A nasogastric tube, also known as an NGT, is a thin soft tube that is inserted through the nose into the food pipe until it reaches the stomach.

Babies and children usually require a NGT because they need further nutritional support to meet the needs of their growing bodies. Nasogastric tubes can also be used to provide medication to babies and children who are unable to swallow.

Inserting a NGT is usually a quick procedure which does not hurt. Your child may feel some discomfort for a period of time while the tube passes through the nose. The NGT will go down easily if your child is relaxed. There are ways you can help your child remain calm and these include distraction and relaxation techniques which the nursing or play therapy staff can demonstrate.

**Equipment Required**

- NGT (correct size and type for your child)
- Water based lubricant (KY jelly)
- Adhesive tape (cut to required size)
- Comfeel dressing (cut to required size & placed on child’s cheek)
- Scissors
- 5ml syringe
- pH testing strips
- Sterile water (5ml) or cooled boiled water (If using a NGT with an introducing wire, you will need to flush with water first. This enables the wire to be removed easily once it is inserted.
- Clean tray to place equipment

**Procedure**

1. Wash your hands.

2. Measure the length of the NGT to be inserted by placing the pointed end of the NGT at the tip of your child’s nose and extending the NGT to the earlobe and down to midway between the xiphisternum (bottom most point where the ribs meet) and the umbilicus (belly-button) See picture below. Mark this point on the NGT with a pen or small piece of tape.
3. Prepare small pieces of tape to be used for taping the tube to the face. Cut a piece of skin barrier and apply to the cheek where the tube and tape will go.

4. If appropriate, wrap your child in a towel to keep arms down.

5. Positioning of your child will depend on age and condition. If the child is lying down you could have a second person support their head in a forward position or place a firm pillow under the head. Maintaining a forward position helps to close the epiglottis (wind pipe) and open the oesophagus (food pipe).

6. Lubricate the pointed end of the NGT

7. As shown by your child's nurse, place the new NG tube into the opposite nostril of where the old tube was (unless there is a physical reason not to do this). Insert the tube in a back and down motion. If the child is old enough, he/she can help by taking small sips of water as you insert the tube.

8. **DO NOT** force the NGT. Watch the child carefully for any signs of breathing problems. If the child has laboured breathing or begins turning blue, remove the tube and try again later.

9. Stop inserting the tube when you reach the pre-measured length. Tape the NG tube in place.

10. Use syringe to remove small amount of stomach contents and squirt onto pH strip for checking.

11. If pH is less than 5 it confirms stomach placement. Please note some medications can alter the pH, so please inform nursing staff of your child’s medications.

12. If the NGT has a guide wire, remove it now.