

# Nasogastric tube feeding

Information and advice for patients

## *Nutrition and Dietetics*

### **What is nasogastric tube feeding?**

Nasogastric (NG) feeding is where a narrow feeding tube is placed through your nose down into your stomach. The tube can be used to give you liquid food complete with nutrients directly into your stomach.

### **What are the benefits of nasogastric tube feeding?**

NG feeding can provide you with the nutrition your body needs while you are unable to eat or drink adequate amounts. This may be because you have swallowing problems or you have a poor appetite, amongst other reasons.

### **What are the risks of nasogastric tube feeding?**

NG tube feeding is a common procedure; however there is a risk that the tube could be misplaced when it is being inserted, or displaced once it is in which means the tube would need to be re-inserted. Displacement is when the tube moves out of the stomach because you may have been coughing vigorously or vomiting or the tube may have slipped for other reasons. Displacement can happen anytime but the risks are reduced by routinely checking that the tube is in the correct place.

To reduce the risk of the tube being misplaced when it is inserted, the placement of the tube is checked before feeding starts.

### **What are the risks of not having nasogastric tube feeding?**

If you are advised to have nasogastric feeding, the risk of declining it is that you could starve, especially if you are not able to eat normally.

### **Are there any alternatives?**

There are other ways of providing nutrition, such as:

- Nasojejunal - where the tube is passed through your nose into your small bowel.
- Percutaneous endoscopic gastrostomy - where the feeding tube is passed through your abdomen into your stomach.
- Total parenteral nutrition - where all nutrition is given directly into a vein.

However, these methods may not be suitable in your case. Your doctor/nurse will assess you and offer the most suitable method of providing your body with the nutrition that it needs.

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### **How is the tube inserted?**

The NG tube will be inserted either on the ward or in the outpatient department. The procedure usually takes 20 – 30 minutes. This is what happens:

1. You will be asked to sit upright.
2. A narrow feeding tube will be passed through your nose down into your stomach by a competent nurse. This may cause slight discomfort for a few minutes.
3. The pH (acidity) levels in your stomach will be tested, or you may have a chest x-ray to confirm that it is in the correct position.
4. The tube will then be secured to your cheek using a secure dressing.

### **What happens after the tube has been inserted?**

After the tube has been inserted feeding will be started through the tube. It will be connected to a feed 'giving set' and attached to a feed pump which will deliver the feed at the rate you have been prescribed.

If you haven't eaten for 5 days or more, you may have blood tests taken to check that your body is ready to accept tube feeding before it starts.

### **What feed will I receive?**

You will receive a prescribed, commercially prepared liquid feed which contains all the essential nutrients you will need on a daily basis.

You may receive part or all of your daily nutrients through your NG tube, depending on your specific medical conditions and needs. You may also be given extra fluids through your tube. Your dietitian will prescribe the type, volume and rate of your feed to suit your needs.

### **Can I still eat or drink whilst on tube feeding?**

You can still eat and drink whilst on NG tube feeding as long as you do not have any swallowing difficulties. A speech and language therapist will assess your swallowing and will determine whether your swallowing is safe.

### **How long is the feed attached for?**

You may be fed during the day and night or just overnight. The dietitian will discuss this with you.

### **Will I still be able to move around?**

You will still be able to move around and your movement should not be restricted too much.

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The pump and feed will hang on a mobile stand, and the pump will have a battery facility that will last for several hours, however ideally it should be plugged in at all times.

### **Will I be able to take a bath or shower?**

You will be able to have a bath or shower but should make sure that the tube end caps are closed and the dressing is secure and dry your nose and dressing thoroughly afterwards.

### **Will my bowel habits change?**

You may experience some diarrhoea or constipation whilst having naso-gastric tube feeding. If you experience either of these please inform your nurse or doctor.

### **How will I be monitored?**

Whilst on NG feeding, we will monitor your progress carefully to make sure that your body is tolerating the feed:

- Nurses will check your NG tube daily for correct placement especially if you are coughing vigorously, retching or vomiting.
- Your dietitian will review your feeding regime regularly.
- If you are diabetic, your blood sugar will be monitored regularly.
- The nurse will keep a strict record of your fluid intake and output so that we can ensure you are receiving the correct amount of fluid.
- You will be weighed weekly.

Other specialist team members, such as a nutrition nurse may also be involved in your care depending on your condition.

### **How long will I need the tube for?**

The length of time you will need naso-gastric tube feeding for will depend on your reason for needing the tube and your condition. Your doctor and the nutrition team will be able to give you an idea of how long you may need the tube for. The tube may be removed before you are discharged from hospital, or you may go home with your NG tube still in place because you still need NG tube feeding. A qualified nurse will remove your NG tube when appropriate, by pulling it out slowly.

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### **Going home with NG tube feeding**

If you are going home with NG tube feeding, your ward nurse will contact your dietitian who will:

1. Arrange pump training to ensure that you/your carer are able to look after your NG tube at home.
2. Arrange for you to take home a weeks supply of all the equipment you will need e.g. feed pump, giving sets etc. A company called Homeward will then provide you with monthly deliveries of equipment.
3. Provide you with a list of useful telephone numbers to contact in case you have any problems with your feed, tube or equipment.

Your ward nurse will start training you and your carers/ relatives on how to set up the feeds, operate the pump, flush the tube etc before you leave hospital. They will also let the community nutrition nurse and district nurses know that you are being discharged with NG tube feeding, in case you need to be seen by them over a weekend.

If your nasogastric tube comes out after you have gone home please contact your community nutrition nurse. Outside of working hours please contact the district nurses or go to A&E.

### **Contact details**

If you have any questions or concerns about NG tube feeding please ask the ward nurse to contact a member of the nutrition team. The nutrition team consists of a:

- specialist nutrition nurse
- dietitian
- speech and language therapist
- consultant

The ward staff can contact the relevant person for you using the extension numbers below:

#### **Nutrition Nurse Specialist**

Ext. 3864 (Sandwell hospital)

Ext. 5737 (City hospital)

#### **Dietitians**

Ext. 3521 (Sandwell hospital)

Ext. 4085 (City hospital)

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### Further information

For more information about our hospitals and services please see:

**Sandwell and West Birmingham Hospitals NHS Trust**

*www.swbh.nhs.uk*

### Sources used for the information in this leaflet

- NHS National Patient Safety Agency safety alert, 'Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants', March 2011
- National Institute for Health and Clinical Excellence, CG32: 'Nutrition support for adults', February 2006
- 'Nutrition, a handbook for nurses', Carolyn Best, 2008

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5420 or email: [swb-tr.swbh-gm-patient-information@nhs.net](mailto:swb-tr.swbh-gm-patient-information@nhs.net)



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