Having a Naso–gastric Feeding Tube
Information for patients and carers

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What is a naso–gastric tube?

A naso–gastric tube (or NG tube) is a fine tube that is passed through your nose, down the back of your throat and into your stomach. One end of the tubing is left on the outside of your body and is then usually secured to your cheek with an adhesive dressing.

The procedure is usually carried out by a nurse or doctor on the ward and takes just a few minutes. Having the tube passed may be uncomfortable but should not be painful. Once the tube is in the correct position it should be quite comfortable and can then be used to put liquid feed and water directly in to your stomach.

Why do I need one?

You may not be able to take any food or fluids by mouth or are unable to take enough by mouth. A naso–gastric tube is a short term measure to help you through this period as it can be used to give you all the liquid feed and fluids you need. Your dietitian will let you know how much feed you need to put down your tube and how often.

How long will I need it for?

This will depend on your individual condition and will be decided between you, your doctors, nurses and dietitian. The naso–gastric tubes used in hospital can be left in for up to six months, after this point we decide if the tube needs to be changed for a new one depending on your needs.
**How do I check the tube is in the right position?**

Naso–gastric tubes are held in place only by the adhesive dressing/tape on your cheek which means they are easily displaced. Violent coughing, vomiting or pulling on the tube accidentally can move the tube from your stomach in to your gullet or, more importantly, into your lungs. For this reason it is essential that the position of the tube is checked before each and every use. This includes anytime you need to put medicines, feed or water through your tube.

When your tube is first put in by a doctor or nurse you may have an X–ray to confirm that it is in your stomach at that point. However, it would be impractical and harmful to have an X–ray every time you need to use your tube. You may see staff use a syringe to ‘aspirate’ your tube and test the fluid aspirated on some pH indicator paper. What they are doing is sucking up some fluid from your stomach through the naso–gastric tube with the syringe. Normally the fluid in your stomach should be acidic. By putting this fluid on a piece of pH paper you can see if it is acidic or not. If it is acidic then it is likely that the tube is in your stomach. If it is not acidic then there is a chance the tube is not in the correct place.

This is the most convenient way to check your tube before you use it each time (see the instructions below).

Staff on the ward should show you how to do this and how to carry out general care of your tube – please ask if they have not done so.

**Instructions for checking naso–gastric tube position**

You will need to check the position of your tube anytime you need to put medicines, feed or water through it, if it feels like the tube has moved or if you feel more breathless than usual. Follow the instructions below:

You will need a clean surface, large purple enteral syringe (60ml size) and some pH paper. Do not use a syringe smaller than 60ml due to the risk of splitting the tube.

- **Wash your hands**
- **Attach a clean 60ml purple enteral syringe to the end of your naso–gastric tube** (make sure the cap on the port you are not using is closed)
- **Pull back on the plunger of the syringe to suck up some fluid from your**
stomach (you only need a very small amount). See illustration 1. This may require some effort.

- Put a clean piece of pH paper onto the clean surface and squirt the fluid from the syringe onto the paper covering all the coloured pads
- You will see the coloured pads on the paper start to change colour. Compare this immediately to the colour chart on the box of the pH paper for the closest match. See illustration 2
- If the reading is 5.0 or less then the tube is likely to be in your stomach and is safe to use
- Using the 60ml syringe flush your naso–gastric tube with 30mls of water
- Discard the used piece of pH paper and put excess fluid from the syringe down the sink/toilet.
What if I can’t aspirate or I get a reading of more than 5.0?

There could be a number of reasons why you might not be able to get any fluid from your stomach. There are also lots of reasons why the acid in your stomach may give a reading of more than 5.0 e.g. medications such as antacids can cause this. Despite this your tube may still be safely in your stomach.

- Check that the tube is the same length as usual (there are centimetre markings by your nostril).
- Suck up just 10ml of air into your syringe and push this down your tube (there could be some debris on the end of your tube, the gush of air may help to move it) and try to aspirate again.
- If you are able to drink safely, have a drink then try to aspirate the tube again.
- Try aspirating again in half an hour or so.
- Finally, if you feel comfortable and your tube feels the same to you as usual (the same length, you haven’t vomited or had a violent coughing fit) chances are the tube is still safely in your stomach.

If you have any concerns about the position of your tube, do not use it to feed or put anything down it. Seek advice from the list of contacts that follow.

Looking after your tube

Apart from checking that your tube is in the correct position before you use it there are other things you need to do to look after it and ensure it continues working.

1. Always flush your naso–gastric tube with freshly drawn tap water before and after putting anything down it (if feed or drugs are left in your tube it will block and you will not be able to use it). Your dietitian will advise you how much water to use, but if not 30mls is advisable.

2. If you need to put medicines down your tube ask your chemist for liquid or dispersible medication – many medicines can cause blockages in your narrow naso–gastric tube.

3. Remember to clean the nostril that the tube is going in to; a cotton bud can be used for this. Check that your nostril is not getting sore.
4. Keep the naso–gastric tube secure by changing the tape/dressing on your cheek daily.

5. Be careful not to pull on your tube – remember it can be pulled out very easily.

What if my tube comes out?

Before being discharged the ward staff will give you details of who to contact if your tube comes out. Sometimes they may make arrangements for you to have your tube re–inserted on the ward or within the outpatient department. If you have been referred to a homecare company or community nutrition nurses, sometimes your tube can be re–inserted for you at home. However, this will depend on your individual circumstances.

Please see the list at the end of this leaflet for useful contacts. However, if you are in any doubt or cannot speak to anyone in an emergency you should contact your local Accident and Emergency Department.

Discharge Care Plan

The following information must be completed by ward staff before you are discharged home with your naso–gastric tube.

**Tube Information**

- Date naso–gastric tube was inserted: .................................................................
- Type and size of naso–gastric tube: .................................................................
- Was the tube inserted by a nurse at the bedside?: .........................................

**Confirming position of the tube**

- Centimetre marking at the nostril on discharge: ...........................................
- Last three pH readings from previous checks: .............................................
- Has X–ray been used to confirm the current tube position?
  YES / NO
- Has a different method been used to confirm tube position and if so what?
Changing the tube – your individual care plan

Corflo® naso–gastric tubes can be left in place for up to six months if the tube is still working and you are comfortable with it. However, it can be changed sooner if you are having problems with it.

If you have a different type of tube in please contact the team who inserted your tube to check when this needs to be changed.

If your tube was inserted by a nurse at the bedside then a nurse in the community may be able to change this for you. However, if your tube was inserted by a doctor, in theatre or endoscopy then your medical team will need to inform you how this can be changed if needed. Please ensure you know the plans for changing your tube before being discharged.

Follow up

• Follow up arrangements or planned out–patient appointment:

• Dietitian’s name and contact details:

Equipment

The following equipment should be given to you before you are discharged home. Two week supply of:

• pH indicator paper in a box
• Spare naso–gastric tube
• Spare tape to secure the tube
• 60ml purple enteral syringes
• Liquid feed as prescribed by your dietitian
• If you are using a pump to deliver your feed you should be given a pump, stand and giving sets
Contacts

If you have any queries regarding the insertion of a naso–gastric tube, the care of a tube, problems or complications with the tube you may contact:

**Nutrition Nurses at Queen Elizabeth Hospital Birmingham**
Telephone: 0121 371 4561 (Monday-Friday 08:00–16:00)
Email: UHBnutrition.team@nhs.net

**Community Nutrition Nurses (Birmingham only)**
Telephone: 0121 446 1131 (Monday–Friday 09:00-17:00)

**Dietitian/Therapies at the Queen Elizabeth Hospital Birmingham**
Telephone: 0121 371 3485 (Monday–Friday 08:00 -16:00)

If you have recently been discharged you may also call your ward for advice.

**Patient Support Group**
PINNT is a support group for people receiving parenteral or enteral nutrition therapy.

Email: pinnt@diai.pipex.com
Website: www.pinnt.com

The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm or call 0121 371 4323.

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**Nutrition Nurses**
Rooms 4–59, 4th Floor, East Block
Heritage Building (Queen Elizabeth Hospital)
Mindelsohn Way, Edgbaston
Birmingham, B15 2TH