Nasogastric care instruction

for education and care

There are a number of children in South Australia who have a nasogastric tube inserted for a variety of reasons. This may be due to a medical condition which makes eating and/or drinking unsafe, psychological reasons resulting in refusal to eat and/or drink or for medication that needs to be given and the child is unable/unlikely to take it orally. A nasogastric tube is usually a short term solution. If the condition is predicted to be long term then a gastrostomy will be considered (refer to HSP212 Gastrostomy care instruction sheet).

If a child in South Australia has a nasogastric tube inserted they are eligible for support by WCHN Disability Services. If the child is in preschool or school they will be supported by the RN Delegation of Care Program and the Access Assistant Program. School staff should be aware first aid procedures if the device was to fall out if they have a student on their site that has a nasogastric tube.

In a non-school setting (childcare, OSHC, respite, accommodation etc.) the child is eligible for support from the RN Delegation of Care Program. A Registered Nurse will provide training, competency assessment and delegation for staff to safely administer nutrition/fluids/medication via the nasogastric tube.

The WCH Disability Services referral form is accessible from the Department for Education website or the Women's and Children's Hospital website.

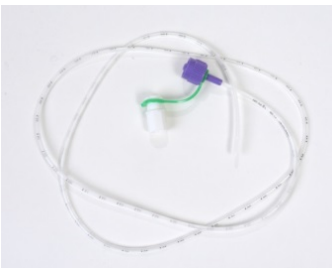
Swimming and physical activity

A child with a nasogastric tube can participate in swimming and other activities.

Ensure the cap on the end of the tube is closed and the tube is secured out of the way to reduce the risk of it being pulled or dislodged.

Ensure that tapes on the face are secure before and after swimming as they may lift off when wet.

Nasogastric tube



A nasogastric tube is a thin, hollow tube which is passed through the nose into the stomach and allows nutrition/fluid/medication to be administered directly in to the stomach.

The tube is held in place with tapes on the child's face and is at risk of moving especially if the child coughs or vomits.

Staff need to be aware of the first aid response if the tube was to move into the upper airway.

NASOGASTIC TUBE FIRST AID

OBSERVABLE SIGN	FIRST AID RESPONSE
The nasogastric tube has become <u>partially removed</u> - this can be because it has been pulled or the child or young person has coughed/vomited. Staff may notice the tube looks longer than usual or is not sitting in the usual position.	If the child or young person is comfortable – leave the tube in place. Reinforce the tapes – leave the old tapes in place and tape over the top of them. Contact parent/guardian to come and check the tube.
The nasogastric tube is partially removed and the child or young person is **showing signs of discomfort or breathing difficulties.** (There is a small chance of the tube moving into the upper airway - especially after coughing or vomiting episode).	Loosen the tapes and fully remove the tube (the tube may be longer than you expect – keep pulling until it is fully removed). Contact parent/guardian to arrange reinsertion. If required, as per standard first aid response, call 000 (ambulance)
The nasogastric tube has been pulled out completely.	Ensure the child or young person is comfortable. Contact parent/guardian to arrange reinsertion (some parent/guardians are trained by the hospital to reinsert, other children and young people will need to go to hospital for reinsertion)
The nasogastric tube has successfully been reinserted and checked by the parent/guardian or treating health professional	Child or young person may resume normal activities including administration of nutrition/fluids/medication via nasogastric tube as per Health Plan/Nursing Care Plan.