

Home Feeding Tube

Nasogastric / NG Inserting Instructions

It is **very important** that your baby's feeding tube is in your baby's stomach for **each feeding**. Follow these instructions to put it in safely.



Scan this QR code to watch the video instructions

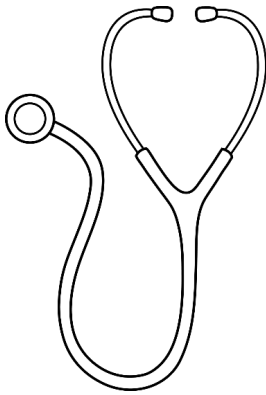
Video Instructions

Watch the video “Feeding Tube Inserting Instructions.” You can get to the video in one of the following ways:

- Scan the QR code with your phone camera
- Go to: bit.ly/uwngtube

Collect Supplies

Your feeding supply company will provide you with new feeding tubes, syringes, tape, and feeding pump. They will tell you how to order new supplies and how to take care of your equipment.

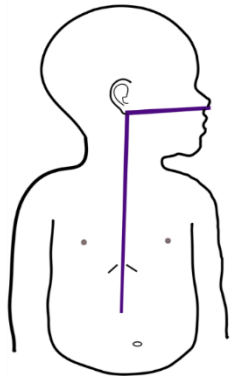


Collect supplies and bring to your baby's bed.

- Feeding tube
- Skin-safe tape to hold tube in place
- Permanent marker
- Syringe to check placement
- Stethoscope
- Pacifier
- Clean water

Getting Ready

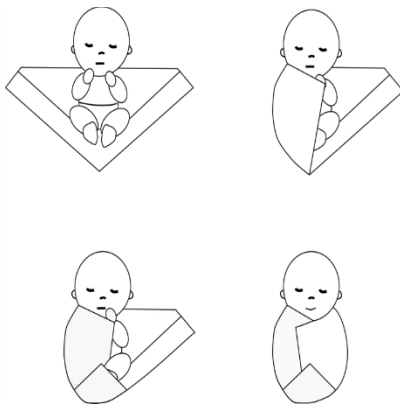
- Clean your work area and gather your supplies.
- Wash your hands with soap and water.
- Cut or prepare the tape you will use to secure the feeding tube to your baby's face.



Measure the tube each time you place it.

Measure the Tubing

- It is important to measure the tube each time you place it. The measurement will change as your baby grows.
- Hold the end of the tube (the end with holes where the milk comes out) at the tip of your baby's nose.
- Measure out from the tip of the nose to the ear lobe. Hold the tube here.
- Continue to measure from the ear lobe to midway between the bottom of the breastbone and the belly button.
- Mark this spot on the tube with a permanent marker.



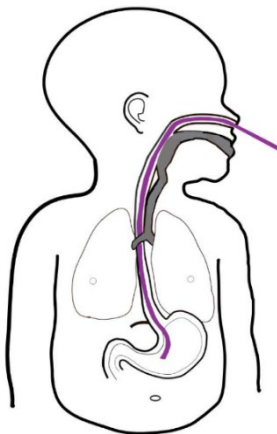
Swaddle your baby before placing the tube.

Prepare for Placement

- Make sure your supplies are close and easy to reach. Make sure the tape is ready to use.
- If you have a skin-safe tape barrier (like Duoderm) to put on your baby's face, do that now.
- Swaddle your baby snugly, making sure their hands cannot escape during tube placement. Calming your baby will help.
- If someone is available, they can help by holding your baby's head and offering a pacifier.

Place the Tube

- Take a deep breath. This is not an emergency. You can do this!
- Switch nostrils each time you change the tube.
- Dip the end of the tube into clean water to make it slippery (optional).
- Put the end of the feeding tube into your baby's nostril. Aim slightly up and toward the middle part of the inside of the nose.
- Gently and quickly, push the feeding tube all the way to the mark you measured. This will put the tip into the stomach.
- Your baby may cry or gag as you push the tube in. Remove the tube if your baby coughs, chokes, or looks like they cannot breathe or starts to turn blue. Take a break before placing the tube again.



Carefully check the placement of the feeding tube.

Check Tube Placement

Check the tube placement **before each feeding**.

- **Look:**

- Where is the mark you placed on the feeding tube? Is it at the nostril? If not, remove the tube and replace. When you pull back with a syringe, do you get milk or stomach fluid? If not, remove the tube and try again.

- **Listen:**

- Fill a syringe with 2-5 mL of air. Place the stethoscope over your baby's stomach. Attach the syringe to the feeding tube and quickly push in the air. You should hear a "whoosh" or "gurgle" sound as the air goes in your baby's stomach. If you like, you can remove the air by pulling back on the syringe plunger.



Secure the tube to your baby's cheek.

Secure the Tube to Your Baby's Cheek

- Center the tube over the tape on the cheek and secure with a second piece of tape.
- Make sure the mark is at the nostril.
- Your feeding company will provide tape or it may be purchased at your local drugstore or online.

Care of Equipment

- Replace the tube once a month. Change it sooner if it becomes clogged or damaged.
- If the tube is pulled out by accident but looks in good condition and is working well, wash the outside and flush the inside with clean water. Then put it back in.
- Change nostrils with each tube placement. Every day, check the skin on your baby's nose and cheek for redness. If there is redness, consider moving tape or changing the tube to the other nostril.
- Wash syringes and other supplies with soap and warm water. Let these air dry.

Common Concerns

If your baby is crying or gagging: Crying and gagging are normal with tube placement. If your baby coughs, chokes, turns blue, or looks like they cannot breathe when you are inserting the tube, pull out the tube and give your baby and yourself a break before trying again.

If the tube placement does not seem right: If you have tried a few times to insert the tube and you still can't hear the "whoosh" or pull back milk from the stomach, take a break. Try again when your baby is calm, this may help you hear better.

If the tube comes out: If the tube comes out of your baby's mouth, or it coils in the back of the throat, pull out the tube. Give your baby and yourself a break before trying again.

If you see blood: If there's a little bit of blood in the nostril, this is from the tube insertion. This is OK if it is a small amount, and the bleeding stops quickly. To lubricate the tube, try dipping the end of it in clean water when inserting it next.

If the feeding tube clogs: If the feeding tube clogs, or the feeding pump is alarming "Occluded" or "No Flow Out", try the following steps. Attach a syringe with 5mL of clean, warm (not hot) water and attach it to the end of the tube. Try pushing in short bursts. Does it flush? Can you pull back on the syringe and get stomach fluid? If you can't clear the tube, take it out and put in a new one.

Questions?

If there is something you do not understand, please ask questions. Every question you ask is important!

Your provider:

When to Call

Call your provider right away if:

- You can't insert a new tube despite trying multiple times. Call your baby's doctor but you may need to take your baby to the emergency room for feeding tube insertion.
- Your baby is vomiting more than they normally spit up.