains may be removed using mild detergent and warm water.

Do not, under any circumstances, immerse the main body of the pump in water.

If you have any questions about your feed or equipment ask your dietitian, feeding company or district nurse.

Contact details

If you experience symptoms such as nausea, vomiting, diarrhoea or abdominal distension (bloating), contact your key worker, doctor or dietitian immediately.

Hospital Dietitian .....

Community Dietitian .....

District Nurse / Community Nurse .....

Nutrition Feed Company .....

Nutrition Feed Company Nurse Advisor .....

Key Worker .....

Alternatively, please call:
The Royal Marsden Macmillan Hotline: 020 8915 6899
(available 24 hours a day, 7 days a week)

Further information and support

PINNT

A support group for patients receiving artificial nutrition

www.pinnt.com/Home.aspx

Macmillan Cancer Support

Macmillan provides information and support on for patients, loved ones and professionals.

www.macmillan.org.uk/information-and-support/coping/side-effects-and-symptoms/eating-problems

Cancer Research UK

Cancer Research UK provides publications on cancer treatments and coping with cancer.

www.cancerresearchuk.org/about-cancer/coping/physically/diet-problems/managing/drip-or-tube-feeding

Nutricia Flocare Infinity pump

Nutricia Flocare provides information and resources relating to enteral nutrition.

www.nutriciaflocare.com/infinity_pump.php

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre
Freephone: 0800 783 7176
Email: patientcentre@rmh.nhs.uk

No conflicts of interest were declared in the production of this booklet.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

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