

FACTSHEET

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What is tube feeding?

Why does your child need a tube?

Tube or button feeding is a way of providing nutrition, in the form of specialised formula, to your child's body. Tube feeding can help to provide all the nourishment and essential nutrients your child needs to grow and develop when they are unable to eat enough. It can be temporary or permanent, for a short or long time. It can be useful for children who:

- Cannot eat or drink enough to maintain nutrition
- Are unable to eat because they cannot chew or swallow properly or safely
- Need extra nutrition for growth

Types of tubes

There are different types of tubes depending on your child's needs. They come in different diameters and lengths. Your doctor will determine what type of tube is required based on the needs of your child. Common tubes are:

- Nasogastric tube - often called an NG tube. This tube is inserted through the nose and runs down to the stomach. It is used for short term tube feeding.
- Nasojejunal tube - often called an NJ tube or Transpyloric (TP) . This tube is inserted through the nose and runs through the stomach and down to the jejunum (small intestine).
- Gastrostomy tube/ button (skin level device) - sometimes called a G-tube. This tube is inserted into the stomach through a small opening made in the abdominal wall.

- Jejunostomy tube/ button (skin level device) – sometimes called a J-tube. This tube is inserted into the jejunum (small Intestine) through a small opening in the abdominal wall.
- Gastro-jejunosomy tube/ button (skin level device) – sometimes called a G-J tube. This is a longer tube inserted through the gastrostomy opening and passed down into the jejunum (small intestine).

Why is formula important?

Only special liquid formula and water can be given through the tube. Your dietitian will prescribe a formula based on your child's needs. These formulas usually provide all the protein, fat, carbohydrates, fluid, vitamins and minerals your child needs. Do not add anything to the formula. Do not change the amount or type of formula without getting advice from a dietitian or paediatrician. Do not give any other liquids or blended foods in place of the formula.

Over time your child's formula amount and type may change with age, nutritional requirements, growth and tolerance. Your child's tube size and type may also change over time.

How are tube feeds given?

The dietitian will consider:

- the type of tube,
 - the formula and
 - your child's feed tolerance
- when deciding on the most appropriate method or perhaps combination of methods.

There are 3 main methods of delivering formula to your child:

Pump

A pump can be used for continuous or intermittent feeds. Formula is given without stopping for a set time such as over 8-24 hours each day.

A pump may also be used to give a meal sized amount of formula (called a bolus) over a longer time than can be achieved using gravity. This is usually given 4-6 times each day with each bolus taking 30 - 90 minutes.

Gravity

A gravity drip bag can be used to give larger amounts of formula in a shorter time (this is called a bolus feed). This is usually given 4 to 6 times each day. The height of the feed running will determine how quickly it is given. That means the higher the bag/formula is held above the stomach, the quicker it runs.

Syringe

A syringe can also be used to give gravity bolus feed. Larger amounts of formula can be given at a time. This is usually given 4 to 6 times each day.

Remember:

- Tube feeding can be helpful for children who cannot eat or drink enough to grow and develop.
- Only the prescribed formula should be given through the feeding tube
- You should not change the formula or the way it is given without discussing it first with your health professional.
- Over time as your child's gets older, grows and their tolerance changes, their:
 - formula type and amount required may change; and
 - tube size and type may also change;so regular reviews with your dietitian and clinical nurse consultant are recommended.