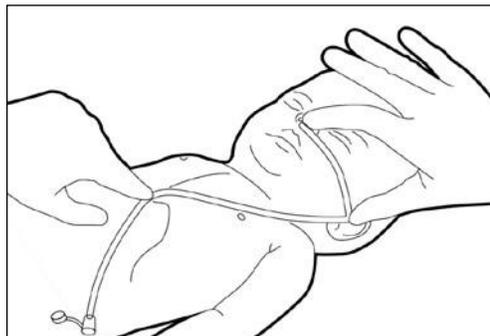


Measure and mark the desired length of the tube

1. Wash your hands.
2. Hold the end of the tube (with the exit hole) on the tip of your child's nose.
3. Measure from the exit hole of the tube on the nose to the earlobe, then from the earlobe to the tummy (halfway between the bottom of the breastbone and the belly button).
4. Mark the desired length with the permanent marker. If the tube is numbered, remember the number at this mark. This mark will be used later to check the placement of the tube.



Your health care provider may tell you the desired length for your child's NG tube.

Activate lubricant (for NG tubes with stylet)

1. Flush the tube with syringe of sterile water to activate the lubricant inside.
2. Without removing the stylet, check that it moves freely in the tube.

Prepare your child

For a baby:

- Bundle your baby in a blanket. Put your baby on their back.
- Clean your baby's nose if needed.
- Offer your baby a soother. This is calming and makes your child swallow.

For a child:

- Have your child sit, or lay down with their upper body raised a little.
- Clean your child's nose or have them blow their nose if needed.
- Keep their head and neck straight.
- It may be helpful to have someone hold your child while you insert the tube.

Insert the NG Tube

1. Wash your hands.
2. Wash and dry your child's face.
3. Apply skin barrier (if using) and dressing. Do not put on red or broken skin.
4. Lubricate the tip of the NG tube with water or water-based lubricant.
5. Gently begin to insert the tube into one nostril, aiming toward the back of the throat. If able, alternate nostrils each time you insert the tube.
 - Swallowing helps move the tube forward. Depending on your child's age and ability, they can suck on their soother or you can ask them to swallow. Move the tube forward with each swallow.
 - If you feel any resistance, do not force the tube in. Pull back or withdraw the tube and try again. If difficulty continues, try to insert the tube in the other nostril.
6. Watch your child as you insert the tube.
 - Your child may cough or gag as the tube passes down the back of their throat. Stop and soothe your child before continuing.
 - If coughing or gagging continues, check to see if the tube is coiling at the back of your child's mouth. If coiling occurs, remove the tube and start again.
 - If your child has trouble breathing, stop and remove NG tube right away.
7. Stop when the mark/number on the tube (at the desired length) is at your child's nose. The end of the tube should be in your child's stomach.

Secure the NG tube

1. Tape the NG tube to your child's cheek or the dressing (if used). The NG tube may also be taped above the upper lip or nose (making sure not to block the nose or mouth).
2. Secure the NG tube to your child's clothes by applying waterproof tape to the NG tube and using a safety pin to attach the tape to the clothes. Make sure the pin does not poke the NG tube.

Remove the stylet (for NG tubes with stylet)

1. Remove and coil the stylet.
2. Place the stylet in a re-sealable, plastic bag and keep in case it is needed.

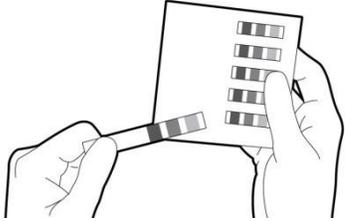
If the tube is accidentally pulled out before it needs to be changed, you may use a new tube, or you may re-insert the stylet and then reinsert the tube using the previous directions.

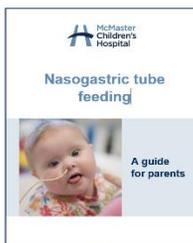
Checking placement



Always confirm that the tube is in the correct place before using it.

You must see all 3 signs to be sure that the tube is in the stomach:

1	Mark The mark (desired length) is at your child's nose.	
2	Fluid When you pull back the plunger of the syringe, the stomach fluid will look clear, cloudy or yellow. It may also look like your child's feed.	
3	pH When you test a drop of stomach fluid the pH is 5.5 or less.	



For more information, read “Nasogastric tube feeding: A parent's guide”.