NHS
The Leeds Teaching Hospitals
NHS Trust

Neonatal Short Term Nasogastric Tube Feeding at Home

Information for parents and carers

leeds children's hospital

caring about children

Congratulations you are getting ready for home and are considering home tube feeding.

You may feel a little anxious about considering taking your baby home with a nasogastric tube but hopefully the information in this booklet will help alleviate your anxieties and answer your questions.

By agreeing to take your baby home having some supplementary feeds it means you can establish a normal feeding pattern at home with support from the Neonatal Outreach team.

The Outreach team provides a seven day a week service from 7.30 to 5.00pm and are there to help you establish oral feeding with your baby. They will visit you at home and monitor your baby's progress. You can also phone them if you have a problem or need advice on **0113 206 5020.**

When would your baby be considered for home tube feeding:

- When you have completed the tube feeding training and have been signed off as competent.
- Your baby is more than 34 weeks gestation.
- Your baby's weight is stable.
- He or she can maintain their temperature in an open cot.
- Your baby is maintaining their blood sugar levels.
- When your baby is taking at least half of their feeds orally (alternate NG tube/oral not half of each feed).

There are three options available for tube feeding at home:

1. Tube feeding your baby without replacing the tube if it becomes displaced.

With this option you will be expected to complete the training and feel confident to be able to tube feed safely at home by following the guidelines.

Your baby will need to be on at least alternate tube and breast or bottle feeds.

It will be anticipated that your baby will be able to progress on to all oral feeds gradually.

2. Tube feeding your baby and re passing the tube yourself at home if it becomes displaced.

If you choose this option you will be expected to complete the tube feeding training and feel confident in your ability to re pass the tube when required according to the guidelines.

It will be anticipated that your baby will be able to progress on to all oral feeds gradually.

If you choose to re-pass the tube then your baby may be considered for discharge when they are completing two oral feeds a day. This may mean an earlier discharge if your baby meets the criteria.

3. Occasionally some babies do not progress quickly onto all oral feeds and this would be classed as long term tube feeding.

In this scenario specific training, advice and support would be put in place for you.

The Neonatal Outreach Service is only able to support you in home tube feeding if you live in the Leeds area with a Leeds GP.

If you intend to move to an address out of the Leeds area even for a short time please let us know so we can discuss potential support in your area and determine if home tube feeding is an option. If you are unsure if you are eligible for home tube feeding then please talk to the staff supporting you.

Preparing for home

As your baby starts to meet the criteria for going home tube feeding it is important that you feel confident in all aspect of your baby's care.

It is important to remember that the only people that can tube feed your baby at home are the ones that have been trained by the staff and had their competencies signed off. This is an important point to think about. If a partner or other family member has been the only person trained to tube feed but they need to return to work then there would be no one able to tube feed the baby so this is not appropriate.

At discharge

Before discharge the staff will sign off your competencies and take a photo copy to put in your notes.

It is extremely important that you keep your competencies and booklets together and in a safe place once at home. This is because the Neonatal Outreach Team will need to see them when they visit. The booklets also provide information in them that you will need to refer to as well as record the length of tube, aspirates and batch numbers of the tube if replaced.

Your baby will be discharged home with a short 50cm nasogastric tube in situ to prevent them getting entangled in it.

If you are unhappy about anything to do with your baby's NG tube prior to discharge please talk to the staff looking after you.

Supplies

You will be given a small box of supplies to tube feed your baby with. The box contains:-

Short (50cm) NG tubes, Tegaderm, Duoderm, Tape Measure, Wipes, Scissors, Ph Indicator Strips, 20ml Syringes.

It is important to note that you need to wash and sterilise the syringes after use in a cold water sterilising solution, so that they can be re used. They should be discarded after a week, so using one or two syringes at a time will ensure you will have enough supplies to last you. Syringes cannot be sterilised in a steam steriliser as they will melt.

If you are running out of anything please contact the Neonatal Outreach Team on **0113 206 5020** and they will bring you out what you need when they visit.

If your baby is going to require long term tube feeds, then replacement supplies and feeds will be organised and delivered to your home.

Once you have been discharged home the Neonatal Outreach Team will phone you the following day to ensure you and your baby are well and to make arrangements for your on-going support in the community.

When your baby has progressed onto all oral feeds then your Outreach Nurse will ask for your supply box back, so please do not throw it away.

Tube Feeding at Home

When you get home it is better to feed your baby on the same regime as in hospital eg. alternate oral/NG tube, two oral to one NG tube. This will change as your baby progresses and you have spoken to your Outreach Nurse.

The process of tube feeding at home is exactly the same as you were taught in hospital.

But remember you must be sure that everything is checked correctly before you start the feed.

If you're in doubt refer to your Trouble Shooting Guide.

Safety Precautions before tube feeding your baby

You need to be completely sure that your baby's tube is in their stomach before you start giving a feed. A tube that has become displaced could mean that milk goes into your babies lungs which can cause a serious chest infection or death.

- Never give a feed unless you are sure that the tube is in the stomach.
- Check that the tube is well fixed and secure to your baby's face.
- Measure the external length from nostril to NG tube hub.
- Check that the tube is not coiled in the back of your baby's mouth.
- Check the pH of the gastric aspirate and if it is not pH 5 or below seek advice.
- If you are unsure if the tube is in the correct place **do not use.**
- If you are trained in re passing the tube then a new tube should be passed.

Once you are happy that the tube is in the correct position then you can give your baby their feed.

During your Baby's feed

- Always stay with your baby during feeds.
- Observe your baby's colour throughout the feed if they become pale or dusky then stop the feed and seek advice.
- If your baby starts to cough or vomit stop the feed by pinching the NG tube and reassess your baby. If the feed cannot continue pour the milk remaining in the syringe back in to the bottle and disconnect the syringe.

Problem solving advice at home

If you are unsure about anything DO NOT tube feed and seek advice.

If the external length of the tube is incorrect:

- If you have been trained to remove and then re-pass a new tube then do so.
- If you do not re-pass tubes then do not use the tube and seek advice.

If problems occur out of the Outreach Teams working hours then you can ring the Neonatal Unit or Transitional Care for advice.

If your baby's tube becomes displaced or comes out, and you think your baby will manage, you could offer small regular feeds overnight. You should contact the Outreach Team in the morning to discuss what your baby may need. If you thought your baby would not manage small regular feeds then you should ring either the NNU or T/C and arrange to take your baby back for the tube resisting.

If you cannot get any aspirate back from your baby's tube:

Firstly it does not necessarily mean that the tube is not in your baby's stomach.

It may mean that:

- The tube is resting against the stomach wall.
- Your baby's stomach is empty.
- Or that the tube has become displaced.

Action:

- Turn your baby on their left side and try to re aspirate the tube.
- If this does not work then give 2mls of air down the tube, this may blow the tube away from the stomach wall. Then re-aspirate and test.
- Offer your baby an oral feed, wait 20 minutes and re aspirate but remember when you test it the pH may not give an acid reaction.

If you still cannot get an aspirate then do not use the tube as it may need to be changed.

If you have been taught to change a tube and feel confident in doing so then this is when you should replace it as taught. Remember to measure the tube carefully as it may need to be longer as your baby grows.

What if you get an aspirate with a pH reading of more than Ph5:

This may mean the tube has moved out of your baby's stomach so DO NOT FEED YOUR BABY and seek advice.

Please note that if your baby is on anti-reflux medication then the acidity of the gastric aspirate will be less, so it can be normal to get a reaction of pH6 and above. It is still advisable to seek advice before feeding your baby.

If you have been taught to re pass a NG tube then this is the safest option if you are not sure the tube is in the correct place.

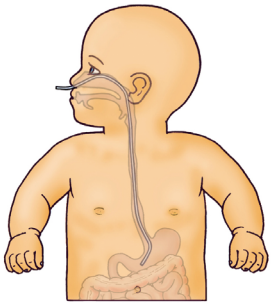
Inserting a new NG tube

It is natural that you may feel anxious about re passing your baby's tube but if you understand the process then start by gathering all your equipment together. Everything you need is in your supplies box.

Do not try to pass a new tube if your baby has just been fed. It is much safer to pass a new tube prior to a feed when your baby's stomach is emptier.

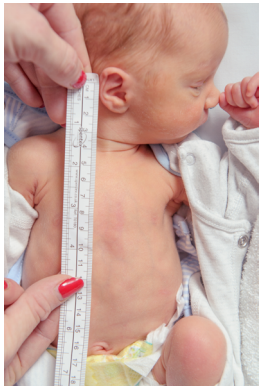
Directions for re passing the tube

- Wash your hands
- Measure the length of the tube to be inserted. This is done by using the tape measure to measure from the tip of your baby's nose to earlobe, then down to the mid-point between the tip of the sternum and their belly button (navel).



The measurement you get is the length that the tube should be passed into your baby. You can check that the mark at the nostril is the same as the length you got when you measured using the tape measure.

We use a 50cm tube and if the internal length and external length are added together then they will come to 50.



Record the insertion length of the tube.

It is important to note that if you insert too much tube it may kink, and by inserting too little will mean the tube will not reach the stomach.

- Swaddle your baby to keep their arms out of the way.
- Lubricate the tip of the tube in your baby's mouth as this will help it pass into the nostril more easily.

- Give your baby a dummy to suckle if they have one.
- A new tube should be passed in the opposite nostril to one it was removed from.
- Pass the tube slowly up your baby's nostril and allow it to find its own way through the nasal passage and down the oesophagus (food pipe) and into the stomach.

- Your baby may cry but keep going. Watch your baby's colour and breathing. They may sneeze or cough as the tube passes through their nose and back of their throat but colour should be normal and breathing settled. If in doubt remove the NG tube and reassess your baby.

- Once the tube has reached the length you need then tape the tube securely to the side of the face.
- Check that the tube is not coiled in your baby's mouth.

- It is now important to aspirate the tube to check it is in the stomach.
- Record the pH, Internal and external lengths in your booklet.

If you are confident that the new tube is in the correct place then you can tube feed your baby. If you are not sure the tube is in the correct place **DO NOT USE.** Go through the problem solving information or seek advice.

Removing the tube

This is done when you need to replace the tube because it has become displaced, blocked or has been in longer than a week.

Or If your baby has progressed onto all oral feeds and has fed well for 24 hours then the tube can be removed.

Do not remove the tube after you baby has just been fed as they may vomit and become distressed.

- Gently remove the tape from you baby's face.
- Pull the tube out of your baby's nostril in one gentle movement.
- Discard the tube.

You and your baby are ready for home when:

- **Your baby meets the discharge criteria see page 2.**
- **And you have had:**
    - Your competencies signed off for tube feeding
    - You are signed off for passing the tube (optional)

What's next

- Your baby will have a discharge check including an audiology screen.
- The staff will photocopy the completed competency sheet to put in your notes.
- You will be asked to sign a blue sticker that goes in your baby's notes to say you agree to the need for short term home tube feeding (or long term if this applies).
- You will be given a copy of the Home tube feeding Trouble Shooting Guide.
- You will be given a NG supplies box.
- Please take all your EBM home as you may need it and it gets discarded if left on the ward.
- If your baby is bottle feeding then you will be given the bottle your baby has been feeding with and some hospital teats for short term use that can be sterilised in a cold water steriliser.

Follow up

You will receive a phone call from the Neonatal Outreach Team the day after you are discharged to check that you and your baby are well and to answer any questions that you may have. They will then organise a day and time to visit you and your baby.

Record of NG tube testing, replacement and length at home.

It is very important to keep a record of the pH of your baby's aspirate before a feed as well as the internal and external length measurements.

If a new tube is passed you also need to record the date it was passed and the internal length and external length this will vary as you baby grows. It is also important to record the batch number of the tube.

Record of tube changes

Date	Length of tube eg 50cm	Internal length	External length	Batch Number

Record of pH testing, internal & external measurements

It is important that you recognise what is a normal pH for your baby. A pH of less than five indicates an acid reaction, which means the tube is in your Baby's stomach and it is safe to feed.

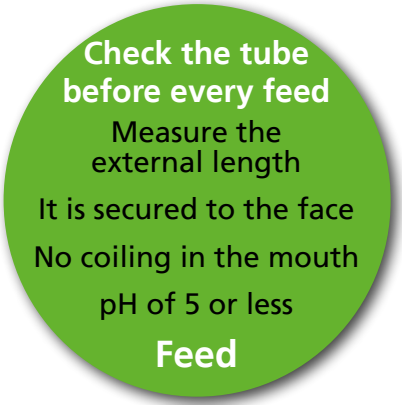
If your baby is on medication for Gastro oesophageal reflux the pH of your baby's aspirate may be slightly higher as it will reduce the acidity of the stomach contents.

Date	pH reaction	Internal length	External Length

Record of pH testing, internal & external measurements

Date	pH reaction	Internal length	External Length

Home tube feeding - Trouble Shooting Guide



Contact numbers

Neonatal Outreach

7.30am - 5.00pm
Seven days a week
Tel: 0113 206 5020

Out of Hours:

Neonatal Unit St James's

(after 5.00 pm)
Tel: 0113 206 5700

Transitional Care St James's

Tel: 0113 206 5701

Neonatal Unit LGI

Tel: 0113 392 7164

Transitional Care LGI

Tel: 0113 392 3471

Home tube feeding discharge checklist

Short term	Nurse signature and date
Competencies signed off by parents & nursing staff	
Ensure 50cm tube in situ to correct length and record internal & external length	
Competencies photocopied and: a. Placed in medical records b. Copy given or faxed to Neonatal Outreach	
Blue sticker completed and placed in medical records	
Supplies box given and advice given re sterilising syringes	
Arrangements for tube replacement identified & agreed:	

Long term	Nurse signature and date
Refer to Dietician to order supplies to be delivered to the home	
Ensure silk tube is in situ	
Competencies signed off by parents and nursing staff	
Competencies photocopied and:	
a) Placed in medical records	
b) Copy or faxed to Neonatal Outreach	
Blue sticker completed and placed in medical records	
One week of supplies given if delivery to the home not yet made	
Feeding clinic appointment arranged	
Arrangements for tube replacement identified & agreed:	

Additional comments:

Space for your questions or notes

What did you think of your care?

Scan the QR code or visit **bit.ly/nhsleedsfft**

Your views matter

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Produced by: Medical Illustration Services • MID code: 20231123_006/EP

LN003880
Publication date
11/2023
Review date
11/2026