Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

GUIDELINES FOR:

INSERTING NASOGASTRIC AND OROGASTRIC FEEDING TUBES

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1. INTRODUCTION

To feed successfully a baby needs to have developed co-ordinated sucking, swallowing and breathing. This involves several reflexes e.g. rooting, sucking, and grasping. At first the immature digestive tract may not tolerate milk and so the baby may be given nutrients directly into the bloodstream.
The first experience of feeding is often via a feeding tube, which will be used until breast or bottle feeding is established.

2. AIMS

Inserting a naso/orogastric is rarely an emergency and so can be planned to take into account the other activities that the baby has to undertake. The aim of developmental care is to try to minimise distress and discomfort and aid the smooth insertion of the tube.

INSERTING NASOGASTRIC AND OROGASTRIC FEEDING TUBES

Action	Rational
Parents	
Explain the procedure, the reason for it and the baby's possible reaction.	Parents will find it helpful to understand that the baby's reactions are likely to be to discomfort than pain.
Give them the choice of whether or not to stay with their baby.	It can help some parents to feel less anxious if they can anticipate what will happen, and be there during the procedure.
Invite parents to support their baby e.g. holding.	Strengthens parent's role in comforting and protecting their baby.

Preparation	
Select an appropriate tube i.e. the narrowest tube that is suitable for purpose.	Narrow tubes are less irritating and ensure that the food is given slowly, which aids digestion.
Consider a longer term silastic tube for baby's near term that are thought to need tube feeding for extended periods, possibly post discharge.	These tubes are softer, less intrusive and do not need to be changed for up to 4 weeks.
Collect everything that you need for the procedure and to support the baby e.g. Appropriate size tube, materials for fixing (Duoderm, Blenderm, or Mepore), 5ml syringe, universal indicator PH 1-14, positioning aids, dummy.	Enables you to give the baby your full attention.
Inserting The Tube	
Measure the length of tube by placing tip of the feeding tube at the nostril, to ear, then to xyphisternum and identify correct measurement on tube. If chest x-ray is due to be taken, insert tube prior to this.	To correctly position end of tube in stomach.
It is usually preferable to pass the tube nasogastricly rather than an orogastricly.	Minimise the risk of sensory experience that may interfere with normal suck swallow patterns. Orogastric may be used if breathing is compromised by nasogastric tube.
Choose the most comfortable position for the baby and caregiver to insert smoothly. Side lying is preferred if compatible with other treatments.	The choice of position and positioning supports make a difference to the baby's ability to be still and calm.
Ensure baby is comfortable and secure e.g. wrapping, arms tucked in, legs supported, and surface for foot bracing.	These strategies can be considered for most babies and will support the baby to self-regulate.
If baby is not intubated offer a small dummy to encourage sucking before inserting the tube.	Once the baby is aroused they will find it difficult to establish sucking. By sucking the baby will be helped to swallow the tube.

Dip the area of tube for insertion in sterile water. Pace sliding the tube down.	The sterile water will aid smooth insertion due to reducing friction. To minimise levels of arousal.
Alternate the nostril used. Insert tube carefully into one nostril and advance slowly, upwards and backwards towards the nasopharynx .Remove tube immediately if there is any cyanosis, coughing, or distress. Otherwise pass tube until measurement is reached; ensure numbers on tube are visible before fixing tube.	Ensure safe insertion of tube and the ability of other staff to confirm measurement without disturbing the baby.
Aspirate small amount of fluid and test with universal indicator paper. If unable to obtain stomach fluid, advance tube 1-2cm and repeat checking process and/or move baby to lie on left side.	Ensure correct position of tube in stomach prior to use.
Once established that tube is in correct position fix tube using smallest possible piece of tape. Avoid interference with eyelids and mouth .Choose tape type dependant on skin integrity and gestation. Record measurement at nostril on relevant paperwork.	To minimise risk of damage to skin and avoid irritation. To ensure that tube is securely fixed which will prevent having to re-pass it.
Orogastric tubes should be fixed to exit at corner of mouth.	This will be less likely to stimulate tongue thrust which will dislodge the tube and interfere with sucking.
After Procedure	
Provide comfort. Ensure parent or caregiver remains with baby until settled.	To support rapid return to stability. Baby's reactions may be delayed.
The tube position should be checked: • following first insertion • before administering each feed • before giving medication • following vomiting, retching or coughing • if there is any evidence of tube displacement.	There is a small risk of insertion into the lungs or tube becoming misplaced. Ensures tube will not be used until checked.

References:

National Patient Safety Agency, Reducing the harm caused by misplaced naso-and Orogastric feeding tubes in babies under care of neonatal units. 2005