

## **Family Involvement in Care- A Parent Passport**

### **Nasogastric tube feeding package for parents/Carers - A framework for Practice**

#### **Staff**

All staff teaching parents/carers to NGT feed their baby must also have been assessed competent to teach the NGT package and to have minimum of biannual assessment.

#### **Parent and Carers**

The numbers of teaching and assessment sessions required by parent/carers to attain acceptable level of skill, will be determined by the neonatal staff on the unit. Signature's will be required from both parent/carer and staff member when deemed skilled and competent in nasogastric tube feeding.

#### **Following Transfer**

When a neonate is being transferred and the parent/carer has been deemed skilled/competent to NGT feed their baby the accepting unit will continue to allow parent/carer to NGT feed their baby. It may be necessary to support or reassess parents/carers at this time whilst they gain confidence in their new environment. The original package should travel either with the baby or the parent/carer. Copies should be kept in the baby's notes. The badger discharge letter should state if the skill has been achieved by the parent/carer or not. Further verbal handover should take place nurse to nurse prior to transfer to confirm parent/carer competency or any issues that may need addressing.

## **Agreed core components of the NGT package include**

#### **What is a nasogastric tube feeding**

A simple explanation and diagram of what a NGT is and where it is placed and why.

#### **Hygiene**

Parent/Carer can demonstrate the correct handwashing technique and use this prior to preparing and administering feed (& medication) via nasogastric tube (NGT)

#### **Preparation**

Parent/Carer able to gather the correct equipment to NGT feed their baby

Correct size of syringe to aspirate (adhere to local unit policy)

pH paper

Correct size of syringe to give feed

Milk at room temperature and 2-person check (with a nurse)

### **Checking tube Placement**

The parent/Carer will be able to:-

Check the feeding tube is securely attached with tape

Check the feeding tube is in at the correct length and documented on the feeding chart (use of tape measure)

Check the baby's mouth for coiling of the NGT

### **Aspirating the NGT**

The parent/Carer is able to:-

Gently aspirate the NGT to check the tip is in the correct position

Know what a normal aspirate looks like (clear/milky) and know to call for help if green/yellow or brown/blood stained

### **pH Testing**

Parent/Carer is able to:-

Test the stomach aspirate on pH paper

Have an understanding of the range of pH paper

What the acceptable parameter are on the pH 1-5.

If pH > 5.0 parent/Carer not to feed their baby and inform the nurse.

### **Safety issues**

The parent/carer should be: -

Aware of the risks associated with NGT feeding i.e. potential for milk aspiration

What to do if baby coughs, chokes, gags or vomits, becomes unwell or changes colour whilst feeding

what to do if their baby vomits and at the same time the NGT becomes dislodged

### **Giving the bolus feed**

Parents/Carers know how to: -

Correctly position their baby for NGT feeding

Remove the plunger and attach the syringe correctly to NGT before commencing the feed

Ensure the milk flows slowly and have an understanding when holding the syringe high or low how this affects that flow

Watch their baby closely throughout the NGT feed

Remove the syringe and replace the cap on the NGT at the end of the feed

Not to let anyone else tube feed their baby who has not been trained by the neonatal staff

Know where to dispose of all the equipment when the feed is completed

### **Documentation**

Parents/carers should be able to (If local unit policy) :-

Document accurately date, time, pH, type of milk and the amount given.

### **Care of skin**

The parent carer will be able to:-

Check the skin for redness where the NGT is secured and ensure the tape is clean

### **Problem solving**

The parent/Carer will know what to do if:-

The NGT is pulled out, dislodged or blocked.

The pH is  $>5.0$

The aspirate is green, yellow or brown/blood stained

Any other concerns

### **Milk storage**

The parent/carers will know where to obtain their milk

Be able to label correctly

To correctly store their milk

Acknowledgement to all Yorkshire and Humber Neonatal Units in helping with formulating this document