



## Passing a Nasogastric Tube

### Information for Parents and Carers



# Types of Nasogastric Tubes

Nasogastric tubes are long, thin plastic tubes that are passed via the nose into the food pipe and on into the stomach to a pre-measured length.

There are two main types of nasogastric tubes and these are described below.

## Short-term nasogastric tubes

These tubes can remain in place for between 7-10 days, dependent on manufacturer's guidelines. These tubes are for single use and should be replaced with a new tube if the tube becomes dislodged and falls out.

## Long-term nasogastric tubes

These tubes may have a guide-wire to aid the passing of the tube. Once the tube has been passed, the guide-wire is removed and should be kept in a safe place as it will be required should the tube become dislodged. This tube can normally remain in place for approximately 8 - 12 weeks dependent on manufacturer's guidance. Within this time the tube can be cleaned and re-passed.

## Equipment Required

- A nasogastric tube of appropriate length and size
- 60ml enteral (purple) syringe
- 20 or 50ml enteral (purple) syringe
- pH indicator strips
- Small amount of cooled, boiled water for guide-wire removal and to lubricate the end of tube (if appropriate)
- Tapes to secure tube
- Glass of water (if appropriate)

## Passing the Nasogastric Tube

- Wash your hands.
- Collect equipment and arrange on a clean dry surface.
- Explain procedure to child/young person.
- Babies can be wrapped in a blanket or towel and laid flat on their back to help keep them secure. Older children may prefer to sit up with their head tilted slightly forward.
- Ensure end caps are firmly in place on the tube.

- Determine length of tube to be inserted by measuring the tip of the tube from nose to ear and then measure from ear to stomach. Keep your fingers on the point measured.
- Lubricate tip of the tube using water (if appropriate).
- Insert tip of tube into nostril and slide backwards along the floor of the nose, if there is any obstruction, pull tube back slightly, adjust angle and advance again.
- As the tube passes to the back of the nose, advise child/young person to take sips of water (if appropriate). In the case of a baby, offer a dummy (if they have one) or await normal swallow reflex.
- Advance the tube until you reach the measured length.
- Attach a 60ml enteral (purple) syringe to the end of the tube (unless contraindicated by manufacturer's instructions).
- Gently pull back on the plunger until a small amount (1-2mls) of fluid appears in the syringe.
- Detach the enteral (purple) syringe, replace the end cap on the tube and place the fluid on the pH strip. Check that the pH level is 5.5 or less to confirm correct positioning of the tube.
- Once the position of the tube has been confirmed, attach a 20 or 50ml enteral (purple) syringe, containing cooled, boiled water to the end of the tube and flush the tube.
- Remove the guide-wire (if appropriate) and replace the cap over the guide-wire port.
- Secure the tube in position using appropriate tapes and note the length of the tube at the nose.

**If at any time the child/young person starts coughing or their colour changes, stop the procedure immediately and remove the tube.**

## **If unable to obtain an aspirate**

Using an enteral (purple) syringe, insert 3-5mls of air down the nasogastric tube to push the tube away from the stomach wall, then attempt to aspirate via the tube to see if fluid obtained.



Lay the child on their left side if possible and try to aspirate tube.



If able give the child/young person a small drink and try to aspirate the tube.



Try to advance the tube a short distance or pull back slightly and try to aspirate the tube again.



If still unable to obtain aspirate remove and re-pass the tube or seek further from community nurse or hospital professionals.

**This information leaflet has been adapted by WoSPGHaN with permission from NHS Lanarkshire Community Children's Nursing Team.**

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[www.wospghan.scot.nhs.uk](http://www.wospghan.scot.nhs.uk)

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