

Nasogastric tube feeding

Information and advice for patients

Nutrition & 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 fluids, medications and liquid food complete with nutrients directly into your stomach.

What are the benefits of nasogastric tube feeding?

NG feeding can provide you with the fluids and 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 safe procedure; however it may carry certain risks as the tube could be misplaced when it is being inserted and may enter the lung or the tube could be displaced once it is inserted. Which means the tube would need to be removed and 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 by checking the pH (acidity) levels in your stomach- you will be taught how to do this.

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

What are the risks of not having nasogastric tube feeding?

If you are advised to have nasogastric tube feeding, the risk of declining it is that you may not be able to eat and drink enough to maintain a healthy weight.

Are there any alternatives?

There are other ways of providing nutrition, such as:

- Percutaneous endoscopic gastrostomy - where the feeding tube is inserted into your stomach using a long flexible tube called an endoscope.
- Radiologically inserted gastrostomy tube- feeding tube passed under x-ray guidance.

However, these methods may not be suitable in your case. Your doctor/ Nutrition 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. The insertion of the tube may cause brief and slight discomfort. 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 qualified nurse. This will cause some discomfort.
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.
5. The length of the external tube from the nostril base will be measured. This can be used as a rough guide to check the tube position.

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 artificial feeding before it starts.

How to check the tube placement?

1. Check that the length of the external tubing, from the marked point at the base of the nostril, has not moved. If your tube has moved, contact your nurse or dietitian.
2. The pH paper provided by your nurse or dietitian is to confirm the position of your tube.
3. Use a 50ml syringe to draw up approximately 2-3mls of stomach fluid.
4. Put a small amount of stomach fluid onto the 3 coloured squares of the pH paper strip.
5. Compare the result against the chart provided. The paper strip should read pH 5.5 or below. If the reading is higher than ph 5.5 contact your Nutrition Nurse or Dietitian.

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 and may also be given extra fluids through your tube. Your dietitian will prescribe the volume and rate of your feed to suit your needs.

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Can I still eat or drink whilst on tube feeding?

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

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. 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.

Personal care

For your own personal comfort and hygiene it is important that you follow this simple routine daily. It will also help to prevent infection.

1. Always wash your hands before and after handling your tube and feeding equipment.
2. Check your nose and mouth for redness, dry or cracked skin or soreness.
3. Lubricate the skin around your nose with a suitable moisturising cream e.g. E45 to help prevent irritation and dry skin.
4. Ensure tapes and dressings are clean, secure and stick to the skin. If you are unable to change tapes yourself, contact your nurse for help.

Oral hygiene

Mouth care is still very important to maintain healthy teeth and gums. Plaque and tartar can build up very quickly and it is important to carry out daily dental care.

Brush your teeth, gums and tongue twice daily using a soft small headed toothbrush. If you wear dentures they still need to be removed from the mouth and cleaned daily. Lips can be moistened using a Vaseline lip cream or balm. Consult your GP, dietitian or nurse if you have bleeding or any other mouth problems for advice.

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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:

- Your NG tube will be checked before the start of feeding or medications for correct placement.
- Your NG tube will also be checked especially if you are coughing vigorously, retching or vomiting or if the tube appears to have changed in length.
- Your dietitian will review your feeding regime regularly.
- If you are diabetic, your blood sugar will be monitored regularly.
- You will be weighed regularly by the dietitian.
- If you are eating as well as having feed via your tube and you feel your diet is changing, please contact your dietitian for advice.
- Make a note of any stomach or bowel problems, including nausea, vomiting, diarrhoea or constipation. Inform your dietitian, nurse or GP if this lasts more than 48 hours.

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

Medication

Where possible all medications should be in liquid form. If not please consult your doctor or pharmacist for advice.

Always flush your tube before and after medication with 50mls water as this will help prevent your tube from blocking.

Flush the tube with 10mls water between different medicines. You are advised to take each medicine separately rather than mixing them together. This also helps to stop the tube from blocking.

How to prevent and treat tube blockage

The most effective way of preventing the tube from getting blocked is to flush regularly with at least 50mls (or quantity advise by your dietitian) of water using a 50ml purple syringe. Always flush the tube before and after feed and medications.

Do not put anything down the tube other than feed, water and medication as advised by your healthcare professional.

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To treat a blockage

1. Try flushing with 50mls warm water (40-50 degrees centigrade)

If unsuccessful

2. Try flushing with 50mls water.

If the tube is still blocked

3. Gently squeeze the tube between your fingers along the length of the tube, gently draw back on the syringe and then attempt to flush again with warm water.

If this fails

4. Do not force fluid through the tube. Contact your Nutrition Nurse or dietitian as you may need your tube replaced.

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 dietitian or nutrition nurse 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.

Going home with NG tube feeding

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

1. Arrange pump training to ensure that you/your carer can look after your NG tube at home.
2. Liaise with the relevant home care company and /or GP regarding the prescription of the feed.
3. Provide the equipment you will need at home e.g. feed pump, giving sets etc.
4. Give you the NG tube care booklet.

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. You will also receive training from the home enteral feeding company nurse. The community nutrition nurse and district nurses will also be informed that you are being discharged with NG tube feeding.

If your nasogastric tube comes out or you have any concerns after you have gone home please contact your community nutrition nurse. Outside of working hours please contact the districts nurses or if you are Nil by Mouth you will need to go to A&E.

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Feed Storage

Once opened feed should be stored in a fridge and any unused feed thrown away after 24 hours

Contact details

If you have any questions or concerns about NG tube feeding whilst in hospital please ask the ward nurse to contact.

- specialist nutrition nurse
- dietitian

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)

On discharge

Nutrition Nurse Specialist (Community)

0121-612-2971 (Sandwell)

0121-446-1131 (Birmingham)

District Nurses

City Hospital and Birmingham Treatment Centre patients

Birmingham Community Healthcare NHS Trust (Single Point of Access)

Tel: 0300 555 1919

8.30am-6:00pm, Monday-Friday

Tel (Out of hours-After 6.00pm, Sat, Sun & Bank Holidays):

0300 555 1919

Sandwell Hospital patients

Tel: 0121 507 2264 (Option 1)

8:30am -6:00pm., Monday – Friday

Tel (Out of hours): 0333 999 7083

After 6.00pm Sat, Sun & Bank Holidays

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Homeward service

Tel: 0845 762 3603

This is for additional support if you are having problems with your NG tube.

Further information

For more information about our hospitals and services please see our websites www.swbh.nhs.uk and www.swbhengage.com, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

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 5495 or email: swb-tr.swbh-gm-patient-information@nhs.net



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