

Home Care Instructions

Nasal Tube Feeding

What is a nasal tube?

A nasal feeding tube is a temporary tube placed through the nose. It goes down the throat into:

- the stomach (NG tube)
- the small intestine (ND or NJ tube)

The tube helps your child get the nutrition and fluids they need without surgery.

What questions should I ask my child's doctor?

- Will my child go home with this tube?
- What should I do if the tube is pulled out?
- How long will my child need the tube?
- How often does the tube need to be replaced?
- When should we talk about a long-term feeding tube?

How should I care for the nasal tube?

Venting

Babies and children swallow air during the day—for example, while eating or crying. Venting the tube before your child eats, removes air from the stomach and helps reduce bloating or discomfort. You can vent anytime your child seems uncomfortable.

To vent:

1. Fold the nasal tube to clamp it
2. Open one cap
3. Attach a 60mL syringe without the plunger
4. Lower the syringe briefly to stomach level
5. See or hear air bubble out of the tube (curdled milk or vomit secretions are normal)
6. Raise the tube slightly to allow stomach contents to go back in
7. Flush with 2-5mL of water
8. Clamp the tube, remove the syringe, and replace the cap

Flushing

Flush the feeding tube often to keep it clean and prevent clogs. Use a syringe filled with water to gently flush **before and after** each feeding.

To flush:

1. Wash your hands with soap and water
2. Use the syringe to draw up 5-10ml of water (or the amount ordered by your doctor)
3. Clamp the tube
4. Attach the syringe to the feeding tube

5. Unclamp the tube
6. Slowly push the water in
7. Remove the syringe and re-cap the tube

Important Notes:

- Give extra water through the tube only if your doctor or dietitian suggests this.
- If your child has a limit on how much fluid they can have daily, talk with your child's doctor.
- Flush amounts usually range from 5-30mL, based on tube length.
- **Always flush your child's tube after a feeding.**
- Flush before and after giving medications:
 - Infants and children who only take small amounts: you may be told to only flush after medicines.

Checking Placement

Check tube placement before every feeding to make sure the tube is in the stomach (for NG tubes only).

To check placement:

1. Wash your hands
2. Attach a syringe to the tube
3. Gently pull back on the plunger
 - **Seeing pale yellow or gray fluid means the tube is in the stomach**
4. Push the stomach liquid back in
5. Flush the tube with 2-5mL of water
6. Remove the syringe and replace the cap

Giving Medicines

1. Wash your hands
2. Stop the feeding (if one is running) before giving any medication
3. Flush the feeding tube with water to remove any formula
4. Clamp the tube
5. Prepare the medicines in syringes
6. Attach syringe to the tube, unclamp, and push the medicine in
7. Flush with 2-5mL of water
8. Repeat these steps for each medicine

Note:

- Give medicines before feedings.
- Follow your child's doctor's directions on when to restart the feeding after giving medicines.
- Call your doctor if you cannot give medicines as prescribed.

How do I troubleshoot common nasal tube concerns?

Skin Irritation

Tubes and tape can irritate the nose or cheek. If this happens, you can:

- Clean the skin and nostrils with soap and water
- Change the position of the tube and re-tape to limit movement

Clogging

- If formula or medicine will not go through, the tube is likely clogged:
 - check for kinks in the tubing
 - flush with 5-10mL warm water
 - gently massage the tube while flushing with warm water
- If the tube is still clogged:
 - remove all fluid from the tube with a syringe
 - flush with 5-10mL warm water into the tube
 - clamp the tube for 20-60 minutes
 - gently push and pull syringe plunger to help dislodge the clog
 - call your doctor if the clog does not clear

Taping the Tube

- Replace tape if dirty, loose, or peeling.
- Ask another person to hold the tube while you replace the tape.

Tips for Little Hands

- Babies and small children often try to pull their nasal tubes out.
- At night:
 - Use mittens or socks on your child's hands
 - Tuck tubing inside the pajamas
- During the day:
 - Tape tubing to the back of the shirt

If the nasal tube comes out

- If the tube moves out more than a few centimeters, remove it fully.
- During business hours call **The Children's Day Hospital at 918-502-6600**.
- After hours, go to the Pediatric Emergency Room if your child needs a feeding.

What equipment will I need at home?

Feeding Pump

A feeding pump gives formula at a set speed. You may use it for:

- Continuous feeds
- Overnight feeds
- Feeding on-the-go

The most common feeding pump is the Moog Infinity pump. It is a small, lightweight pump that uses bags to hold liquids of either 500 ml or 1200 ml.

Feeding pumps have a set rate and dose:

- Rate: how much formula is given per hour
- Dose: total amount of formula given

How do I figure out the rate of my child's feeding?

Divide the dose of formula by the feed time in hours. For example, if you need to give:

- 100 mL over one hour → rate= 100mL/hour
- 100 mL over 15 minutes → 100mL divided by 0.25 hours (15 minutes)= rate of 400mL/hr
- 100 mL over 2 hours → 100mL divided by 2= rate of 50mL/hr

Feeding Bags

- Use a new bag every 24 hours.
- Most supply companies deliver 30 days of bags.
- Rinse the bag or refrigerate it between feeds.

Backpack

- A backpack holds the pump and feeding bag.
- Mobile children may wear it for feeding on-the-go.
- Insurance often covers this item.

Syringes

- A syringe is a hollow, plastic tube with a plunger used to give feedings, water, or medicine.
- There are many sizes and types of syringes that can be used with feedings. ENFit® syringes are commonly used for:
 - Large (60mL): feeding or venting
 - Small (1mL, 3mL, 5mL, 6mL, 10mL, & 12mL): giving medicines and flushing

How should I feed my child?

After checking that your child's tube is in the right place and flushing it, begin the feeding:

Method #1 - Gravity Feeding

1. Wash your hands
2. Flush the tube
3. Clamp tube
4. Remove syringe plunger and attach syringe to the tube.
5. Pour formula into syringe
6. Unclamp and let the formula flow into the stomach by gravity
7. Continue pouring until full amount of formula is given
8. Flush the syringe with 2-5mL of water
9. Remove the syringe and replace the cap
10. Clean the equipment



Important Notes:

- Holding the syringe higher than your child's stomach, makes the formula go in faster.
- Lowering the syringe below your child's stomach, slows the flow of the formula.
- Clamp the tube if your child seems uncomfortable or is cramping.

