

INSERTION AND CARE OF A FEEDING TUBE AT HOME

HEMOCARE GUIDELINE[®]

There are many reasons why children need nasogastric or orogastric tube feeding. Long-term feeding tubes are used in the home setting. 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 size _____ feeding tube in place. This needs to be changed every _____ months.

Not every family will feel comfortable learning how to insert a feeding tube at home. You may not wish to learn this procedure before your child is discharged home. This is a decision best made in conjunction with your child's medical team. In which case you should know who to contact when the feeding tube needs reinserting

Sections of this Homecare Guideline may not be relevant if you are NOT going to learn to insert the tube at home.

Before taking your child home with a feeding tube it is important that you have undertaken the following procedures and have the information outlined below:

- You know how to safely insert the nasogastric tube and have undertaken the procedure with a nurse present (if you have decided to learn the procedure)
- Or, you know who to contact to have the tube replaced or discuss any concerns.
- You know how to check the tube is in the stomach.
- You know what to do if you are not sure the tube is still in the stomach.
- You know how to safely give a tube feed.
- You feel confident giving the tube feed.
- You know where to get your supplies of spare tubes, syringes, pH indicator strips and tapes.

Important points to remember when using a polyurethane feeding tube:

If the long-term tube is accidentally removed it may be reinserted. It is important to keep the guide wire in case the tube is reused.

- The tube must be sterilised for babies less than 12 months old. Any brand of sterilising solution eg. Milton® is suitable and should be diluted according to the manufacturer's instructions. For children over 12 months of age a reinserted tube must be cleaned prior with soapy water and be in a good condition.

- After giving each feed or medicine, 5-10ml of water (depending on age of child) should be flushed into the tube to prevent a blockage. If your child is on a continuous feeds the tube will need to be flushed at least 4-6 hourly (or more frequently if advised by your health care professional).
- Cooled boiled water should always be used for babies less than 12 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.

DO NOT use a syringe smaller than 20mls to aspirate the feeding tube, this will prevent trauma to the lining of the stomach.

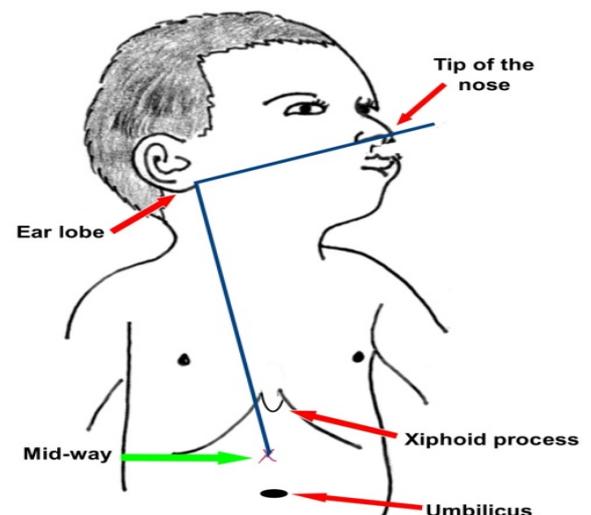
PROCEDURE FOR INSERTION

- Wash and dry your hands thoroughly.
- Prepare the equipment
- If using a new tube, remove it 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.
- If reinserting a used tube, ensure it has been cleaned appropriately and the guide wire reinserted.
- Water (cooled boiled for infants less than 12 months old)
- 20 mL syringe
- PH strips
- Skin protective dressing if required, (e.g. Comfeel[®]) and securing tapes (of your choice)
- Cut the tapes

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. 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. Also dip the end of the feeding tube in water to activate the lubricant.

Inserting the tube

Nasogastric tubes - gently insert the tube up the nose and arch it over and downwards towards the throat.

Orogastric tubes - 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 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.

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

Using the 20 mL syringe withdraw a small amount of fluid from the feeding tube and test the liquid on the pH indicator strip. The pH indicator strips should test equal or less than 5 when the tube is correctly inserted 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.

Once placement of tube confirmed Remove the guide wire from the long term feeding tube by gently pulling it. It should slip out easily. If it resists the tube may need to be removed and reinserted.

THE POSITION OF THE TUBE MUST ALSO BE CHECKED PRIOR TO EACH USE

Troubleshooting

If you cannot remove any fluid from the tube try the below suggestions:

- Move the tube in a little further (about one centimetre, which is about the size of your fingernail) and try again
- Using a 20 ml syringe add 5-10mls of air (to try to move the position of the tube off the stomach wall) and try again.

- Place your child on their 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. You should try to alternate the nostril through which the tube is inserted at each tube change.

It is also 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. Look inside your child's mouth to check the tube has not become coiled in their throat. If this happens the tube must be removed and reinserted.