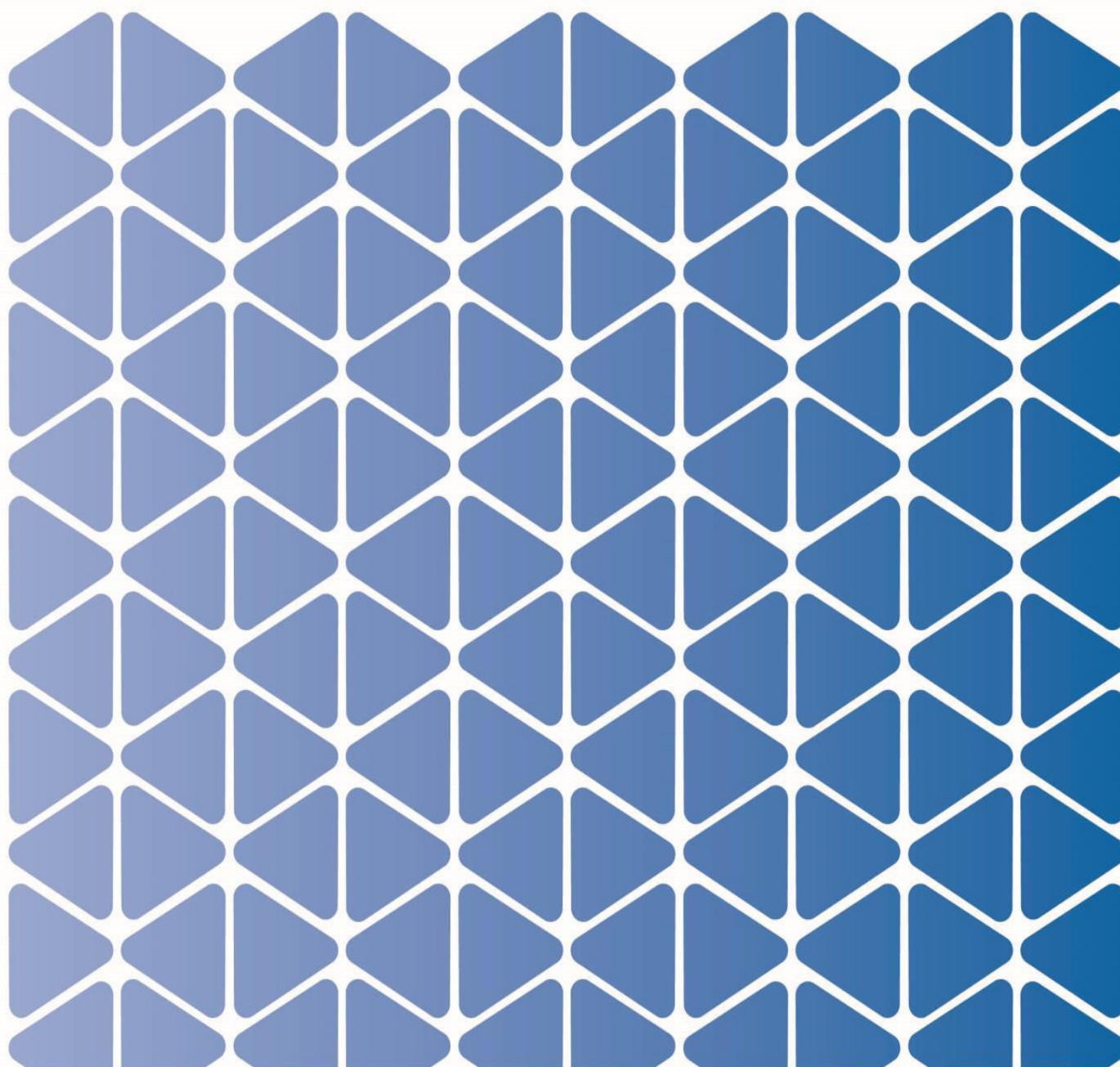


PATIENT INFORMATION**GOING HOME NG TUBE FEEDING****WITH THE NEONATAL OUTREACH SERVICE****Information for Parents and Carers**

Going home tube feeding

If your baby is not yet ready for full breast/bottle feeds, it may be possible for them to be discharged home whilst still needing tube feeds. The Nurses/Midwives will show you how to feed via the tube while you are still on the Neonatal unit or Transitional care unit.

If this is something which you may consider, the Neonatal Outreach Team will visit you on the unit to discuss this, and make sure that you and your baby meet the criteria.

The criteria for going home tube feeding are:

- Parents wish to take their baby home tube feeding, are confident with administering tube feeds safely and have completed the Naso-gastric feeding competencies.
- Baby is in a cot and maintaining their own temperature without a hat and with appropriate layers.
- Baby is completing two full suck feeds by breast/bottle in 24 hours for at least 2 consecutive days and be at their full feed volume requirement.
- Bottle fed babies need to be using their own bottles
- Breast fed babies mums need to be able to assess an effective breast feed.
- Baby weighs at least 1.6 kg and is greater than 34 weeks corrected gestation.

The Neonatal Outreach Team will:

- Discuss with you your babies feeding plan before you go home.
- Provide you with all the necessary equipment for tube feeding at home
- Visit you at least once/twice a week to support you in the gradual weaning of tube feeding.
- Weigh your baby at least weekly.
- Re-insert the NG tube if the tube comes out. If this is needed during out of hours, baby will need to be taken to the Neonatal unit to have this done.
- Liaise with your babies Paediatrician to discuss progress.

Once at home your baby will begin to increase the amount he/she is taking by breast/bottle and decrease the amount given by tube. The neonatal Outreach Team will give you guidance as to when and how this is done when they visit, however, it is usually the baby that predicts the pace.

Checking the Naso-gastric tube position.

It is important to be sure of the position of the tube prior to feeding or giving of medicines, as it may have become dislodged or moved slightly. If your baby has pulled the tube out a little way DO NOT put it back in, take it out and contact the outreach team or NICU.

Before every feed:

- Using a 2.5 or 5ml syringe, withdraw slowly about 1ml of fluid from your baby's stomach via the NG tube.
- Place a few drops of this fluid onto the pH strips covering each square.
- Match the colour change on the pH strip to the chart.
- A pH of 5 or below indicates the NG tube is in the correct position and you may commence the feed.
- If the pH is ABOVE 5 you should contact the Outreach Team or NICU.

If you cannot withdraw any milk/fluid, there are a few things you can try:

- Turn your baby from side to side, sit them up and lay them down and try again.
- Offer a small suck feed, wait 5 minutes, then try again.
- Leave a further 10 minutes and try again.

If still no fluid/milk, then contact the outreach team or NICU.

Giving the tube feed.

1. Ensure your baby is in a comfortable position
2. Check that the tube is in the correct position
3. Attach a 20ml syringe to the NG tube with the plunger already removed.
4. Pour the measured amount of milk into the syringe and elevate, allowing the milk to flow by gravity. Continue until all the feed has gone.
5. The milk may flow easily, or it may need a gentle push with the plunger to get it going.

(If the Ng tube appears blocked and the milk feed will not go down, **DO NOT** apply too much pressure. Disconnect the feed, try aspirating with a 5ml syringe or offer a suck feed and begin the procedure again.)

6. Once the feed is finished, replace the cap securely and clear away equipment.

If vomiting/colour change/coughing are observed during feed **STOP THE FEED:**

- Kink the NG tube to stop the flow
- Pour the feedback into a bottle
- Reassess baby
- Recheck the NG tube position
- If unsure about continuing feed contact the Neonatal Outreach Team or NICU

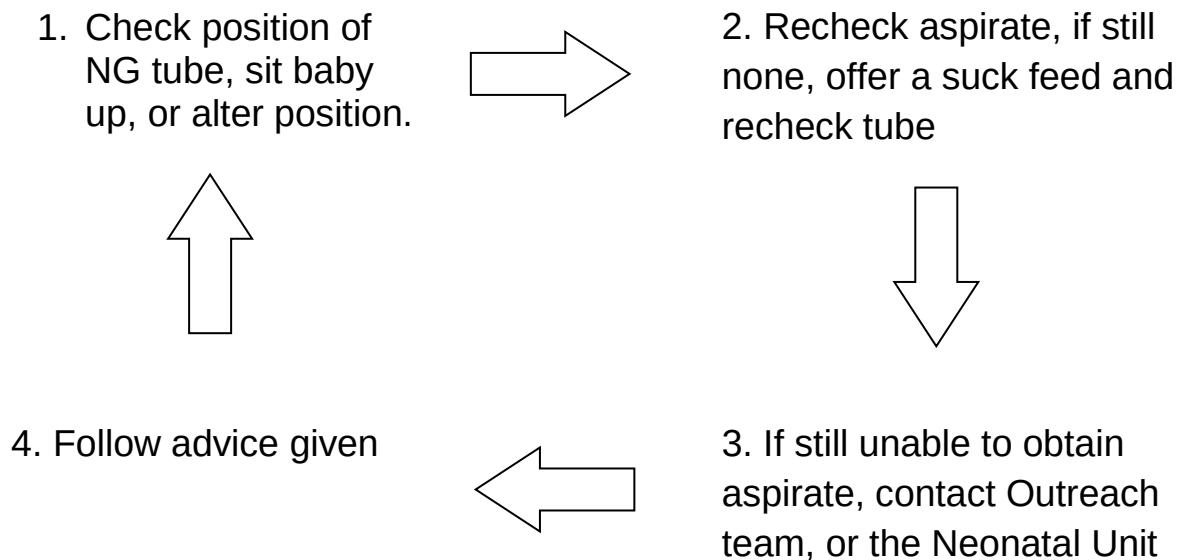
Your baby should never be left alone with the tube feed in progress. If the phone rings or any other emergency happens – pour the milk back into the bottle and detach the syringe before attending to the problem.

What to do if the tube has come out.

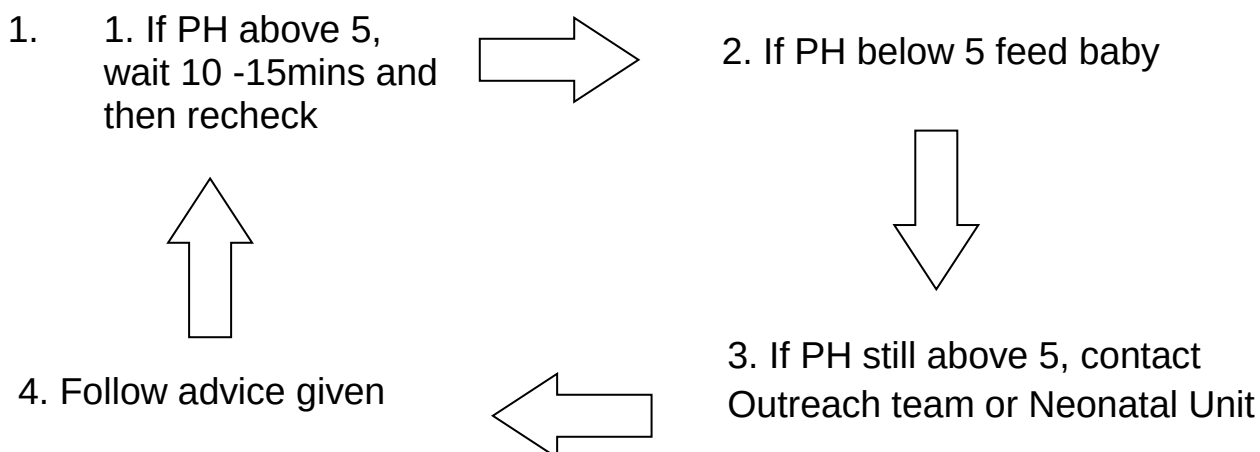
If your baby is taking a reasonable amount by breast/bottle, there is no need to panic!!

If the Outreach Team are due to visit, then offer a suck feed and wait for them to arrive. However, if you have a very sleepy baby that is not feeding then the tube will need to be replaced fairly quickly. In which case you will need to contact the Outreach Team, or Neonatal Unit during out of hours.

What to do if you are unable to obtain an aspirate



What to do if pH above 5



Contact Phone Numbers

Neonatal Outreach Team

7 days a week,
including bank holidays
08.00 – 16.00
Phone 01905 760661
Mobile: 07834172337
08.00-16.00

Worcester Neonatal Unit

01905 760661 - 24/7
Ring the Neonatal Unit out of hours.

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.