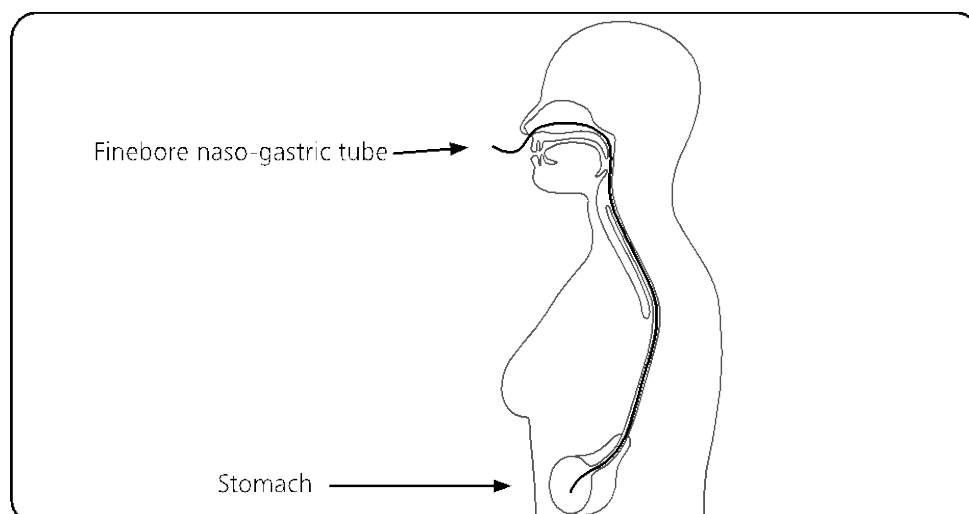


## Having a fine bore naso-gastric feeding tube - information for adult patients and carers

### What is a fine bore naso-gastric tube?

A fine bore 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 to put in place. Having the tube passed through your nose and throat 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 into 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. This is usually because there is a swallowing weakness, or you are not able to eat and drink enough. A fine bore naso-gastric tube can help you through this period as it can be used to give you all the liquid feed and fluids you need. The dietitian will decide the amount of feed required, how quickly and how often it should be given.

### How long will I need it for?

This will depend on your individual condition and will be decided between you and/or your next of kin, your doctors, nurses, and dietitian. In some cases, we may suggest a trial feeding via the tube for one to two weeks initially, and then review how you are getting on and if you are benefitting from having the tube. If it is appropriate for you then alternative methods of giving you food and fluids might be discussed.

Occasionally, some people may be discharged with a fine bore nasogastric feeding tube if it is appropriate for them. If this is the case, the fine bore naso-gastric tubes used in hospital can be left in for as long as they are working and needed. There is no set amount of time that it would need changing.

## Information for Patients and Carers

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### **Are there any risks associated with having a fine bore naso-gastric tube?**

Yes. When the tube is being inserted there is a small risk that it can go into your lungs rather than into your stomach. It is important that the position of the tube is confirmed before it is used. Other risks during tube insertion are very rare but include trauma to the gullet or a pneumothorax (collapsed lung or air escaping from the lung).

Sometimes, the tube can become displaced from the stomach into the gullet or lung after it has been placed. This leads to a risk of feed or fluids going into the lungs and causing serious illness. The position of the tube must be checked each time it is used to ensure this has not happened.

Sometimes, patients having feed via the tube might regurgitate the feed and this might also cause feed to go into the lungs. The presence of a feeding tube does not take away the risk of developing pneumonia although it may reduce it.

### **Fine bore-nasogastric feeding tubes and cognitive impairment**

Some older patients in hospital develop delirium (confusion) due to acute illness or long-term conditions including dementia. For patients who are unable to make their own decision about having the fine bore -nasogastric feeding tube, a family member/carers will be asked to contribute to a best interests' discussion with the clinical team about whether insertion of the tube is the best decision.

A confused patient may not tolerate placement of the tube as well and the tube may become dislodged more easily. On rare occasions where a tube is felt to be the best treatment for the patient, but is poorly tolerated, other measures may be required to secure it in place. The medical and nursing team should discuss this with you if indicated.

In general, the use of tube feeding is not recommended in the end stages of dementia. Studies have shown that this does not increase the quality or quantity of life and puts the patient at risk of all the risks and complications mentioned.

### **How do I check the tube is in the right position?**

Violent coughing, vomiting, or pulling on the tube accidentally can move the tube from your stomach into your gullet or, more importantly, into your lungs. For this reason, it is essential that the position of the tube is checked before each use. This includes any time medicines, feed, or water need to pass through your tube.

You will see staff using 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 fine bore 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 (when your tube is first put in place 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).

Staff on the ward should show you how to aspirate your tube, check the pH and how to carry out general care of your tube (see the instructions below). Please ask if they have not done so.

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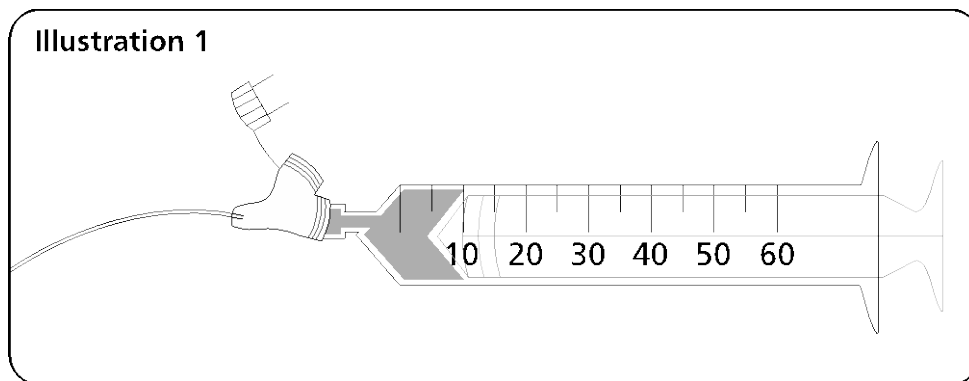
### Instructions for checking fine bore naso-gastric tube position in adults.

If you are in hospital the ward nurses will use the following method to confirm the position of your tube before each use.

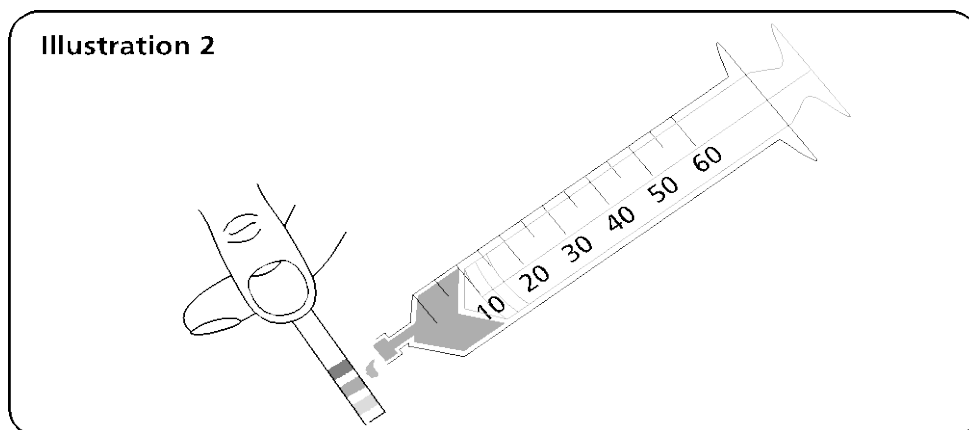
If you have been discharged with your tube, you will need to check the position of your tube any time you need to put medicines, feed or water through it, if it feels like the tube has moved, or if you feel more breathless than usual. Follow the instructions below:

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 fine bore 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. See illustration 2.



- You will see the coloured pads on the paper start to change colour. Compare this to the colour chart on the box of the pH paper for the closest match according to the instructions on the pack.
- If the reading is **4.5 or less**, then the tube is likely to be in your stomach and is safe to use.
- Using the 60ml syringe flush your fine bore 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.

## Information for Patients and Carers

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### What if I can't aspirate or get a reading of more than 4.5?

There could be several 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 4.5 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 can 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 that ward staff will do to ensure it continues working. If you are at home with your tube, you will also need to remember:

1. Always flush your fine bore 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 ward pharmacist or chemist for liquid or dispersible medication – many medicines can cause blockages in your narrow fine bore naso-gastric tube.
3. Remember to clean the nostril that the tube is going into; a cotton bud can be used for this. Check that your nostril is not getting sore. If you have any concerns speak to one of the contacts below.
4. Keep the fine bore naso-gastric tube secure by changing the tape/dressing on your cheek regularly or if it appears loose.
5. Be careful not to pull on your tube – remember it can be pulled out very easily.

### What if my tube comes out on the ward?

If you and/or your next of kin, doctors, nurses, and dietitian think you are benefitting from having the tube then it is likely to be re-inserted. However, if the tube becomes displaced, this may be a time when your doctors consider if the benefits are still outweighing the risks of having the tube. If this is the case, they will discuss this with you and/or your next of kin.

### What if my tube comes out at home?

Before being discharged, the ward staff will give you details of who to contact if your tube comes out. Sometimes they may plan for you to have your tube re-inserted on the ward or within the outpatients' 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.

## Information for Patients and Carers

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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 fine bore naso-gastric tube.

### Tube information

- Time and date the fine bore naso-gastric tube was inserted:  
e.g. hh:mm, dd/mm/yy: .....
- Type and size of fine bore naso-gastric tube: .....
- Was the tube inserted by a nurse/doctor at the bedside? .....

### Confirming the position of the tube

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

### Changing the tube – your individual care plan

Some fine bone naso-gastric tubes can be left in place for many 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 place, 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 member of the endoscopy team, 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 outpatient appointment:

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- Dietitian's name and contact details:

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# Information for Patients and Carers

## Your Feeding Plan

Your feeding plan has been written for you by your dietitian as follows.

Name:		Date of birth:		Ward:	
Weight: BMI:		Hospital number:		Pump serial number:	
Type of Tube Feed	Timing	Pump Rate or bolus	Duration or number of boluses	Feed volume	Water flushes
ENERGY KCALS		PROTEIN (G)	CARBOHYDRATE (G)	FAT (G)	

## Equipment

The following equipment should be given to you before you are discharged home:

A two-week supply of:

- pH indicator paper/strips in a box
- Spare fine bore naso-gastric tube
- Spare tape or dressings to secure the tube (note: at home you may not be able to access the same dressings that are used in the hospital)
- 60ml purple enteral syringes (14 days supply)
- Liquid feed as prescribed by your dietitian (14 days supply)
- If you are using a pump to deliver your feed you should be given a pump, stand and 14 days supply of giving sets. This will be sufficient until your first homecare company delivery is made

## Contacts

If you have any queries regarding the insertion of a fine bore naso-gastric tube, the care of a tube, problems or complications with the tube, please contact the team at the hospital where your tube was inserted. Contact details are:

Nutrition Nurses at Queen Elizabeth Hospital Birmingham  
Telephone: 0121 371 4561 (Monday-Friday 08:00–16:00)  
Email: [QEnutritionteam@uhb.nhs.uk](mailto:QEnutritionteam@uhb.nhs.uk)

## Information for Patients and Carers

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Nutrition Nurses at Heartlands or Solihull

Telephone: 0121 424 1435 (Monday-Friday 08:00–16:00)

Email: [uhb-tr.nutrition-nurses@nhs.net](mailto:uhb-tr.nutrition-nurses@nhs.net)

Nutrition Nurses at Good Hope Hospital

Telephone: 0121 424 9145 (Monday-Friday 08:00–16:00)

Email: [nutrition.nursesghh@uhb.nhs.uk](mailto:nutrition.nursesghh@uhb.nhs.uk)

Community Nutrition Nurses (Birmingham only)

Telephone: 0121 683 2300 (Monday–Friday 09:00–17:00)

Dietitian/Therapies Team at the Queen Elizabeth Hospital Birmingham

Telephone: 0121 371 3485 (Monday–Friday 08:00–16:00)

Dietitian/Therapies Team at Heartlands, Solihull or Good Hope Hospital

Telephone: 0121 424 2673 (Monday–Friday 08:00–16:00)

Community Nutrition Support Team (Solihull only)

Telephone: 0121 746 4477 (Monday–Friday 09:00–17:00)

### Patient Support Group

PINNT is a support group for people receiving parenteral or enteral nutrition therapy.

Email: [comms@pinnt.com](mailto:comms@pinnt.com) Website: [www.pinnt.com](http://www.pinnt.com)

If you require this information in another format, such as a different language, large print, braille, or audio version please ask a member of staff or email [patientexperience@uhb.nhs.uk](mailto:patientexperience@uhb.nhs.uk).