



Discharge on Tube Support (DOTS)

Whānau/Family Information – Neonatal Services



Home NGT feeding – troubleshooting guide

Check NGT before every use

Measurement unchanged at the nose

NGT is well secured with tape

No NGT coiling in mouth

pH 5 or below good to go

FEED

No Aspirate

Turn your baby on their left side and re-aspirate

Inject 1-2 mLs of air down the NGT and re-aspirate

Offer a small oral feed of milk wait 20 minutes and re-aspirate

No aspirate or pH greater than 6

DO NOT FEED

Seek Advice

If you have been taught, remove the NGT and reinsert a new one

How to seek advice

NEONATAL OUTREACH

Tuesday, Thursday, Friday

8.00am – 4.30pm

Phone: 021 463 402

Monday and Wednesday

8.00am – 4.30pm

Phone: Neonatal Outreach Team

027 221 1515 or

027 221 0894 or

021 893 104

Out of hours

Waipapa Hospital

Use your Direct Access Card

Phone: (03) 364 0640, ext.80428 (CEC)

Follow the instructions on the Direct Access Card

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Introduction

Congratulations, you are preparing for home and considering home nasogastric tube (NGT) feeding.

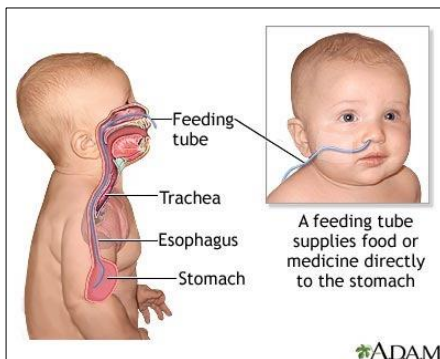
You may feel a little anxious about taking your pēpi (baby) home with an NGT. The information in this booklet will help to alleviate your anxieties and answer your questions.

By agreeing to take your pēpi home having some supplementary NGT feeds, it means you can establish a normal feeding pattern at home with the support of the Neonatal Outreach Nurses.

What is a nasogastric tube (NGT)?

A nasogastric tube (NGT) is a specially designed long, thin plastic tube that is passed through your pēpi's nostril into the throat and down into the stomach. You can use the NGT to deliver milk (and sometimes medication) into your pēpi's stomach. The NGT is a great way to provide nourishment when your pēpi doesn't yet have the stamina to suck all their milk feeds.

Looking after an NGT requires learning a new skill. Before taking your pēpi home from hospital the nurses will show you how to care for your pēpi while they are having NGT feeds. They will provide help and support and supervise your learning until you feel comfortable with this new skill.



Criteria for DOTS program

Your pēpi would be considered for home NGT feeding when:

- Your pēpi has reached 36 weeks gestation (or 38 weeks for a pēpi born from 26 weeks onwards).
- Your pēpi is having 3 or more suck feeds in 24 hours with a feeding score of 5 or above and reduced NGT top ups (showing some feeding skill but lacking stamina).
- Your pēpi is gaining weight (following a growth curve), no additives and no dietitian concerns.
- Your pēpi can maintain their temperature in a cot.
- Your pēpi can maintain their blood sugar levels.
- Your pēpi has finished all monitoring for at least 48 hours or is for planned bitmos monitoring at home and is medically fit for discharge.
- You have completed the NGT feeding education and have been signed off as competent.
- You are comfortable doing NGT feeding at home and have good support
- You live within 50 km of the hospital.

Preparing for home

As your pēpi starts to meet the criteria for going home on NGT feeding it is important that you feel confident in all aspects of your pēpi care. The only people that can NGT feed their pēpi at home are the ones that have been trained by the nursing staff and signed off as competent (if the primary caregiver goes back to work then the partner or another whānau (family) member would need to be trained and signed off as well). Skills to complete and get signed off by the nurse are:

1. NGT insertion
2. Checking the position of the NGT
3. Giving an NGT feed

Safety precautions

As the food pipe (oesophagus) is close to the breathing pipe (trachea) it is very important for the safety of your tamaiti (child) to make sure that the NGT is in the right place every time it is to be used. The process of NGT feeding is the same as you are taught in the hospital. ***You must ensure your pēpi's NGT is in their stomach before giving anything through the NGT.*** A displaced NGT could cause choking, coughing, trouble breathing, a change in colour, all of which may be a medical emergency.

You will be shown how to obtain assistance day or night.

Before an NGT feed

- Check the measurement at the nose.
- Check the NGT is well secured with tape to your pēpi's face
- Check that the pH of the aspirate is 5 or below.
- Check the NGT is not coiled in the back of your pēpi's mouth.

If you are unsure the NGT is in the correct position or having difficulty getting an aspirate, then follow the troubleshooting guide on page 1.

During your pēpi (baby's) feed

- Always stay with your pēpi during their NGT feed.
- Don't be distracted by phones or other devices.
- Observe your pēpi for signs of distress, vomiting, choking, coughing or change of colour. If this happens then stop the feed immediately and seek advice.

Inserting a nasogastric tube (NGT)

It is natural that you may feel anxious about inserting a new NGT on your pēpi. This helps to remind you of the steps you were shown in hospital. Once at home the NGT can be changed **every 28 days**, unlike the hospital where it is changed once a week due to the infection control policy.

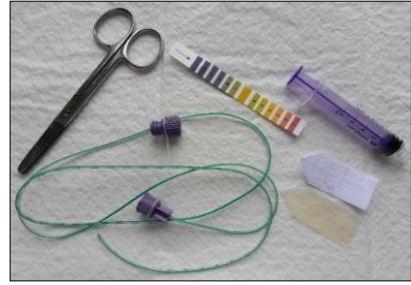
1. Wash hands



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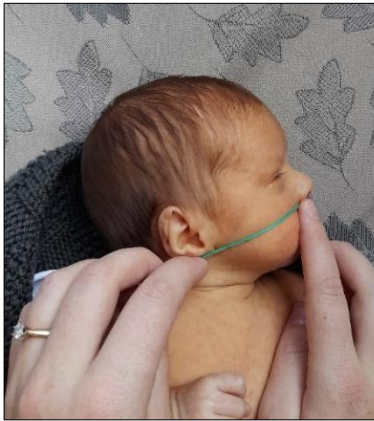
2. Gather equipment

- New NGT
- Comfeel and hypafix face tape cut to size
- 5 mL syringe
- pH strip



3. Measure the tube

- Hold the tip (rounded end) of the NGT at your pēpi's nostril.
- Extend the NGT to the earlobe, then to the midpoint between the bottom of the breastbone (xyphoid process) and the belly button (umbilicus).



- Take note/record this measurement on the NGT. This measurement will be seen at the nostril once the NGT is inserted and shows how much of the NGT needs to be inserted to reach the stomach.
- Double check your measurement.

4. Inserting the NG tube

Allow 1-2 hours of space between the last feed to make sure the stomach is empty. ***NEVER insert a tube directly after a feed.***

- Swaddle your pēpi, this will help comfort your baby and prevent them from grabbing at



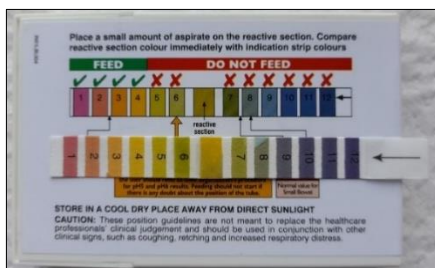
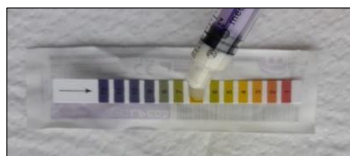
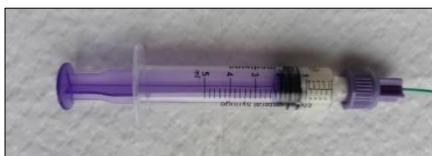
the NGT while you are inserting it. Offer them a pacifier to soothe them.

- Place the comfeel face tape on baby's cheek (ensure to change the NGT to the other nostril). Attach 5 mL syringe to the end of the NGT.
- Dip the end of the NGT into pēpi's mouth to get some saliva to lubricate it.
- Gently insert the NGT into the nostril with a back and downward motion using gentle and steady pressure. Advance the NGT until the measurement you made earlier reaches the nostril.
- This may cause your pēpi to sneeze, cry or gag. If it is difficult to pass, withdraw the tube and try again. **DO NOT FORCE IT.** Check the NGT is not coiled in your pēpi's mouth.
- Watch your pēpi's colour throughout the NGT insertion – if pēpi becomes blue, chokes or coughs excessively – remove the NGT. Give pēpi time to recover before trying again. After **two unsuccessful attempts**, contact your healthcare team for advice.



5. Check the placement of the NGT

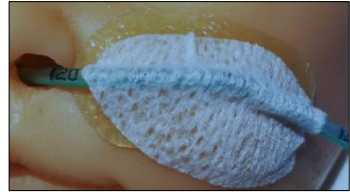
- Aspirate some stomach contents (\cong 0.5 mL) by gently drawing back with the attached syringe. Place some aspirate on the middle unnumbered square of the pH stick. The correct position is confirmed when the pH reading **is less than or equal to 5**.



- **Or** if you can aspirate at least 3 mLs of milk after your pēpi has had a sucking feed.

6. **Securely tape the NGT**

- Ensure measurement is visible at the nostril.
- Place top tape (hypafix) on top of the base tape (comfeel).



If you cannot obtain a NGT aspirate or pH \geq 6 DO NOT USE THE NGT.

Refer to the troubleshooting guide on page 1.

If you have been taught to reinsert the NGT and feel confident in doing so then you can replace it.

If you are not confident or have had 2 failed attempts to insert the NGT, seek advice from your Neonatal Outreach Nurse or use your Direct Access Card.

If your pēpi's NGT came out in the night and you think your pēpi would manage, you could offer small regular suck feeds overnight and contact the Neonatal Outreach Nurse or CEC in the morning to discuss further management.

Date NGT inserted	Measurement at nose	pH check	Comments
/ /			

Feeding your pēpi (baby) by NGT

Ensure someone is always present with your pēpi for the duration of the NGT feed. Always check the NGT is in the correct position before using.

1. Wash hands and gather your supplies

- Breastmilk or formula that is warmed to room temperature.
- Feeding syringe (60 mLs) and bottle if more than 60 mLs per feed.
- pH strips, 2.5/5 mL syringe.



It is preferable to hold your pēpi during NGT feeds. (Have your partner or a whānau member assist with this if possible.)

Make sure you can see your pēpi's colour and position of the NGT – **turn a light on at night.**

2. Check the NGT placement

- Is it securely taped?
- Is it at the correct measurement at the nostril?
- Is the pH ≤ 5 ? Or are you able to aspirate at least 3 mLs of milk after a sucking feed?
- Is it coiled in the pēpi's mouth?

Please note that if your pēpi is on anti-reflux medication then the acidity of the stomach contents may be less, ie. you may get a pH reaction of 6 or above. It is advisable to seek advice about this before feeding your pēpi.

3. Attach the feeding syringe

- Draw syringe plunger to the end of the syringe without removing it and attach it to the NGT.
- Do not use the plunger to push the feed in but you will need to give the plunger a small push to get the feed started. Once the feed has started, remove the plunger (it may feel quite stiff to remove).



4. **Hold the syringe**

Allow the feed to run by gravity – the higher it is placed the faster it will run. Normally feeds should take about 20-30 minutes. Lower the syringe if the feed is running too fast. If the feed is not going in, take the syringe plunger and gently push down (you may feel a little resistance) to get the milk moving and then remove the plunger.

Feeding time is a social time (keep nights quiet). Hold, talk, and look at your pēpi. Your pēpi may also like a pacifier during the feed to encourage the normal sucking reflex.

Throughout the NGT feed, observe your pēpi for signs of distress, vomiting, coughing or change of colour. If this happens, stop the feed and reassess.



Intermittent pump feeding (Freego Pump)

For feeds greater than 30 mLs it is preferred to use a pump to deliver the milk as it can regulate the flow of the feed. The feeding pump is set to deliver the amount of the feed at a set rate over a predetermined time. Your health care team will show you how to set up and use the pump for home use. We will arrange a pump for you to take home. After giving the feed the pump set is flushed with cooled boiled water and kept in the fridge in a plastic bag. The tubing is changed every 24 hours.

Removing the NGT

This is done when you need to replace the NGT due to displacement, blockage or if it has been in for 28 days.

OR your pēpi has progressed to full suck feeds and has fed well for 24 hours then the NGT can be removed (please check with your Neonatal Outreach Nurse first).

Do not remove the NGT after your pēpi has just been fed as they may vomit.

- Gently remove the top tape (hypafix) from your pēpi's face.
- Pull the NGT out of your pēpi's nostril in one swift, gentle movement.
- Discard the NGT.

You can remove the base tape (comfeel) from your pēpi's skin by using some Vaseline or baby oil.

At discharge

Your pēpi will be discharged home with an NGT in situ. The position at the nostril will be documented and the NGT securely fastened. You will be provided with supplies to last 2-3 weeks:

- 2 NGT tubes
- Hypafix white tape
- 2 sheets of Comfeel base tape
- pH strips
- 4 x 5 mL syringes
- 4 x 60 mL syringes
- 4 x bottles
- 1 milk straw for drawing up milk
- A pottle for storing pre-cut face tapes
- 1 kidney dish
- Freego pump and 14 giving sets (if using a freego pump at home)

It is important to note that the plastics are reusable – wash the syringes in warm soapy water, rinse and allow to air dry. They can be discarded when showing wear and tear or the plunger is no longer working. If you are running out of supplies, please contact your Neonatal Outreach Nurse.

If your pēpi is going to require long term NGT feeding, replacement supplies will be organised for you to order and collect from Nurse Maude.

If you are unsure about any of your pēpi's NGT feeding prior to discharge, please do not hesitate to talk to the nursing staff looking after your pēpi.

At home and follow-up

Shortly after you are discharged the Neonatal Outreach Nurse will make phone contact and arrange to visit you at home or by zoom meeting. Initially you will be following the same feeding plan as you were in the hospital and getting to know and respond to your pēpi cues. The Neonatal Outreach Nurse, alongside your midwife if they are still involved in your care, will assess and monitor your pēpi's growth and feeding and together you will adjust the feeding plan as pēpi's suck feeding progresses. As your pēpi builds stamina and improves their sucking skills, they will gradually wean from the NGT feeding support. The Neonatal Outreach Nurse will remain involved

until your pēpi is fully suck feeding and growing well. The midwife (if still involved in your care), Well Child Provider and GP will take over care when our support is no longer required.

Discharge checklist

Discharge home on short term tube support	Nurse signature and date
Competencies signed off by parents and nursing staff <input type="checkbox"/> Checking NGT placement <input type="checkbox"/> NGT feeding <input type="checkbox"/> Insertion of NGT	
Ensure NGT inserted to correct length and record the length taped at nose cms	
Competencies in MDCP Education pack with parents/caregivers	
Supplies given	
Freego pump issued	
Education completed <input type="checkbox"/> Safe Sleep <input type="checkbox"/> CPR <input type="checkbox"/> Direct Access Card	
Direct Access Card issued	
Documentation complete	

Space for your questions or notes

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