Replacing a nasogastric (NG) tube



This information is <u>only</u> for caregivers who are taught how to replace their child's nasogastric (NG) tube. Please ask your child's care team if this is something you should do at home.

What is a nasogastric (NG) tube?

A nasogastric (NG) tube:

- Goes in the nose and then down the back of the throat and esophagus.
- Ends just inside the stomach.
- Is secured in place with a special type of tape or a nasal bridle.

Why does my child need an NG tube?

Talk with your child's care team about why your child needs an NG tube. An NG tube may be used:

- To provide nutrition and medicines to your child.
- To remove air from the stomach.
- To remove stomach contents.

When do I replace an NG tube?

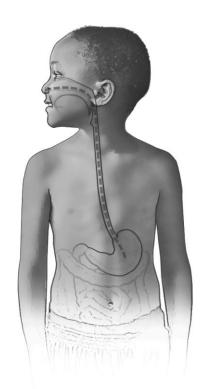
Only if taught to do so, replace the tube:

- If it does not seem to be in the correct place.
- If your child throws up the tube.
- If it comes out all the way.
- If advised to do so on a certain schedule. This depends on your child's condition and the type of tube.

How do I replace an NG tube?

To replace the tube:

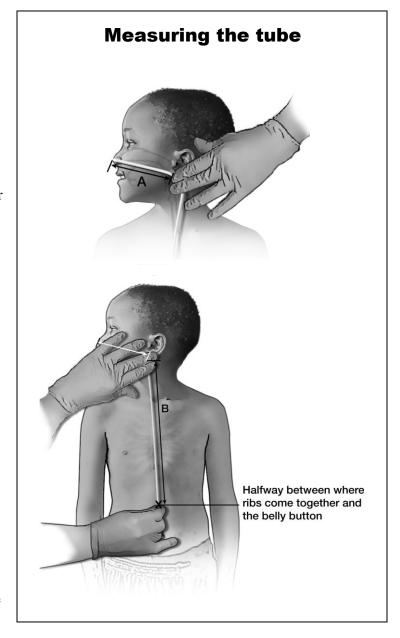
1. Wash your hands well with soap and water for at least 20 seconds.



Replacing a nasogastric (NG) tube, continued

- 2. Gather your supplies:
 - NG tube
 - Water based lubricant (like KY Jelly)
 - Marker or pen
 - Tape cut to fit
 - Small syringe for checking placement.
 - pH strip (if taught to check placement this way)
- 3. Measure how far to put the tube in.
 - Start by placing the tip of the tube at the tip of the nose.
 - Measure from the tip of the nose to the ear, and hold it in place with your fingers.
 - Then run the tube down to halfway between where the ribs come together and the belly button.
 - Mark the tube at that spot.
- 4. If your child is a baby, swaddle them with their arms down by their sides.
- 5. Lubricate about 1 to $1\frac{1}{2}$ inches of the tip of the tube.
- 6. Put the tube into the nostril by directing the tube straight back/down.
- 7. To help the tube go down:
 - A baby can suck on a pacifier.
 - An older child can swallow.
- 8. Keep inserting the tube until you reach the spot where you marked it.
- 9. Tape down the tube.
- 10. Check placement of the tube.
 - You can calm your child before checking placement if they are crying or upset.
 - See the next section in this teaching sheet to learn more about checking placement of the tube.
- 11. Once you check (confirm) placement, you may use the tube.

If you are ever unsure of tube placement, do not use the tube. Call your child's doctor first. Your child may need to see the doctor. There are other ways the care team can check placement if needed.



Replacing a nasogastric (NG) tube, continued

How do I check NG tube placement right after replacing the tube?

It is very important to make sure the tube is in the correct place before using it. You want to be sure the tube is in the stomach and not in the lungs.

There are different ways to check placement right after replacing the tube at home. Some ways are listed below. Use **2** of these before using the tube. Talk with your child's care team about what is best for your child.

1. Pull back a small amount of stomach contents. You may be taught to:

- Look at the color of the contents. They should be clear, grassy green, brown or milky-colored, or
- If you have been taught to do so, test the pH of the contents. Most often, the pH should be 5 or less. However, there are other things like medicines and feedings that can increase the pH. Talk with your child's doctor about what pH is best for your child.

2. Watch your child's breathing for 15 minutes.

- Your child should keep breathing like normal.
- They should not have coughing, changes in how hard they breathe, skin color changes or congestion.

See page 4 to help guide you when checking tube placement after you replace it. If you are ever unsure of tube placement, do not use the tube. Call your child's doctor first. Your child may need to see the doctor. There are other ways the care team can check placement if needed.

When should I call the doctor?

Call the doctor if your child has:

- Nausea, vomiting (throwing up) or extra gas
- Hard stool or no stool for 2 to 3 days
- Stomach (belly) pain
- Stomach that is hard, bloated or swollen
- Fussiness during feeds

When should I get emergency help?

Call 911 <u>right away</u> if your child has signs of breathing trouble. This may include:

- Coughing, choking, wheezing or grunting
- Chest retractions (pulling in of the skin around the ribs and chest when breathing)
- A blue or dark purple color around the nails, lips, mouth, tongue or gums

Replacing a nasogastric (NG) tube, continued

To check (confirm) placement after replacing the tube:

- 1. Watch your child's breathing for 15 minutes. Your child should keep breathing like normal. They should not have coughing, changes in how hard they breathe, skin color changes or congestion.
- 2. Pull back a small amount of stomach contents using a syringe attached to the end of the tube. Look at the color of the contents. They should be clear, grassy green, brown or milky-colored.
- 3. Test the pH of the contents if you have been taught to do so.

OK: your child has not had changes in breathing for 15 minutes <u>and</u> you pulled back stomach contents.

OK: your child has not had changes in breathing for 15 minutes <u>and</u> you pulled back stomach contents <u>and</u> you have been taught to test pH and the result is 5 or less.

Not OK: your child has had changes in breathing <u>or</u> you did not pull back stomach contents <u>or</u> you have been taught to test pH and the result is more than 5.

You may use the tube

- Watch your child's breathing during the first feeding with this new tube. They should not have any breathing changes.
- If they start having a hard time breathing, stop the feeding and call your child's doctor right away.

You may use the tube

Do not use the tube

Remove it. Then:

- Place a new tube if you have been taught to do so and check placement, <u>or</u>
- Call your child's doctor or take your child to the emergency department (ED) to have it replaced.

This teaching sheet contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.