

Guideline for the Insertion of a Nasogastric Tube at Home

Key Document code:	WAHT-KD-015
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Approved by:	Neonatal Guidelines Review Meeting
Date of Approval:	11 th November 2022
Date of Review: This is the most current version and should be used until a revised document is in place	10 th May 2026

Key Amendments

Date	Amendments	Approved by
November 2022	Document approved for 3 years with no amendments	Dr Gregory/ Neonatal Guidelines Review Meeting
10 th November 2025	Document extended for 6 months to allow time for review and update	Susan Smith

Introduction

Babies who fulfil the Neonatal Outreach Team criteria for discharge home nasogastric tube (NGT) feeding may require reinsertion. This is to be used short term to administer enteral feeds until full oral feeding is achieved.

Details of Guideline

Equipment

- Smallest nasogastric tube (NGT) that will pass to reduce the risk of nasal abrasions and ensure baby comfort.
- Enteral syringe (size 2.5/5ml)
- pH testing strip
- scissors
- extra-thin hydrocolloid dressing
- soft adhesive tape
- adhesive removal wipe
- non-sterile gloves
- clean flat surface (wipe with disinfectant wipes)
- waste bag

Procedure

Preparation

To prevent aspiration pass NGT prior to a feed.

Discuss the procedure with parents/carer and obtain verbal consent (they may want to leave the room).

If possible, wash hands or apply alcohol gel and prepare all equipment on a clean flat surface.

Administer sucrose as per Pharmacological Pain Relief Guideline (WAHT-NEO-025).

Apply hydrocolloid dressing to the face.

Determine the length of tube to be inserted. Measure the distance of nose-ear-xiphisternum and make a note of this.

Swaddle baby if you are alone or ask parents to hold baby.

Insertion

With clean hands put on gloves.

Slowly pass the NGT via the nose to the pre-measured length (use a dummy with parents' permission if necessary to aid passing).

Observe baby throughout the procedure for colour change/vomiting/respiratory distress or resistance.

(If any of these occur, remove the NGT and reassess baby. Try a different angle or different nostril. DO NOT force the tube).

Checking position of the NGT

Aspirate a few drops of stomach contents using a syringe and test for an acid reaction on the pH strips.

If aspirate NOT obtained DO NOT feed

(Ensure you work through the *National Patient Safety Alert flowchart*)

1. Turn baby onto his/her side and re-aspirate
2. Inject 1-2ml air into the NGT using a syringe and re-aspirate
3. Offer suck feed and aspirate after 15-30 minutes

pH of <5.5 indicates correct gastric placement

If pH >6 DO NOT feed, re-aspirate and test again

(Ensure you work through the *National Patient Safety Alert flowchart*)

If repeated test >6 consider

1. waiting 15-30 minutes then re-aspirating
2. re-passing the NGT

3. offering suck feed and re-aspirating 15-30mins later

Securing NGT

Once correct tube position is confirmed, secure to the face with adhesive tape over hydrocolloid dressing.

Documentation

Record procedure in Neonatal Outreach notes, noting date/time/tube size/position/length secured and pH reaction

Changing NGT

Follow manufacturer's instructions for frequency

Ensure safe and gentle removal of tape with adhesive removal wipes

Pass NGT to the opposite nostril wherever possible

Document removal and replacement in baby's records