
TUBE FEEDING PACKAGE FOR PARENTS IN THE NCCU

Assisting to feed your baby is a very rewarding way of feeling involved in his or her care and assists in developing a close bond. Please be assured your baby's allocated nurse will encourage and support you tube feeding your baby.

WHAT IS A GASTRIC TUBE?

A gastric tube is a long flexible tube inserted via the nose or mouth and into the stomach. The tube remains secured to the baby's face with tape and is used to deliver milk directly into the stomach.

HOW TO GIVE A BOLUS OR GRAVITY FEED

- Apply gel to hands and rub for 30 seconds allowing to dry or wash your hands for 10 -15 seconds with soap and water if soiled, and dry thoroughly.
- Check the tube position with the testing strip before feeding by gently withdrawing 0.2 – 1.0 mL of fluid from the stomach with a 10 mL syringe. Place the fluid onto the testing strip which will turn pink if the tube is correctly located in the stomach (Fig. 1). If you cannot withdraw stomach fluid from the tube or if you are uncertain the test is accurate, discuss with the nurse looking after your baby. **You must NOT start the feed until position is confirmed.**
- Ensure the milk is warmed to room temperature. Position yourself so your baby is facing you during the feed so you can act promptly in the event of vomiting or distress. Your baby must be in the cot/incubator and not in your lap for tube feeds.
- Kink off the tube and attach the syringe to the feeding port (Fig. 2 or 3).



- Fill the syringe to the 10mL mark and un-kink the tube to allow the milk to run slowly through the tube and into the stomach (Fig. 4). You may need to give a gentle push with the plunger to start the flow (Fig. 5) then remove the plunger and let the milk flow by gravity (Fig. 6). Flow speed is adjusted by changing the height of the syringe, the higher the syringe, the faster the rate.



- When the milk has been given, kink the tube again (Fig. 2 or 3), disconnect and draw up 1 mL of air into the syringe. Reattach and using the plunger, slowly push the air down the tube to prevent tube blockages. Kink off the tube and remove the syringe. Replace the cap firmly on the feeding port.

TUBE FEEDING PACK AND SAFETY GUIDELINES

GASTRIC TUBE FEEDING BY PARENT - CHECKLIST	
Senior Medical Staff/CNC approval given for parent tube feeding	Medical/CNC signature/print name/designation:
Parent has received and read learning package.	Signature of parent: Signature of staff:.....
Parent has witnessed the following 3 times: <ul style="list-style-type: none"> • Testing of gastric aspirate to confirm tube position. • Tube feed from start to finish 	Staff signature/print name/designation: 1. 2. 3.....
Parent has been supervised while testing and feeding by the tube until competent. (minimum 3 times)	Staff signature/print name/designation: 1. 2. 3.....
PARENT CAN STATE COMMON PROBLEMS WITH TUBE FEEDING AND ACTIONS?	
PROBLEM	ACTION
• Unable to obtain aspirate to test?	Alert the nurse.
• Milk not flowing down tube?	Alert the nurse.
• Baby is vomiting or distressed, has trouble breathing or coughs excessively during the feed?	Kink the tube to stop the feed and alert the nurse.
• Tape lifting or not securing the tube adequately.	Alert the nurse who will help you to re-secure the tube prior to starting the feed.
• Baby has a colour change.	Kink the tube to stop the feed and alert the nurse.
• Monitor alarming.	Kink the tube to stop the feed and alert the nurse.

