A large, abstract graphic on the left side of the page, composed of several thick, curved purple lines that resemble a stylized smile or a series of concentric arcs.

Being discharged with a nasogastric tube

Rehabilitation and Support

A guide for patients and carers

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This leaflet contains information and advice for patients leaving hospital with a nasogastric tube for feeding. This leaflet gives advice on what a nasogastric tube for feeding is, how it works, how to maintain it and aims to answer any questions you may have.

Information about my nasogastric (NG) tube

NG tube make and size: _____

Date of NG tube insertion: _____

NG Tube length at nostril (NEX): _____ CM

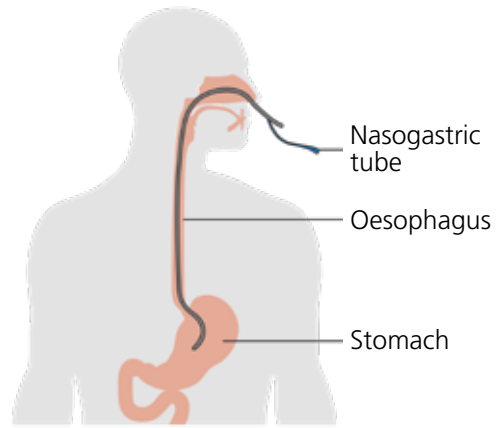
NG Tube External length: _____ CM

Going home with a nasogastric tube for feeding

You and/or your carer have been assessed as being safe to go home with your nasogastric tube for feeding. This information leaflet supports the training you and/or your carer will have had in hospital or provided by the Community Home feeding team before discharge. This leaflet also aims to answer any questions you may have.

What is a nasogastric feeding tube?

A nasogastric (NG) feeding tube is a fine polyurethane tube that is passed through your nostril, down your oesophagus and into your stomach. Once it has been confirmed to be in the right position the tube can be used to give you fluids, medication and liquid feed directly into your stomach.



How long will I need the nasogastric tube for?

The length of time you will need your nasogastric tube for feeding will depend on your individual condition. Your dietitian or nutrition nurse will be able to give you an idea of how long you may need the tube for.

What are the risks of having a nasogastric tube for feeding?

Nasogastric tube feeding is a common procedure; however there is a risk that the tube could be misplaced when it is being inserted and may enter the lung. Once the nasogastric tube is inserted it is checked to see if it is in the right place before being used. If it is not in the correct position the tube will need to be removed and then a new tube inserted. The nasogastric tube can also be displaced once it is in the stomach. Displacement is when the tube moves



out of the stomach and can happen at any time for various reasons such as after vigorous coughing or vomiting. This is why checking the placement of the nasogastric tube before every use is vital. You will be shown how to do this and your nurse or Community Home feeding team will ensure you and/or your carer is confident with doing this before going home.

What it is a nasal bridle?

Before going home with the nasogastric tube you may have a bridle fitted. A bridle is a nasal tube retaining (fixing) device that prevents the accidental movement or removal of a nasogastric tube.

Daily care of your bridle

Clean the outside visible parts of the bridle at least once a day with soap and water. You may wish to do this more if there are lots of secretions from the nose.

The skin in-between your nostrils should be observed for signs of irritation, reddening or bleeding.

Care of the nasogastric tube at home

Checking the position of the nasogastric tube

It is important to carry out the following procedures. **Placement checks will need to be carried out before every use of the nasogastric tube.** Your nasogastric tube must be in the correct place so that any fluids, medication or feed goes straight into your stomach. Do not use your nasogastric tube until you are sure it is the right position.

Step 1

Check the measurement on the tube at the nostril (NEX) if remains visible and measure the external length of the tube using the tape provided. Refer to the initial measurement on page 3 - if the measurement is different contact The Clatterbridge Cancer Centre Hotline on **0800 169 5555**.

Step 2

Do a pH test. A pH test will check the acidity level of fluids removed from the nasogastric tube. You and/or your carer will be shown how to do a pH test and your nurse/ community home feeding team will ensure you and/or your carer is confident at carrying this out before going home. You will need a clean surface area, 60ml purple syringe and pH indicator strip.

- Wash your hands
- Attach an empty 60ml purple syringe to the end of the nasogastric tube (make sure to unscrew the cap on the port)
- Gently pull back on the syringe plunger until a small amount (2-3mls) of liquid has been obtained
- Take the syringe off the nasogastric tube
- Put a few drops of the liquid from the syringe onto the pH indicator strip, making sure all the coloured squares on the pH strip are covered
- Wait 10-60 seconds to allow for the coloured squares on the pH strip to change colour



- Match the pH strip with the colour code on the pH container for the closest match
- If the pH number is 5.5 or less your nasogastric tube is safe to use.
- If the pH number is more than 5.5 do not use the nasogastric tube. Contact The Clatterbridge Cancer Centre Hotline on **0800 169 5555**.
- If you did not get any liquid contact The Clatterbridge Cancer Centre Hotline on **0800 169 5555** and they can talk you through some techniques that might help.



Feed pH

Do not feed pH

2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0

NG tube position monitoring form

You can use the table below to keep a record of NG position checks.

Date									
Time									
pH reading									
NEX Measurement									
External Tube Length									
Date									
Time									
pH reading									
NEX Measurement									
External Tube Length									
Date									
Time									
pH reading									
NEX Measurement									
External Tube Length									



Medication administration

Medicines should be in liquid form wherever possible. Flush the nasogastric tube before and after each medicine is administered with cooled boiled water. Draw up each medication separately using a purple syringe. Flush with at least 10mls of cooled boiled water between each medication. After your last medication, flush using a push pause technique with cooled boiled water. This will create turbulence within the nasogastric tube and will help remove particles. If resistance is felt then cooled boiled water that remains warm can be used as this will help clear the tube of medication debris.

Mouth care

It is important that whilst you are receiving feed via your nasogastric tube that you give regular attention to your oral hygiene.

My feeding regimen

Your dietitian will discuss with you the most suitable feed or combination of feeds and calculate how much feed and possibly any extra fluids you will need.

You and/or your carer will receive training on how to use the pump. Ongoing support with the pump will be provided by the pump provider company.

Feed should be kept in a cool, dry place. Once opened, feeds need to be used or thrown away within 24 hours. Any opened, unused feed should be discarded by pouring down the sink and rinsed away.

NAME OF FEED	TIMINGS	VOLUME	RATE OF ADMINISTRATION	DURATION



Additional advice

- Always flush the NG tube with sterile water or cooled boiled water before and after each feed or any medications given via tube
- Change giving set every 24 hours
- Make sure when you are having your feed, and for at least one hour after feeding, you are propped up at an angle of at least 45 degrees to prevent regurgitation of feed

Any additional flushes

Frequently asked questions

Why do I need a NG tube?

It may be unsafe for you to take food and fluids by mouth or you may be unable to meet your nutritional needs. A nasogastric tube can help you through this period as it can be used to give you all the liquid feed, fluids and medications you need.

How long will I need the NG tube for?

Your nasogastric tube will help you to meet your nutritional needs and administer any medications you may require. Before the tube is removed, we must make sure that you are able to manage enough food and fluids by mouth to meet your body's requirements. You need to be able to have your medicines safely as well. The NG tube will stay in for as long as you need this help. Your dietitian and nutrition nurse And SLT (if indicated) will work with you and/or your carer to remove the NG tube when is it safe and suitable to do so.

What should I do if my NG tube comes out?

Stop your feed if it is running at the time of removal. Contact the Clatterbridge Cancer Centre Hotline on **0800 169 5555**.

What can I put down my NG tube?

You can put prescribed feed, medication and water down your NG tube. Your dietitian will prescribe specially prepared sterile feed that comes in either cartons or bottles and will work out a feeding regimen. Do not put normal food, pureed food, normal drinks or homemade milkshakes down the NG tube as this could block it.



What should I do if my NG tube becomes blocked?

If the blockage is in the external length of the NG tube, gently massage the tube. If not, try the following:

- Flush the NG tube with 60ml warm water using a 60ml purple syringe and use a 'push pull' technique (push the plunger in and out repeatedly).
- Do not use excessive force or try to unblock it with any foreign objects.
- If the tube remains blocked contact The Clatterbridge Cancer Centre Hotline on 0800 169 5555. The NG tube may require replacing and the team will arrange a time for you to attend CCC for this to be carried out.

How do I prevent my NG tube becoming blocked?

Make sure all medications are given separately and flushed with cooled boiled water before and after each one. Ensure the NG tube is flushed with cooled boiled water after your feed is completed if resistance is felt use warm boiled water using push stop method as this will help keep the NG tube clear of any medication build up.

Can I still eat and drink with the NG tube?

As long as you do not have any swallowing issues you can still eat and drink if you wish to do so. A speech and language therapist will assess your swallowing and decide whether it is safe.

How long is the feed attached for?

You can be fed during the day or overnight. Your dietitian will talk through with you what would be best and plan a suitable feeding regimen with you.

Will I still be able to move around?

Yes you will still be able to move around and you should not be restricted too much. The pump will be on a small mobile stand with a battery that will last for several hours. Your pump trainer will discuss this with you at more length. Remember to keep your pump battery fully charged.

Will I be able to take a bath or shower?

Yes you will be able to have a bath or shower as you normally would. You and/or your carer will just have to ensure that the NG tube cap is closed.

Will my bowel habits change?

You may experience some changes to your bowel habits whilst having your NG feed. Your dietitian will continue to review your progress after discharge and will make amendments if needed.

How will I be monitored?

There are a few options. You may be asked to return to hospital fortnightly for reviews with your dietitian and nutrition nurse, your dietitian and the nutrition nurse may carry out telephone reviews



with you or a community dietitian may be asked to take over your care once you are at home. Your dietitian will discuss with you which option is most appropriate. A speech and language therapist may also be involved with your ongoing follow up to assess if you have a safe swallow.

Contact details

The Clatterbridge Cancer Centre Hotline: **0800 169 5555**

Nutrition Nurse Practitioner: **0151 556 5323**

Dietitians: **0151 556 5117**

How we produce our information

All of our leaflets are produced by staff at The Clatterbridge Cancer Centre and this information is not sponsored or influenced in any way. Every effort is made to ensure that the information included in this leaflet is accurate and complete and we hope that it will add to any professional advice you have had. All our leaflets are evidence based where appropriate and they are regularly reviewed and updated. If you are concerned about your health in any way, you should consult your healthcare team.

We rely on a number of sources to gather evidence for our information. All of our information is in line with accepted national or international guidelines where possible. Where no guidelines exist, we rely on other reliable sources such as systematic reviews, published clinical trials data or a consensus review of experts. We also use medical textbooks, journals and government publications.

References for this leaflet can be obtained by telephoning 0151 556 5570.

If you need this leaflet in large print, Braille, audio or different language, please call 0151 556 5570.

If you have a comment, concern, compliment or complaint, please call 0151 556 5203.

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