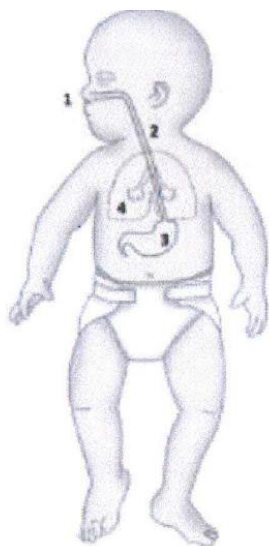


In Ziekenhuis Amstelland we strive to get parents involved in caring for their baby as much as possible to promote bonding. Your baby is not able to drink (enough) yet, but it is important that your baby gets the right amount of nutrition for growth and development. Therefore your baby needs tube feeding. This doesn't have to be a reason for keeping your child in hospital. We offer parents the opportunity to learn tube feeding themselves. If both parents/guardians want to learn the procedure, then the idea is that you both read this information, and both show that you master the procedure.

What is tube feeding?

The feed is given through a thin, flexible tube which goes through one of the nostrils and throat into the stomach. There are small holes in the bottom part of the tube which is in the stomach, so the milk feed flows out directly into the stomach. The other end of the tube is closed with a cap so that the milk feed cannot flow back out of the stomach. Only a nurse or doctor is allowed to insert the nasogastric feeding tube.



- 1= neus-keelholte
- 2= slokdarm
- 3= maag
- 4= longen

Aan het einde van de sonde zitten meerdere gaatjes.
Hieruit druppelt de sondevoeding de maag in.
Via de sonde kunt u ook voorgeschreven medicatie geven.

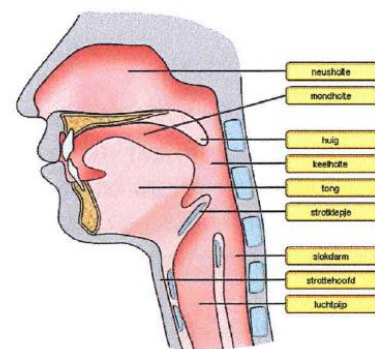


Diagram translation: 1. Nose-throat space, 2.gullet (oesophagus), 3.stomach. 4. Lungs. At the end of the feeding tube are some small holes through which the milk feed flows into the stomach. You can also give prescribed medication via the tube.

Diagram mond/keel; nasal cavity (sinus), oral cavity, uvula, throat cavity, tongue, epiglottis, gullet, voicebox, wind pipe

During your stay in hospital

While you are in hospital you will be taught how to give tube feeds using a steps plan. Tube feeding is a procedure with certain risks. This means that if carried out incompetently or carelessly, it can cause health damage. In this information folder you can read how to give tube feeds safely, as a parent/guardian.

During your hospital stay you will also get tube feeding instructions from the nurse. After a demonstration you can practice under guidance until you can finally do it independently. You can arrange practice times with the nurse.

What about liability?

The Dutch law concerning registration of health workers (BIG) allows parents/guardians to perform risky and reserved procedures. It is not compulsory, but allowed if they want and are willing to be trained. This means that the hospital cannot be held responsible for your actions. If you make a mistake and damage is caused as a result of your incorrect actions, then initially you are held personally responsible.

If you still feel unsure about the procedure after the training, always make this known to the doctor or nurse. You can arrange a way to address this with them.

Should the doctor or nurse assess that you cannot tube feed your baby temporarily, either due to your baby's condition or your personal circumstances, then the nurse will take over the tube feeding. We hope you will understand if this decision has to be made.

How to tube feed your baby

Step 1: Preparation

- Wash your hands with soap and water.
- Lay out equipment (syringe, warmed milk feed or freshly expressed breast milk)
- Check if the plasters and the feeding tube are still correctly fixed.
- Do a visual check to see if the tube measurement shows the right depth.
- Do oral and /or nasal care.
- Make sure that your baby isn't lying too flat.

Step 2: Administration.

- Connect the syringe to the end of the gastric feeding tube.
- Fill the syringe with the (rest of) milk feed.
- Siphon the feed carefully. The higher you hold the syringe, the faster the feed will flow.
- If the feed doesn't flow by itself, you can use the plunger and push gently until the feed starts to flow.
- Take care not to pull on the feeding tube.
- A (full) feed takes about 20 minutes, take your time and observe your baby's reactions carefully throughout the whole feed.

It is important to stimulate the mouth area during a feed for (amongst other things) the suck-swallow reflex. You can do this by bringing your baby's hands to its mouth and/or by giving a dummy to suck.

Step 3: Finishing the feed.

- When the whole feed has run through the tube, disconnect the syringe.
- Plunge 2ml of air or water through the tube, ask the nurse about this.
- If your baby tends to strain or regurgitate feeds, then hold the baby upright against your chest for a while.
- In the home situation, rinse the syringe and plunger with cold water after each use. You can use one syringe set for 24 hours, store it in the fridge between feeds.

What if?

- You have doubts: contact the nurse or homecare if you are at home.
- If the tube is displaced out of the nose by less than 5cm, you may push it back in place and secure well with a plaster.
- If the plaster is loose: Do a visual check to see if the tube measurement shows the right depth. Secure the tube with either extra or a new plaster.
- If the tube is blocked: Have a look if the tube is kinked, or try to plunge it with a maximum of 5ml of water. If this doesn't work for you at home, contact your homecare.
- If you suspect that the tube is not at the correct depth: carry out a pH measurement. Flush the tube with 1 to 2 ml of air. Aspirate a few drops of stomach contents through a tube with a 10 ml syringe (if no fluid comes out, place your child on the side for five minutes). Put a few drops of stomach contents onto the pH strip. Within 30 seconds, the pH strip indicates the pH value by means of a color code. Stomach contents with a pH value of 5.5 and lower (i.e. towards 1) are good. You can give the tube feeding safely. With a pH value of 5.6 or higher, wait ten minutes and repeat the procedure. If the pH value is still 5.6 or higher, wait one hour. If the pH level is still too high after an hour, notify your homecare.
- If your baby is swallowing a lot, retching or vomiting: You should stop the feed by lowering the syringe to the same height as your baby's stomach. You can also squeeze the tube with your finger to block it. You can pour the rest of the feedback into the bottle, and lay your baby on its side or upright. Do a visual check to see if the tube measurement is still showing the right depth, and is fixed securely. When your baby has recovered, you can proceed with feeding slowly.
- If your baby is coughing, becomes short of breath or blue: Stop the feed immediately and consider removing the tube. Contact the nurse or homecare at home.

Once your child no longer needs tube feeding, you may remove the tube yourself after consulting with your homecare. You close the tube off, and loosen the fixation plasters. Remove the tube completely in one calm, smooth movement. This could cause your child to sneeze or retch, this is normal. If you feel an abnormal resistance during removal, contact the homecare.

We do understand that you may feel nervous about tube feeding your baby. In our experience, we know it to be a procedure which parents can learn well and safely. Parents who tube feed their baby themselves find that it's a very positive and satisfying experience.

Tube feeding Checklist, steps plan

		Date	Initial	Date	Initial	Date	Initial
Information given over the steps plan	Nurse						
Parents observe and understand information folder	Parents/guardians						
Parents name the risks and solutions	Parents/guardians						
Parents perform procedure under guidance	Parents/guardians						
Parents perform procedure independently	Parents/guardians						
Parents have the skills to perform the procedure safely and carefully.	Parents/guardians						
Only when applicable; parents can administer medication	Parents/guardians						
Points to consider regarding explanation/signature. Hand hygiene applied Necessary equipment laid ready. Oral and nasal care performed. Correct positioning Tube checked including pH measurement Feed given Correct time taken What to do in the case of complications After care							