

# Let's Talk About...

## Placing a Nasogastric (NG) or Orogastric (OG) Tube

A feeding tube is a way to give your child nutrition or medicine directly into their stomach. To do this, a tube is placed through your child's nose or mouth and into the stomach. A tube in the nose is a nasogastric [nay-zow-GAS-trick] or NG tube. A tube in the mouth is an orogastric [or-oh-GAS-trick] or OG tube.

### Why does my child need a feeding tube?

Your child may need a feeding tube if they:

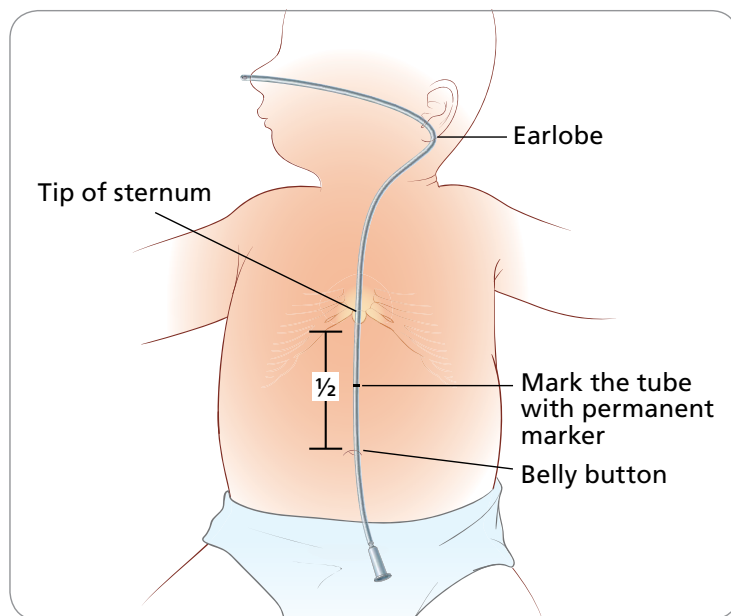
- Are premature and too small or weak to suck enough from the breast or bottle
- Have a problem coordinating their sucking and swallowing or don't have a good gag reflex
- Have throat, esophagus, or bowel problems
- Have lung problems and are breathing too hard or too fast to be able to suck or swallow safely
- Can't get enough nutrition eating by mouth because of another health problem

### What equipment do I need to give my child a feeding tube?

To insert an NG or OG tube, you'll need:

- The correct size of feeding tube
- A syringe to check stomach contents
- pH testing paper if instructed to test
- A syringe for formula (30 to 60 mL)
- Tape
- Padding to put under the tube (to protect your child's skin)
- Lubricating jelly or sterile water
- A permanent marker
- A blanket or towel for propping your baby up
- A bowl in case your child feels they might vomit

You may also want a pacifier for a baby.



### How do I put in a feeding tube?

- 1 Measure and mark the correct length of tubing.** Whether you will be putting in an NG or an OG tube, the way to measure the length is the same. Start with the holes at the tip of the tube and measure the distance from the tip of the nose to the earlobe. Then measure from the earlobe to the area halfway between the lower tip of the sternum (breast bone) and the belly button (see picture). Mark this spot on the tube with the permanent marker.
- 2 Put your child in a comfortable, raised position.** You may want to swaddle your baby or ask someone to help hold your child while you are putting in the NG or OG tube. You can prop your toddler or child up by placing a rolled towel behind their back and head. An older child can lie back on the arm of a sofa or sit in a chair.

### 3 Wash or sanitize your hands.

**4 Place the tube.** Moisten the end of the tube with lubricating jelly or water. Slowly insert the tube through the nose or mouth until the mark you put on the tube is at the nose or mouth.

- Your child may cough or gag when the tube reaches the back of their throat.
- Offer a pacifier or ask your child to try to swallow as you are inserting the tube. Having a baby suck on a pacifier often makes it easier to insert the tube.
- If your child continues to cough or choke, pull the tube out a little and try again. The tube may have curled in the back of their throat.
- Watch your child for any signs of trouble breathing. If the tube is in the lungs instead of the stomach, your child may keep coughing, start gasping for air, or begin to look blue. Pull the tube out and let your child recover before inserting the tube again.

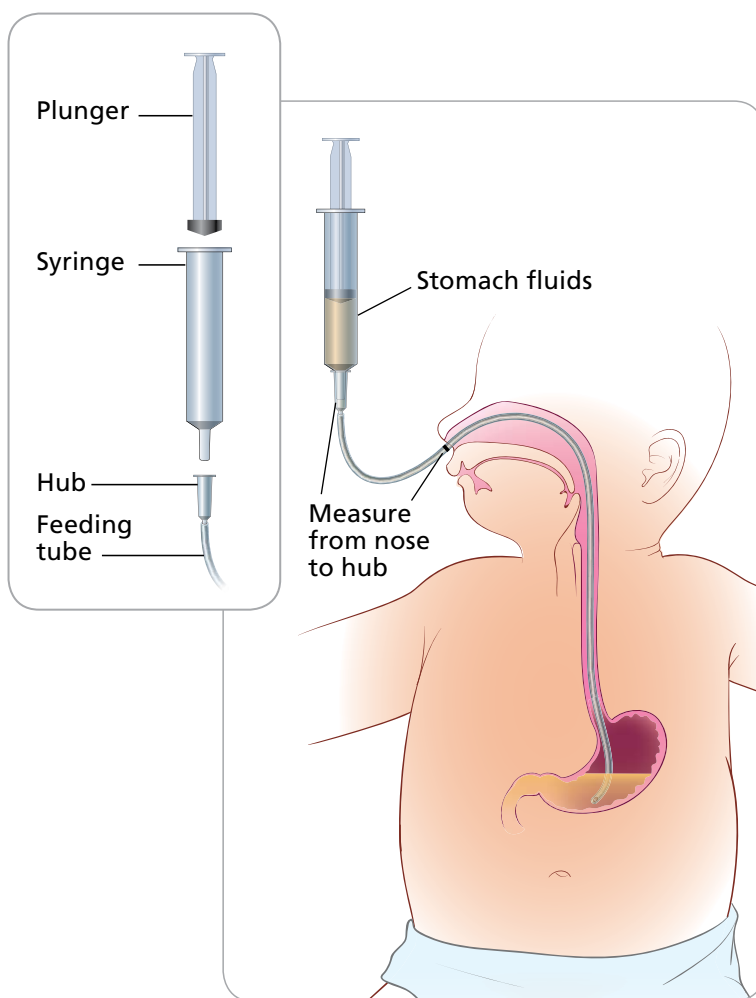
**5 If you are using a protective pad, place it on your child's cheek.** Tape the tubing on top of the pad. You may find it easier to place the pad on your child's cheek before inserting the tube.

### 6 Check that the tube is in the right place:

- Attach a 20 to 30 mL syringe to the end of the feeding tube (see picture).
- Pull the plunger back to check for stomach fluids. Stomach fluids are often clear, colorless, grassy green, or brown. If you have been taught to do so, check the pH of the fluid.
- If you don't see stomach fluids when you pull the plunger back, the tube may be up against your child's stomach wall. Change your child's position by rolling them over to their left side and push a small amount of air through the tube. Then pull the syringe plunger back again and check for stomach fluids. If you still don't see any stomach fluids, use a larger syringe, wait 10 to 20 minutes and try again, or remove the tube and try again.

### 7 Measure the tube:

- Once you have pulled back stomach fluids and you're sure the tube is in the right place, measure the tube from where it leaves your child's nose or mouth to the capped end, called the **hub** (see picture). Write this length down.
- Permanent marker will disappear over time, so measuring the tube is the best way to make sure you put it in the right place. You may also want to notice any manufacturer measurement markings on the tube where it leaves your child's nose or mouth. Make sure this measurement is the same (re-measure the tube) before each feeding and before giving your child medicine.
- This length will change as your child grows, so re-measure every time you put in a new tube.



Home care company:

\_\_\_\_\_

Phone number: \_\_\_\_\_

NG/OG tube type and size: \_\_\_\_\_

Date last changed: \_\_\_\_\_

Length from the nose or mouth to hub:

Inches: \_\_\_\_\_ OR Centimeters (cm): \_\_\_\_\_

## Questions for my doctor

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