A guide to nasogastric feeding

Information for you
Introduction

Nutrition is important to everyone’s health. When we are ill, nutrition is even more important. Poor nutritional state can increase the risk of complications and delay your recovery. A general sense of weakness and illness can further reduce your appetite and ability to eat.

Some people are unable to eat and drink due to illness or an operation. Others are simply unable to obtain all the nutrition they need from food and fluids taken by mouth.

Nasogastric feeding is a way of giving you nutrition during this time.

It can be given in addition to the food you eat, or as the only source of all your nutritional needs. It will usually be short term.

A dietitian will assess your nutritional needs and complete your feeding plan.

Procedure

The initial procedure to insert the nasogastric tube is very simple and is carried out at your bedside. You will not need an anaesthetic.
How will it be inserted?

- Nursing staff will ensure you are sitting comfortably.
- The tip of the nasogastric tube is lubricated in water.
- The tube enters through the nose (naso) and its tip is passed into the stomach (gastric).
- If you can, you should take a drink of water and swallow as the tube is inserted.

Confirming the position of the tube

It is important that the position of the tube is checked before feeding is started.

The correct position of the tube can be confirmed by:

- A small amount of stomach fluid (aspirate) is drawn up through the tube and tested for pH. The aspirate will be re-tested before feeding is started. If the pH levels are high, feed may be withheld or delayed.
- Chest x-ray

This is to make sure that the tip of the tube is in your stomach, as there is a risk that the tube could be incorrectly placed during the procedure. If this happens, the tube will be repositioned.
Feeding
You will be given a liquid feed which provides all the nutrients you need.
The majority of patients are fed using a feeding pump.
Some patients are fed a measured dose, given at specific times. This is called bolus feeding.
The rate and timing of feeding depends on your needs and is advised by the dietitian. The dietitian will discuss this with you, and will write this on your feeding plan.

Medicines
Medicines may be supplied in liquid form and these may be given through the nasogastric tube.
You must never add medicines to your feed.
Nursing or pharmacy staff will advise you how to take your medicines depending on the feed you are taking.

Flushing the tube
Your nasogastric tube should be flushed with water before and after every feed, and before and after medicines have been given to reduce the risk of blockages.
Problems and solutions

Blocked tube
If your nasogastric tube becomes blocked, you can flush it through with warm water, to try and dissolve the blockage.

Nausea, vomiting or abdominal bloating
In a small number of cases, these symptoms may be present in the early days of feeding. The feed can be given more slowly until symptoms go away.

Constipation
If this is a problem, more fluid may help. Your dietitian can also change your feed to one which contains fibre.

Diarrhoea
The most common cause of diarrhoea is the use of antibiotics. If possible, a change of antibiotic may help. The medical team and the ward pharmacist will discuss this with you. They may consider the use of a fibre-containing feed and/or anti-diarrhoeal drug.
Summary

Nasogastric feeding is very common and is a safe method of feeding. Many people receive their nutrition in this way.

The procedure to insert the tube is very simple and happens to many people, every day in hospital.

Nasogastric feeding may be used for only a few days or may be required for several weeks.

If you have any questions regarding the nasogastric tube or the procedure or if you want more information, please ask your doctor, nurse or dietitian.

This information leaflet was given to you by:

Dietitian:

Contact number:
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Compiled by Dietetic Department
Last reviewed: March 2012
Leaflet reference: ND04-001-CC