

**Title:** **Nasogastric Tube Insertion in Children and Infants (excluding neonates)**

Replaces: *Nasogastric Tube Insertion 12/04*  
Description: A tube inserted via the nose and passed to the stomach  
Target Audience: Nursing /Medical staff working with children  
Key Words: Nasogastric tube, Paediatrics

---

**Policy Supported:** [P2010/0440-001 Testing Placement of Nasogastric Tubes in Infants and Children](#)

**Definitions:**

*Nasogastric tube (NGT)* – A tube inserted via the nose and passed to the stomach to provide enteric nutrition and/or rehydration or for the removal of gas or air from the stomach

*Infants and Children* – All persons between 28 days of age and 18 years of age.

**Strategies:**

- Decision on whether to insert a short or long term tube.
- Identify at risk patients
  - Those with no cough reflex (eg stroke patients, unconscious or sedated patients)

**Procedure:**

- Hand hygiene practices as per hospital policy
- Maintain universal precautions
- Explanation of procedure for carer and child as appropriate.
  - As an invasive procedure a verbal consent is required, so ensure patient and carers are properly informed
- Sedation as per medical orders
- Appropriate NGT selection based on age and size of child
- Lubricant
- Tape to secure NGT tube (for infants and children with sensitive skin comfeel or like product should be placed between the child's skin and the fixomul)
- 20 or 50 ml syringe
- pH testing strips
- Lie child on the bed without a pillow, measure the length of the tube to be inserted from the tip of the nose to the ear lobe and to the xiphoid process and mark
- Secure the child's safety as appropriate for age and in compliance with hospital restraint procedures
- Lubricate the tip of the tube with water or lubricant

- Insert the tube gently through the nares and into the pharynx. If the child is able, encourage them to swallow and progress the tube it reaches the external marking at the nares. This should indicate placement in the stomach
- **If child shows signs of respiratory distress remove tube immediately**
- Once tube is inserted check tube position as per policy *Testing placement of nasogastric tubes in Infants and children 7/10*
  - **Do not** use litmus paper or auscultation of air infused via a syringe as testing methods
- Tape tube securely in place. Length of tube should be coiled and secured safely
- If using a long term tube
  - After the tube is inserted, remove stylet, close second access cap and check tube position as per policy *Testing placement of nasogastric tubes in Infants and children 7/10*. **DO NOT reinsert stylet while tube is insitu** – if the tube needs to be replaced, remove it and reinsert the stylet before attempting to replace the tube.
  - Tape tube securely in place
  - Stylet is to be given to parents/carers so tube can be reinserted in the nasogastric tube in the event that it is removed. The long term tube may be left insitu for a month.

## All Staff

*Positions accountable for*

a) compliance with the policy: Registered Nurses, NUM, PGDC/CNE

*Paediatrics*

b) monitoring and evaluation of the policy: Registered Nurses, NUM,

*PGDC/CNE Paediatrics*

c) development and revision of the policy: Registered Nurses, NUM,

*PGDC/CNE Paediatrics*

## Unit Manager or Department Heads

*Positions accountable for*

a) compliance with the policy: NUM, PGDC/CNE, Co Director WACS.

b) monitoring and evaluation of the policy: NUM, PGDC/CNE, Co Director

*WACS*

c) development and revision of the policy: NUM, PGDC/CNE, Co Director

*WACS*

## Attachments

Attachment 1 [P2010/0440-001 Testing placement of nasogastric tubes in infants and children](#)

## References:

Children's Hospital's Australia (2009) **Nasogastric Management Treatment Survey**, Children's Hospital's Australia, Canberra.

Healthcare Governance Committee (2009) **Nasogastric Tube Policy (Insertion, Management and Care)**, Redcar and Cleveland NHS Primary Care Trust, Guisborough.

Nursing and Practice Development Unit (2003) Nasogastric and Gastrostomy Tube Feeding for children being cared for in the community, NHS Quality Improvement Scotland, Edinburgh.

Paediatric Nursing Practice Committee (2009) **Insertion of A Nasogastric Tube**, Princess Margaret Hospital, Perth.

**Performance Indicators:** *Number of Incidents reported.*

**Review Date:** *Annually verified for currency or as changes occur, and reviewed every 3 years via the Document Development Checklist and process.*

**Developed By:** *PGDC/CNE Paediatrics and staff of Paediatric Unit LGH*  
**Stakeholders:** *Staff of Paediatric Unit, Children and their families.*