



# Gavage Feeding and Nasogastric Tube

## ***Definition :***

Gavage feeding is a way to provide formula or breast milk or medications through a tube passed from nose to the stomach, called nasogastric tube or( NGT) .

# ***Purpose***

- To provide a method of feeding or administering medication that requires minimal patient's effort, when the infant is unable to suck or swallow.
- To provide a route that allows adequate calories or fluid intake.
- To prevent fatigue or cyanosis could occur from bottle-feeding.
- To provide a safe method of feeding in sick infant.

# ***Indication of Gavage Feeding:***

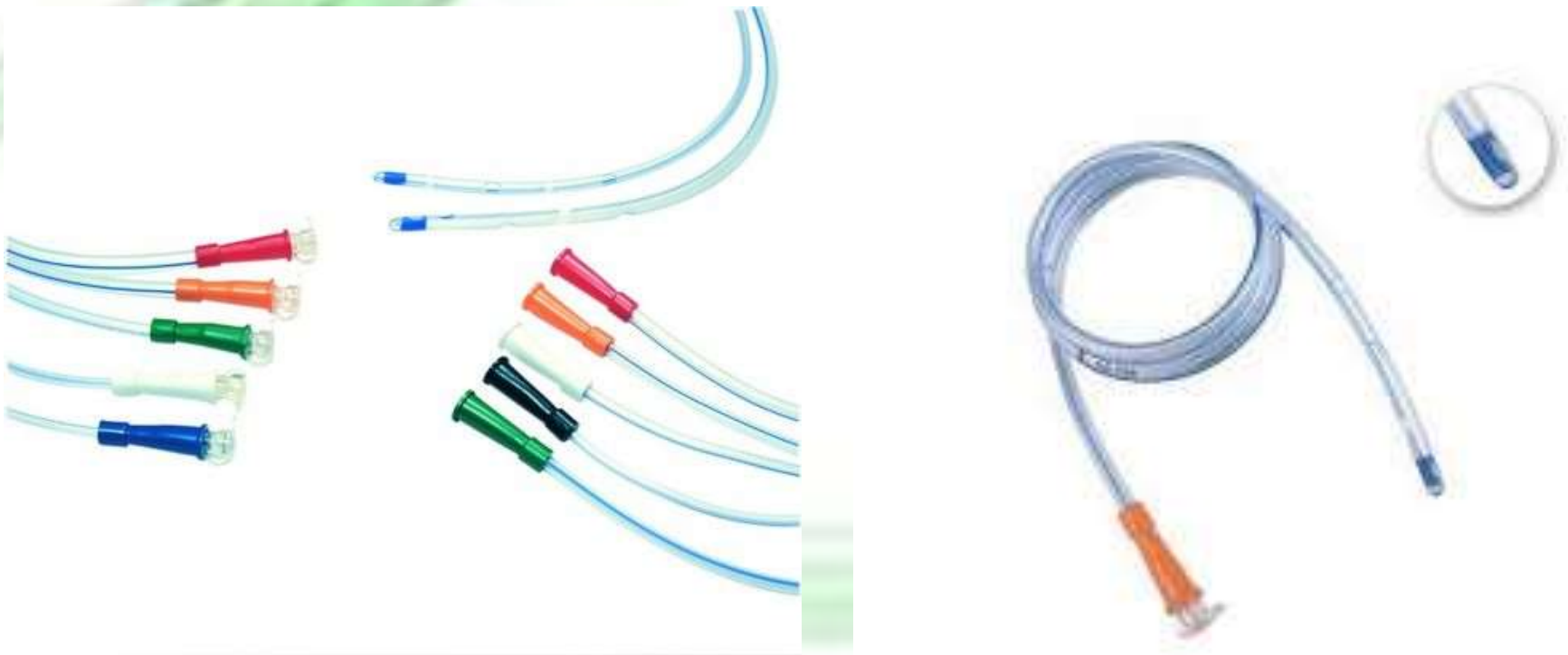
- Poor sucking reflex, premature baby.
- Post operatively.
- Respiratory distress.
- Loss of consciousness.
- Cyanosis after feeding by bottle or medicine dropper
- Congenital abnormalities as cleft lip, cleft palate
- Swallowing distress
- Neurologic impairment as brain injury

# ***Size of nasogastric tube :***

<b>Tube size</b>	<b>Weight of child</b>
6 French	2 Kg
8 French	3–9 Kg
10 French	10–20 Kg
12 French	20–30 Kg
14 French	30–50 Kg
16 French	> 50 Kg

# ***Equipment :***

***Appropriate NGT size.***





# Equipment Cont'



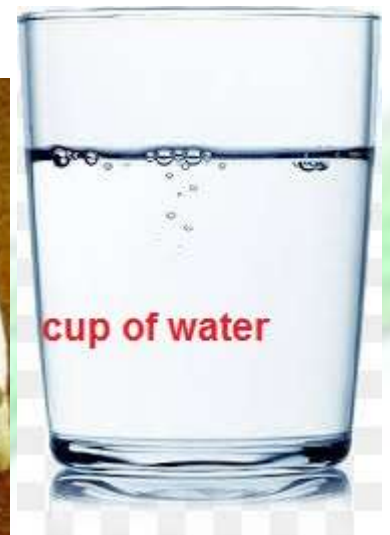
stethoscope



kidney basin



towel



cup of water

- Flashlight.
- Suctioning available and ready.
- Pacifier if necessary.
- 15. Formula feeding.





# *Procedure*

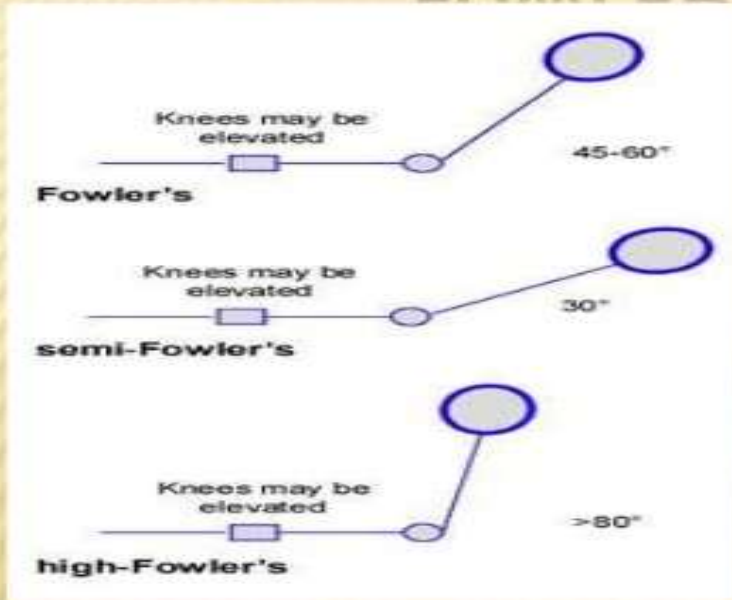
- **1. Assessment:**

- Assess patency of nares
- Assess client's medical history: nosebleeds, nasal surgery
- Assess client's mental status.
- Assess bowel sounds.
- Assess client's gag reflex

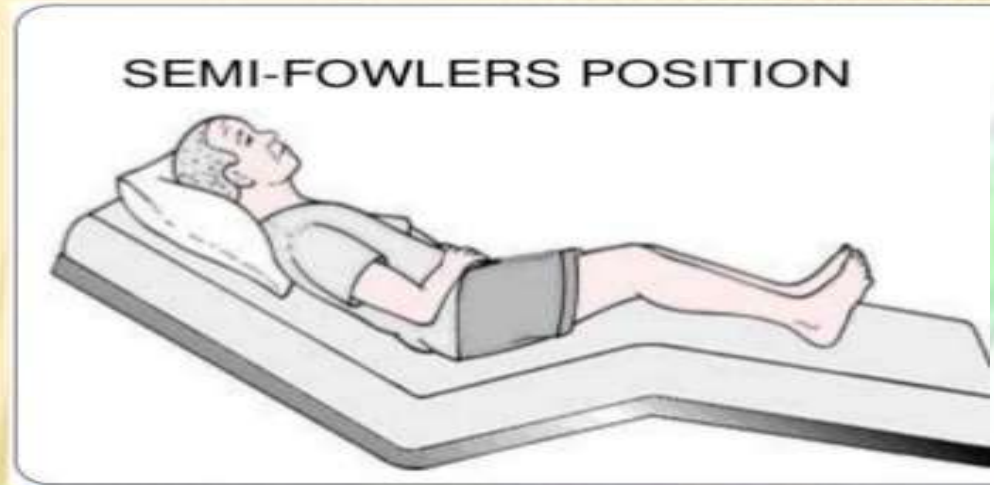
# Procedure Cont'

2. Explain procedure to child or parents.
3. Position the child in high fowlers position.

## FOWLER'S POSITION-

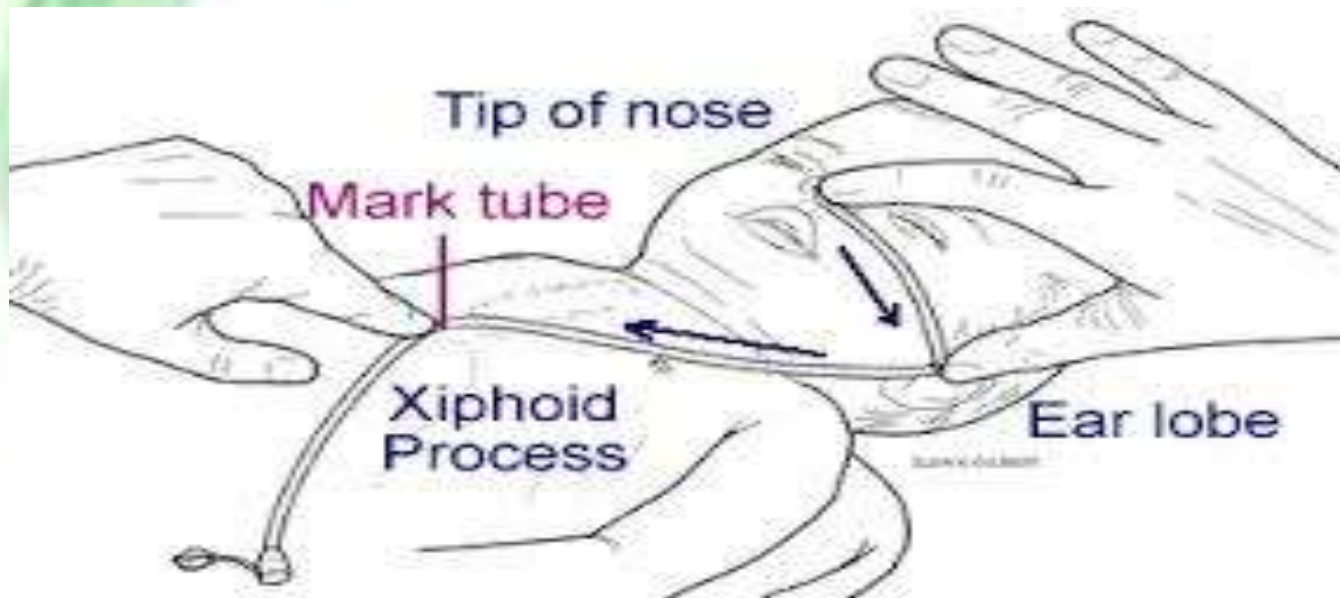


## SEMI-FOWLERS POSITION



# ***Procedure Cont'***

4. Wash hands and wear clean gloves.
5. Measure length of tube to be inserted and mark tube with a piece of tape:
  - a. **(Nasal method )**



## **Oral method :**

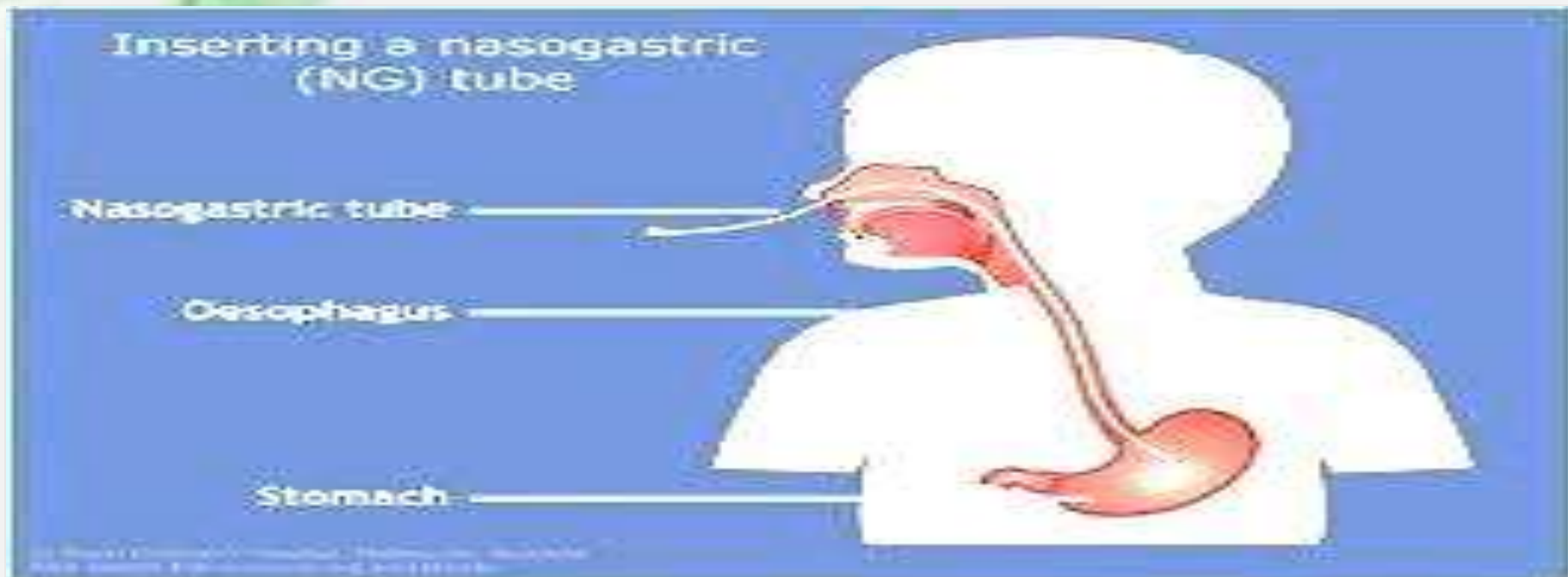
from the corner of mouth to the earlobe and from the earlobe to a point halfway between the xiphoid and the umbilicus.

6. Examine feeding tube ( NGT) for flaws.
7. Lubricate the tube with saline (distal water) .
8. Gently insert tube through nostril to back of throat (posterior nasopharynx).

9. Have child flex head toward chest after tube has passed through nasopharynx

10. Emphasize the need to mouth breathe and swallow during the procedure.

11. Advance tube each time child swallows until desired length has been reached





12. Temporarily secure the tube with tape to stabilize It while checking the tube position.



# 13. Check tube position through :

- ❖ Insufflation of air while listening for the sound of the air.
- ❖ Withdrawal of gastric/intestinal contents, checking contents withdrawn for pH and other characteristics
- ❖ Inserting end of tube in the water and watching for bubbles.
- ❖ The most reliable method for confirming placement is X ray.

14. Once the tube placement is confirmed tape the tube securely in place and documentation



Thank  
you

