Family Education Sheet

Use and Care of a Nasogastric (NG) Feeding Tube

Boston Children's Hospital

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This family education sheet teaches you how to care for the nasogastric (NG) feeding tube. You'll learn how to:

- ☐ Care for skin near the NG tube
- ☐ Flush the NG tube
- ☐ Secure the NG tube
- ☐ Troubleshoot common problems

Who can I call if I have questions?

Monday–Friday, 8am–4:30pm: Call the Gastroenterology Department at (617) 355-6058.

Weeknights from 4:30pm–8 am, weekends and holidays: Call the page operator at (617) 355-6369. Ask to speak to the GI doctor on call.

***If your child is followed by the PECAN team, please call (617) 355-1636 Monday-Friday, 8am-5pm.**

When should I call my child's doctor?

Call if:

- Your child is having difficulty with the NG tube feedings
- There is a problem using the NG tube
- The NG tube comes out and you haven't been taught how to replace it

What's an NG tube?

- An NG tube is a soft, flexible tube that enters through the nose and goes down the esophagus ("food tube") into the stomach.
- The NG tube is held in place by tape on your child's cheek.
- It is used to give your child medicine or feedings if your child is not able to take enough by mouth or if it's unsafe to do so.

Your child's NG tube:

Type: _____

Size (Fr): _____

Length (cm): _____

Mark at nostril (cm): _____



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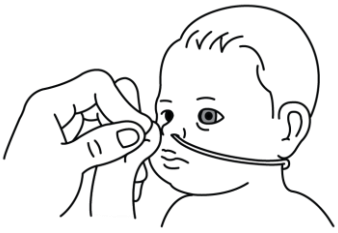
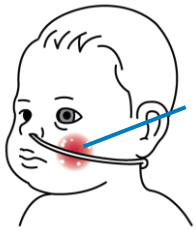
Important tips

- Always flush the tube with water before and after giving feedings and medications.
- Use liquid medications whenever possible. If you must use tablets, crush them well into a fine powder and mix in water before giving them.
- If you need to take the tube out, remove the tape first and then pull it out gently and quickly.
- NG tubes need to be replaced about 1 time a month due to normal wear and tear of the tube.
- Remove the tube right away if your child:
  - Is coughing a lot
  - Vomits (throws up) the tube out of their mouth
  - Turns blue around their mouth
  - Can't breathe well

NG tube care

Cleaning the skin near the NG tube:

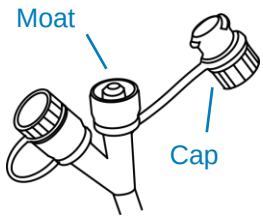




1. Try not to get your child's face too wet or the tape might loosen and cause the tube to come out. Replace the tape if it gets wet.
2. Use a cloth moistened with warm soapy water to gently clean the edges of your child's nostrils at least 1 time a day.
3. While cleaning, check the skin around and under the tube for signs of irritation (redness) or an infection. If you have any concerns, please call your child's doctor or nurse.

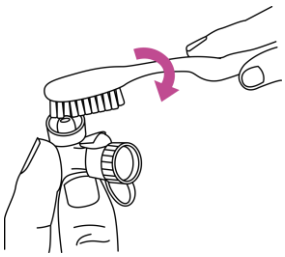
Table 1: Cleaning the skin near the NG tube

Cleaning the end of NG tube:



ENFit feeding tube

ENFit tubes have a moat that can get clogged with feeds or medicines.



Clean the tube moat with a toothbrush at least 1 time a day or whenever you can see food or medicine left in the moat.

Table 2: Cleaning the end of NG tube

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Keeping the tube in place:

It's important to keep the NG tube securely attached to your child's face and out of reach so it doesn't get caught on anything or accidentally pulled out. Follow these steps to stabilize the NG tube:

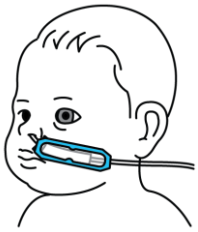	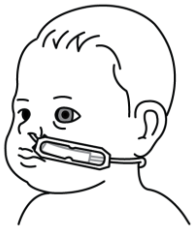	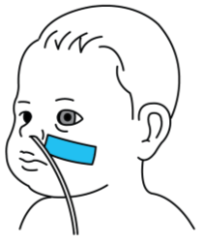
1. Place the tube along the cheek. Cover the tube with a small piece of tape placed horizontally along the length of the tube onto their cheek. Gently pat the tape down to help secure it to the tube.	2. Tuck the tube behind or over your child's ear and place another piece of tape to hold the tube against the back of their neck.	3. If your child has sensitive skin, consider placing a small piece of Duoderm® on the skin under the tube before you tape the tube to their cheek.

Table 3: Keeping the tube in place

Flushing the NG tube:

- Flush the tube with water before and after giving medications or feedings to keep it from clogging. You'll be told how much water to use based on your child's needs.
- The tube should be flushed 1 time a day if you're not using it.

Solving problems

How do I make sure the NG tube is in the right place?

- Don't use the NG tube unless you're sure it's in the right position. Before giving a feeding or medication, make sure you can see the marker (at the nostril) and that the number marker is the same as it was when the tube was placed.
- If the marker isn't at your child's nose or you can't see the marker, the tube may have moved out of place.
- If you think the NG tube has moved, make sure the tube is still in the stomach by checking the pH (acid level) of the stomach juices.

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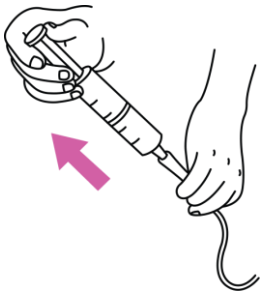
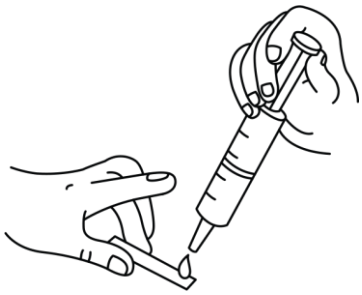
Steps for checking the pH:



1. Attach a syringe to the end of the tube. Pull back on the syringe plunger slowly to remove stomach juices.



2. Apply 1–2 drops of the stomach juices onto a strip of pH paper.



3. Match the color of the paper to the pH chart. A pH of 0–5 means the tube is in the right place in their stomach.

Table 4: Steps for checking the pH

What if the pH is higher than 5?

- If your child is taking medicine to lower stomach acid (such as Prilosec® or Pepcid®), the pH may be greater than 5. Try checking the pH right **before** you give this medication.
- If you check the pH and it is greater than 5, don't use the tube. Wait 1–2 hours and recheck the pH.
- If the pH is still greater than 5 after 1–2 hours, don't use the tube and call your child's doctor. They may need an X-ray to check placement of the tube.

What if I can't get stomach juices out of the tube?

- Try a larger syringe.
- Place your child on their left side and wait 5-10 minutes, then try again. If they're allowed to drink, give a small amount by mouth and then try again.
- **If you still can't pull out stomach juices**, don't use the tube and call your child's doctor. They may need an X-ray to check the placement of the tube.

What if the NG tube is clogged?

- Flush the tube with warm water. Gently try to push the water into the tube using a pulsing (start/stop) motion.
- NEVER use the stylet to try to unclog the tube.
- Don't replace the tube unless you've been taught how to. Follow the plan for NG tube replacement that you were given.
- Never try to push anything other than water into the tube to unclog it. Don't use soda or cranberry juice. These can make the clog worse.
- If you can't unclog the tube, it will need to be replaced.

This Family Education Sheet is available in Arabic and Spanish, Haitian Creole and Portuguese.

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