

Pediatric Home Tube Feeding Education Plan

Getting Ready to Learn About Pediatric Home Tube Feedings

Learning something new can be hard. It is even harder if you are not feeling well. The purpose of this education plan is for you and the staff to review this information together. Here are some good things to tell the staff:

- Who you want to learn with you. We would like to have someone who will be helping you at home learn with you.
- The best way for you to learn. Do you learn best by reading a book or pamphlet, or by doing things yourself?
- If you are not feeling well, if you are in pain or you cannot focus on learning right now.

This information is important to your health. We may explain something more than once. We will be giving you information in small bits over several days. If there is something you don't understand, *It's OK to Ask* us to explain.

What I Need to Learn about Home Tube Feedings

By the time I leave the hospital I will be able to show or tell the staff:

1. The purpose of the feeding tube.
2. The supplies I need for feedings.
3. How to measure and insert the feeding tube.
4. How to check the position of the feeding tube.
5. How to feed my child through the feeding tube.
6. How to clean and store supplies.
7. How to perform mouth and nose care.
8. How to recognize problems and what to do about them.
9. When to increase feedings through the feeding tube.
10. When to call my child's doctor.

The staff will use three questions to teach me about Tube Feedings:

1. What is my main problem?
2. What do I need to do?
3. Why is this important to me?

The staff will ask me to repeat back important points in my own words, or ask me to show what I have learned. They want to make sure that I know how to feed my child safely and correctly.

What is the main problem?

My child is not able to suck or swallow enough food for good nutrition. My doctor recommends that I temporarily feed my child through a feeding tube inserted in his or her mouth (Oral Gastric or OG) or nose (Naso-Gastric or NG). When my child is allowed to breast or bottle-feed part or all of the feeding, I will offer the breast or bottle before I start the tube feeding.

What do I need to do?

I will be able to tell the staff the purpose of the feeding tube.

- Tube feeding is a way to feed children who are not able to suck or swallow enough for good nutrition. My child may have a problem with his or her heart, esophagus (feeding canal), mouth (such as cleft palate), breathing or lungs. Most children are able to eat normally after these problems improve.

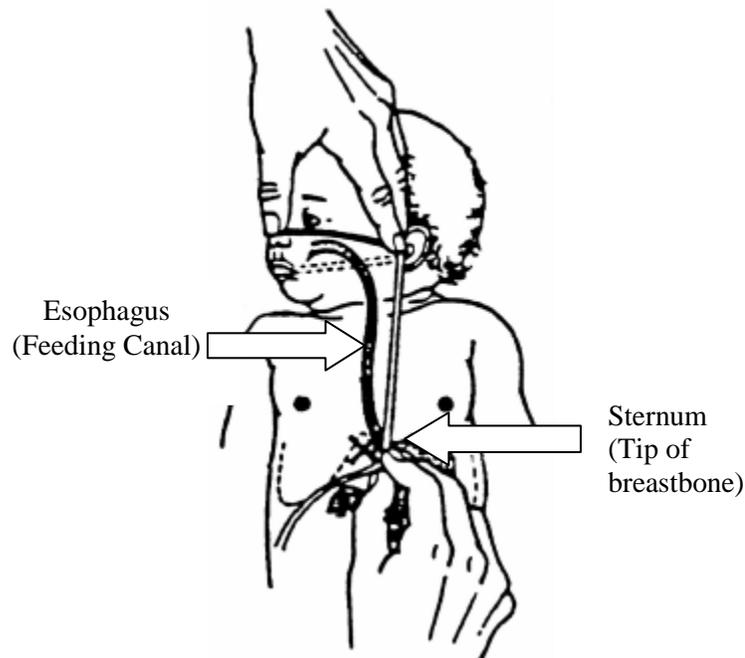
I will be able to tell the staff the supplies I need for feedings.

- Breast milk or formula
- Syringes (1 small and 1 large)
- Pacifier
- Water-based lubricant
- Adhesive tape
- Feeding tube
- Feeding bag (for large volumes of formula)

All of the supplies you need are available from a medical supply company. Your child's Case Manager will help you get these supplies.

I will be able to show the staff how to measure and insert the feeding tube.

1. Wash my hands.
2. My child may need to be wrapped for comfort. If needed, I will wrap my child's arms down with a blanket to help hold my child still.
3. If my child is older, I will have my child sit up and tuck his or her chin slightly toward their chest.
4. Remove the tape holding the old tube in from my child's face.
5. Pinch the old tube off and quickly pull the tube out.
6. Measure the new tube from the mouth or nose to mid-ear and from mid-ear to the tip of the breastbone, also called sternum (see picture below).



7. Mark the point on the tube at the tip of the sternum with a small piece of tape.
8. Apply water-based lubricant to the tip of the tube so that it can slide through the nose easily.
9. Give my child the pacifier to suck on until the tube is inserted and secure. For older children: Have my child drink water or dry swallow.

10. Gently, but quickly, insert the tube in my child's mouth (Oral Gastric or OG) or nose (Naso-Gastric or NG) up to the point marked with tape.

CAUTION: If the tube cannot be inserted the measured amount, if there is soundless coughing, choking, or if my child turns blue, **THE TUBE IS IN THE WRONG POSITION AND IT MUST BE PULLED OUT.**

11. Place the second piece of tape over the tube on the child's chin (if putting the tube in the child's mouth or OG) or on the child's upper lip (if putting the tube in the child's nose or NG). An opsite (clear bandage material) may also be used to secure a tube placed in *the nose*.

- a. The tape on your child's face should be changed with tubing changes or as needed.

- The feeding tube should be removed and a new one put in every 7 days.
- If the feeding tube is pulled out before the 7 days, rinse the tube with warm water, and reinsert the same tube.
- If the tube is being inserted into the nose, switch nostrils with each feeding tube change.

I will be able to show the staff how to check the position of the tube. The feeding tube's position should be checked:

- After inserting a new tube
- Before each feeding
- If the tape is loose or wet.

Steps for checking tube placement in infants:

- Attach the small syringe to the end of the feeding tube.
- Place slight pressure with the first two to three fingers of your hand, on the left side of the abdomen, just below the ribs. Continue to keep your fingers in place, while pushing 5ccs of air through the feeding

tube. You should feel the stomach gurgling when the air comes out the end of the feeding tube.

- a. If you feel it, the tube is in good position, and may be used for a feeding.
- b. If you don't feel it, pull back on the syringe to remove the air, and try again. If you still don't feel it, pinch the tube off, and remove it. Follow the procedure for inserting the feeding tube again.

Steps for checking placement in all children:

1. Attach the small syringe to the end of the feeding tube, and pull back on the syringe. If you get more than 1cc of fluid, the tube is in a good position. It can be used for the feeding. If there is less than 1cc of fluid, go on to step number 2.
2. Remove the syringe from the feeding tube, and put 5ccs of air in it.
3. Reconnect the syringe and push the air in.
4. Pull back on the small syringe:
 - a. If you get the 5ccs of air back, the tube is in good position and may be used.
 - b. If you cannot get the air back, the tube is either too high or too low. Remove the tape holding the tube, and push the tube in further.
 - i. Again, pull back on the syringe. If no air or stomach contents are pulled back, try pulling the tube out slightly. If you are still unable to get the air or fluid out, pinch the tube off, and remove it. Then follow the procedure for inserting the feeding tube again.

I will be able to show the staff how to feed my child through the feeding tube.

Feeding my child

1. Wash my hands.
2. Check placement of the tube if not already done.
3. If using a feeding bag, open the clamp on the tubing to fill the tube with formula. Clamp the tubing.
4. Attach the syringe or feeding bag to the feeding tube.
5. Give the feeding by gravity or slow push.

- a. Gravity: secure or hold the syringe or feeding bag above the level of the child's head. Give 1/2 of the feeding at a time. Wait 5-10 minutes before giving the second half.
 - b. Slow push: Put the ordered amount of formula in the syringe and push the formula in until all the formula has been given.
- The entire feeding should be completed within 20 minutes.
 - When my child is allowed to breast or bottle-feed part or all of the feeding, I will offer the breast or bottle before I start the tube feeding.
 - It is best if I hold my child during the feeding. **I WILL NOT LEAVE MY CHILD ALONE DURING THE FEEDING.**
 - When the feeding is completed, rinse the tubing with 2-3 ccs of water.
 - Burp my child after the feeding.
 - Put my child on his or her back for sleeping.

I will be able to show the staff how to clean and store supplies.

1. Wash syringes and supplies with hot soapy water
2. Rinse with hot water
3. Air dry
4. Store in clean towel when dry

I will be able to show the staff how to perform mouth and nose care. I will:

- Clean my child's nose and mouth with a thin washcloth and warm water every day and as needed.
- Apply a small amount of water soluble lubricant to the skin if the outside of the nose or mouth is sore or irritated.

I will be able to tell the staff how I will recognize problems and what to do about them.

1. If there is bloody or green tinged formula left in the stomach from the last feeding, remove the tube and call my child's doctor.

2. If my child gags, or becomes restless during a feeding, pinch the tube and allow a rest period. Check placement before starting the feeding again.
3. If my child spits, vomits, turns blue or coughs during insertion or feeding, pinch the tube and remove it.
4. The tube may curl up in the back of the throat, come out of the mouth, or come out of either nostril during insertion. If this occurs, pinch the tube off, remove it and insert it again.
5. **I will not leave my child alone while the tube feeding is going.** It is best to hold my child while feeding and for at least 30 minutes after.

I will be able to tell the staff when to increase feedings through the feeding tube.

- I will get information on how to increase my child's feedings from the dietitian or my child's doctor. Feedings are increased according to weight gained and calories needed for growth.

I will be able to tell the staff when to call my child's doctor. When:

- I am unable to place the tube.
- There is redness, swelling, leakage, sores, or pus develops in the skin around the tube site.
- I see blood around the tube, in my child's stool or in fluid from the stomach.
- During a feeding, my child coughs, chokes or has problems breathing; I will stop the feeding, remove the feeding tube and contact my child's doctor right away.
- My child's belly feels hard when gently pressed.
- My child has diarrhea or constipation.
- My child has a fever.
- I have any questions or concerns.

Why is this important to me?

Good nutrition is important to keep my child healthy.

As part of my care and to help me understand Home Tube Feedings I may receive:

- Nutrition Plan (Provided by Dietician).

Pediatric Home Tube Feeding Education Plan

Resources

- BHG Manuals- L-12 Orogastric Nasogastric Tube Insertion for Pediatric Patients

Teaching Tools

- Home Tube Feeding Education Plan
- Home Supplies (organized by Case Management)
- Nutrition Plan (provided by Dietician)

References:

- Bowden, V., Greenberg, C. (2012). Pediatric Procedure Manual. 3rd edition. Lippincott Williams & Wilkins.
- Wilson D., Hockenberry M., (2013) Wong's Essentials of Pediatric Nursing. 9th edition. Mosby Elsevier.

Approved by: Pediatric Council

Authored by: Stephanie Bolden, WMU RN-BSN Student
Jennifer Carpenter, MSN, RN Education Services

Last revision date: September 10, 2015

Always close each teaching session with the question, "What questions do you have for me?"