



Home Enteral Feeding Information Pack

How to care for your nasogastric tube

Name



The Christie Patient Information Service June 2017 - Review June 2020
CHR/NUT/966/28.04.03 Version 2

How to use your information pack effectively

This booklet has been designed by the department of nutrition and dietetics at The Christie to help you care for your feed and feeding tube.

It will cover all aspects of tube care. The first page is a plan of routine tube care you will need to complete daily. The following pages then show you how to do that care correctly, including information about your feed and contact numbers of how to get additional help and advice if you need it.

The information provided within this pack is in line with current enteral feeding guidelines at The Christie but please be aware local practice may vary.

Your nutritional needs may change during the course of your illness. If you have any concerns regarding your weight, appetite or feeding regimen please contact your community dietitian as soon as possible.

Naso gastric tube information

Medicina	8fr <input type="checkbox"/>	10fr <input type="checkbox"/>
Enteral UK	8fr <input type="checkbox"/>	10fr <input type="checkbox"/>
Corpak	8fr <input type="checkbox"/>	10fr <input type="checkbox"/>
Nutricia Flocare	8fr <input type="checkbox"/>	10fr <input type="checkbox"/>
Other		

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact patient.information@christie.nhs.uk

For more information about The Christie and our services, please visit www.christie.nhs.uk or visit the cancer information centres at Withington, Oldham or Salford.

General guidelines for safe feeding

Storage of feed

- Keep unopened feed at room temperature
- Not in direct sunlight
- Away from radiators / heaters



Checking feed

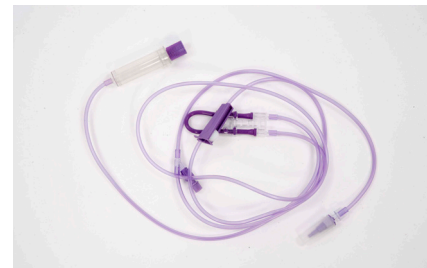
Before using your feed always check that:

- You have the correct feed
- It is within its expiry date



Giving sets

- Always use a new plastic giving set every 24 hours
- This will usually be every time you feed



Do not leave your feed connected for longer than 24 hours



Syringes

You should **always** use a purple oral/enteral 60ml syringe.

In hospital you should use a new syringe every time you use your tube.

At home you should change your syringe

Between uses remove the purple plunger, wash both pieces of your syringe in warm soapy water, rinse well and leave to drain. Then reinsert plunger prior to use.

Always use cooled boiled water when flushing your tube (unless you have been told otherwise).

Hygiene

Always wash your hands before handling your feed and feeding tube.

Try to handle the ends of your feeding tube and giving sets as little as possible to prevent infection.

Always clean up any spillages.



Disposal

Dispose of used feeding equipment in general waste, recycle where possible.

Your daily feeding plan

Name of feed	Feed volume/quantity	Rate/speed	Time

Remember to keep your head and shoulders elevated using pillows when your feed is running and for 30 minutes after it has stopped.

Fluid intake

Remember to flush your tube regularly with cooled boiled water (refer to 'Flushing your tube' advice sheet). It is very important to ensure that you have adequate fluid intake to avoid dehydration and also to help flush tube to avoid blockages. In warm weather you may require more water. Ideally your urine should be a pale yellow colour, if it is darker or you are only passing small amounts, this may indicate you need more fluids, please discuss with your dietician or doctor.

Aim formls total fluid per day this includes your feed

Fluid from feed	Fluid from water flushes	Additional fluid (oral or bolus)	Total fluid in 24 hours

Where do I get my supplies from?

Feed	
Plastic giving sets	
Syringes	
pH indicator paper	

Remember not to let your stocks of feed and equipment run below a weeks supply. Your feed company should be in contact with you to arrange regular deliveries. However if you do run out of feed, you may need to contact your GP to arrange an emergency prescription. If you run out of any other feed and equipment then contact whoever would normally provide you with this (see above).

Your routine daily naso gastric tube care (pump feeds)

Approximate times	Care required
am	When feed finishes and pump alarms; switch pump off, disconnect giving set, flush tube with 50mls of water.
Breakfast time	Give medications. Prepare all tablets / medicines. Check pH. If 5.5 or less, flush tube before with 50mls of water, then 10mls between each medication and 50mls when finished.
Mid morning	Check pH. If 5.5 or less, flush tube with 100mls of water to prevent dehydration if you are not able to drink.
Lunchtime	Give medications. Prepare all tablets / medicines. Check pH. If 5.5 or less flush tube before with 50mls of water, then 10mls between each medication and 50mls when finished.
Mid afternoon	Check pH. If 5.5 or less flush tube with 100mls of water to prevent dehydration if you are not able to drink.
Tea time	Give medications. Prepare all tablets / medicines. Check pH. If 5.5 or less flush tube before with 50mls of water, then 10mls between each medication and 50mls when finished.
pm	Check pH. If 5.5 or less flush tube with 100mls of water to prevent dehydration if you are not able to drink.
pm	Set up feed and pump ready to commence overnight feed. Check pH. If 5.5 or less flush tube with 100mls of water first then connect feed.
*	You may need to give extra medication during the day. Your ward nurse will give you separate instructions.
*	Wash your syringe between each use. Throw your syringe away at the end of every week.

Checking the position of your nasogastric tube

Why?

- To check your tube is positioned in your stomach before you use it
- The tube may move out of your stomach following a violent vomit or coughing episode. The risk then is that it may move into or near your lungs. If this happened and you continued to use your tube feed it may go directly into your lungs, which is dangerous

When?

- **Every time** you use your tube
- Before feeds
- Before medications
- After vomiting
- After violent coughing attack

Wash your hands!

1



First collect your equipment: Syringe, pH strip and paper towel.

2



Then check that the plaster on your nose is in place and securely attached to the tube.

3



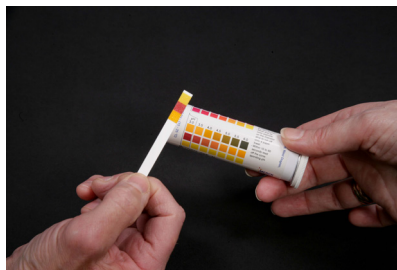
Then attach a syringe to your nasogastric tube and remove a small amount (approximately 5-10mls) of fluid from your stomach (aspirate).

4



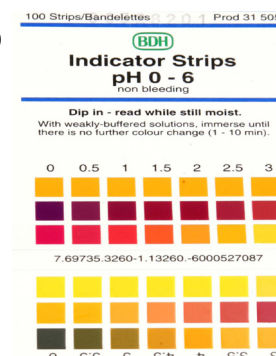
Place 2-3 drops of the aspirate on to the pH paper. Allow any excess aspirate to run off on to a paper towel.

5



Wait up to 60 seconds, then match the colour of the strip to the corresponding pH on the chart.

6



- If your aspirate has a pH of 5.5 or lower, you can proceed to use your tube.
- If your aspirate has a pH of 6 and **you are able to drink**, try step 3 over page.

What to do if you can't get an aspirate

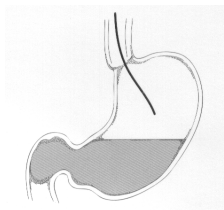
Step 1



It may be that your tube is lying against the side of your stomach. Attach an empty syringe to your tube and flush with 10-20 mls of air.

[If still no aspirate, go on to Step 2]

Step 2



It may be that your tube isn't sitting in the aspirate. By changing your position you may help the tip of your tube to sit in the aspirate.



To change your position try:

- lying on your left hand side or
- lying on your right hand side or
- standing up

and try aspirating again.

[If still no aspirate, go on to Step 3]

Step 3



It may be you don't have enough aspirate in your stomach. If you are allowed to drink, drink something that will be easy to see when you aspirate, for example, blackcurrant squash or milk - and try aspirating again.

(If still unable to aspirate complete risk assessment).

Risk assessment

- If your aspirate has a pH of 6 and **you are unable to drink, you need to ask yourself:**
 - Have I just vomited?
 - Have I just had a violent coughing episode?
 - Has the tube visibly moved?
- If ALL your answers are
 - NO: flush your tube with 10mls of water.
 - If you DO NOT COUGH then continue to use your tube.
 - If you DO COUGH do not put anything down your tube and contact The Christie Hotline, nutrition nurse or community dietitian for advice.

Flushing your nasogastric tube

Why?

- To prevent blockages
- To check that your tube is not blocked before you use it
- To give you extra water during the day to prevent dehydration

When?

- **Every time** you use your tube
- Before and after feeds
- Before and after medications
- To give extra water as directed by your dietitian

Wash your hands!

Have you checked your pH ?

1



Collect your equipment: Syringe, cooled boiled water, clean cup.

2



Draw ml cooled boiled water into syringe.

3



Attach syringe firmly to prevent leaking and inject water slowly using technique easiest for you.

4



Remove syringe and reattach bung.

Wash / dispose of syringe (see separate sheet)

Wash your hands!

Bolus feeding

Why?

Bolus feeding is when you give nutrition supplement drinks or cooled boiled water through your tube using a syringe because you are unable to drink them.

Storage

Unopened supplement drinks (e.g. Fortisip / Ensure / Fresubin) should be kept in a cool dark place or in the fridge.

Opened drinks should be kept in the fridge (at or below 4°C) and used within 24 hrs.

Wash your hands!



Collect your equipment: supplement drink / cooled boiled water, syringe, clean cup x 2.



Check you have the correct drink and it is in date.



Pour supplement drink into a clean cup and draw correct amount up in to your syringe.

2 Check position of tube is correct (see general care sheet).

NB - If drink has been stored in fridge take out for 30 minutes before using.

4 Flush tube with 50mls of cooled boiled water (see flushing sheet).

Ideally you should sit upright when bolus feeding to prevent reflux.

6 Syringe drink into tube as you would a water flush (see flushing sheet).

7 When you have had the correct amount of drink, flush tube again with 50mls of water.

Never attempt to rush when bolus feeding as this may cause nausea, vomiting or bloating. Allow 15-20 minutes for a 200ml bolus.

If you have any problems with nausea, vomiting, bloating, constipation or diarrhoea contact your GP or dietitian.

Giving medications

Before going home check the following with your ward nurse or pharmacist:

- The times your medications need to be given
- If they need to be given before or after food
- If you need to leave a break between your feed and medications
- If your tablets can be crushed or provided in a liquid or soluble form

If you are still able to swallow your medication you should continue to do so. If you are **not** able to swallow your medication you will need to give it down your tube. For this you will need:

1



60ml syringe, cooled boiled water, something to crush tablets and medicine pots.

2



Prepare medications as instructed by your ward nurse or pharmacist and place in separate pots.

- If you have any capsules that when opened contain small 'bead like' balls ? You must not put these down your tube as they cause a blockage that often results in tubes having to be changed. Examples: Omeprazole / Lansoprazole.
- If any of your medicines are very thick they may block your tube. You must dilute them with water to make them thinner.

You must never mix medications. This may cause a blockage which could:

- **Result in your tube needing to be removed and replaced**
- **Prevent you receiving the correct dose of the drugs**

If you need medications between feeds:

- Flush tube with 50mls of cooled boiled water (see flushing sheet)
- Draw up first medicine into a syringe + flush down tube
- Flush with 10mls of cooled boiled water
- Continue in this way until all medications given then flush with 50mls of cooled boiled water



If feed is running:

Switch off pump

If there is no extra port on your giving set then you will need to:

- pause or stop the pump
- disconnect the giving set from the tube
- flush with 50mls of cooled boiled water
- give the medication
- flush with water again
- reconnect giving set
- switch pump back on



Blockages

Blockages will occur if you do not flush your tube adequately between each medication, before and after feeds or if you use your tube inappropriately.

If you are unable to flush or use your tube it may be blocked either due to feed or medications.

If the tube is blocked you will need:



30mls of either warm water or fizzy water.

or

Mix $\frac{1}{2}$ a teaspoon of bicarbonate of soda with 30mls of water (If you have some already mixed to use as mouth wash this can be used).



Try and flush. If still blocked leave water in the tube for **20 minutes**. Try and flush again.

If your tube remains blocked despite trying the above, your tube will need to be changed. The Christie Hotline will be able to help arrange this.

What to do if your nasogastric tube comes out

Reason	What to do
<p>Problem with the tube</p> <ul style="list-style-type: none"> • tube splits • tube is blocked <p>Accidental</p> <ul style="list-style-type: none"> • tube is accidentally pulled out • tube comes out after vomiting • tube comes out after violent coughing attack • tube comes out after choking 	<p>Tube will need replacing (see below) See page on 'blockages'</p> <p>Tube will need replacing (see below). Occasionally, after vomiting, coughing or choking, the end of the tube may come up into your mouth. If this happens:-</p> <ul style="list-style-type: none"> • stay calm • remove the nasofix plaster and adhesive tapes that are holding the tube in place • pull the tube out via your nose NOT your mouth. N.B. If there is some tube coming out of your mouth, you can cut this off before pulling tube out via your nose • your tube will need replacing (see below)

What to do if your nasogastric tube needs replacing

- Step 1 During the day (8:00am – 4:00pm) Monday to Friday:
- In first instance contact your local nutrition nurse (not all areas) who may be able to replace your tube at your local hospital.
Name..... Tel no.....
 - Contact The Christie Hotline on: **0161 446 3658** to arrange to have tube replaced. This is usually done on the admissions unit. You will not need to remain in hospital once tube replaced.
- Step 2 During the evening (4:00pm – 9:00pm) Monday to Friday or at weekends:
- Contact The Christie Hotline on: **0161 446 3658**

During the night (9:00pm – 8:00am)

If your tube comes out at night, it does not need replacing until the morning. Turn your feeding pump off and go to sleep. In the morning follow step 1 or step 2 as appropriate.

Skin care

Why?

- For your comfort
- To prevent sore areas of skin developing

When?

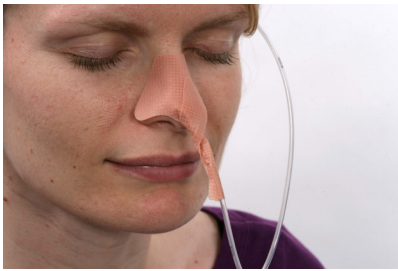
If plaster:

- Is dirty
- Starts peeling off skin
- Becomes detached from tube

What to check

1. Nasofix plaster

Check your plaster is holding your tube securely in place.



If the plaster needs replacing (you may need some help with this):

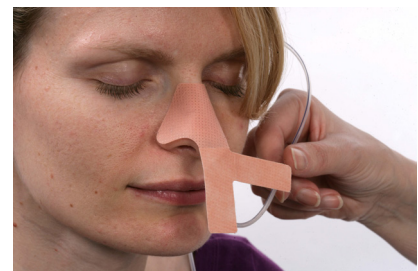
1. Wash your hands.
2. Holding your tube in place, carefully remove the old plaster taking care not to move or pull your tube out.
3. Wash the end of your nose to remove any sticky adhesive.
4. Dry the end of your nose thoroughly.



You may not be able to get the plaster off the tube and if you pull too hard you may accidentally pull your tube out. If this is the case, remove plaster from your nose and cut off that section. Then apply new plaster.



Remove the backing to nose section.



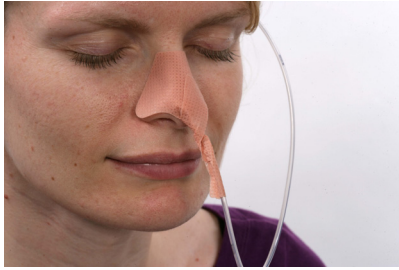
Then secure it on to the nose.



Secure the plaster over your tube.



Wrap final section around the tube.



NB Take care at this stage not to pull your tube too tightly as this might cause sores in your nostril.



Using tape, secure the tube to your cheek and tuck the end of the tube behind your ear, to keep out of your way.

2. Nostrils

Check the nostril that the nasogastric tube is in. If the nostril is sore, inflamed, red, or painful try changing your nasofix plaster making sure you are not pulling the tube too tightly.

Should the nostril become more painful, contact your nutrition nurse or district nurse for advice. In some instances, the tube may need to be changed to the other nostril to allow the painful one to heal.



3. Cheeks

Check the tape securing the tube to your cheek. If it is coming unstuck or is causing soreness, try moving the tape to another part of the cheek.

NB Patients can be sensitive to the adhesive on some of the tapes used. If you develop soreness or irritation it may be helpful to change the type of tape you use. Contact your nutrition nurse or district nurse for advice.

Dealing with problems

Problem	Who to contact
<p>Nasogastric tubes</p> <ul style="list-style-type: none"> • Cannot get aspirate • Tube dislodges fallen out • Tube blocked 	<p>The Christie Hotline on: 0161 446 3658 or local community nutrition nurse Name: Telephone number:</p>
<p>Gastrostomy tubes</p> <ul style="list-style-type: none"> • Tube dislodges fallen out • Tube blocked • Infected tube site • Damaged tube 	<p>During office hours (Monday to Friday 8:00am - 4:00pm) Feed company (see page 4) or Local community nutrition nurse (see above) or attend The Christie gastrostomy drop-in clinic in Radiology in IPU Call: 0161 918 2346</p> <p>Out of hours i.e. at night, weekends or bank holidays: Call The Christie Hotline on: 0161 446 3658</p>
<p>Problems that may be related to your feed</p> <ul style="list-style-type: none"> • Reflux • Bloating • Nausea • Vomiting • Diarrhoea • Ongoing weight loss <p>or</p> <p>You think you may need to start using your feeding tube because your symptoms are making it hard to eat and drink.</p> <p>or</p> <p>You are feeling better and have started to eat more and think that your feed could be reduced or stopped.</p>	<p>Contact your community dietitian (office hours only). See page 4 for name and number.</p>
<p>Problem regarding your pump or food deliveries.</p>	<p>Contact your feed company direct, details on page 4.</p>

The Christie NHS Foundation Trust
Wilmslow Road
Withington
Manchester
M20 4BX
Tel: 0161 446 3000
www.christie.nhs.uk



Contact numbers	
Community dietitian	Name: Telephone number:
Home delivery company	
Christie dietitian	Name: Telephone number:
Christie nutrition nurse	Name: Telephone number:
Local nutrition nurse	Name: Telephone number:
The Christie Hotline For gastrostomy and naso gastric tubes	0161 446 3658 (24 hours)
Gastrostomy drop-in-clinic Radiology in IPU (gastrostomy only)	0161 918 2346 (office hours see previous page)
District nurse	Telephone number:

Other helpful contacts:

Abbott Nutrition - Hospital 2 Home

Contact number: **0800 0183799**

Website: abbottnutrition.co.uk



Nutricia - Homeward

Contact number: **0800 0933672**

Website: homewardonline.co.uk



Fresenius-kabi - Homecare

Contact number: **0808 100 1990**

Website: fresenius-kabi.co.uk



PINNT (An online support group for people receiving artificial nutrition)

Website: pint.com

