

Steps on feeding and precautions:

1. Wash hands
2. Elevate the head part of the bed so the patient is in semi-upright position and keep this position for 1 hour after feeding.
3. Check the correct position of the NG tube, as follows :
 - (1) Check if there is no displacement of the NG tube mark (at nostrils).
 - (2) When withdrawing the feeding syringe, you can see the gastric contents.
4. Withdraw the syringe to check the gastric residue, and make sure there is good digestion to justify further feeding.
 - (1) If withdrawn residue is less than 50 cc (a full syringe) → feed without worry.
 - (2) If withdrawn residue is more than 50 cc, wait for 1 hour to make sure it is less than 50 cc, then go on feeding. If still more than 50 cc skip feeding once.
 - (3) Withdrawn residue should be pushed back to the stomach.
 - (4) If there is blood or coffee colored substance in the residue, you should contact the nurse to see if you can continue the feeding.
5. Feed every 3 hours, do not exceed 400 cc each time.
6. The temperature of the feeding material should be close to body temperature .
7. Avoid feeding with air ; feed by gravity the slower the better. Feed each meal within 10-15 minutes.
8. After feeding, flush the N-G tube with 30-50cc warm boiled water and close the NG tube tightly.
9. Wash and keep the feeding apparatus clean.
10. If the patient needs chest percussion, sputum aspiration or rubbing bath, please finish these 1 hour before feeding.
11. Extra water (boiled water, fruit juice) can be fed between meals.
12. If any abnormal condition happens during feeding ,e.g. : continuous coughing , vomiting or cyanosis, you should stop feeding immediately and contact the nurse.



中山醫療社團法人
中山醫院
Chung Shan Hospital

Care of the NG tube : (管路照顧)

- Interval for changing NG tube :
 - Common material : change every 14 days.
 - Silicon : change every month.
- Clean the mouth every day, to prevent foul odor, fungal tongue.
- Clean the nostrils with cotton tip, clean the grease over the nasal wings and trim the nose hair.
- Adhesive tapes for fixation should be replaced every day. The nasogastric tube should be fixed towards the same direction and turn 90 degrees (1/4 of a lap) to prevent the tube from adhering to the stomach, and to avoid crush injury of the gastric mucosa caused by long-term ejection of food from the end opening of the tube.

Nasal skin should be wiped clean prior to changing adhesive tapes, and be careful not to adhere tapes to the same skin location. If the skin of the cared-for is oily skin, please enhance cleaning work and then adhere tapes to prevent the tube from slippage due to difficult fixation.

For any other inquiries, you can get in touch with:

Chung Shan Hospital

Tel: (02) 2708-1166

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GAVAGE FEEDING METHODS

灌食護理指導

**Modern Medicine
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