Nasogastric Tube Troubleshooting

Nasogastric tube
A nasogastric tube (NGT) is a thin, flexible, soft tube that is inserted through your child's nose into their food pipe (oesophagus) and into their stomach to give them milk feeds, other fluids, or medications.

Before each use and after a new insertion of your child's nasogastric tube it is important that you make sure the tube is in the correct position. The food pipe (oesophagus) and windpipe (trachea) are very close to each other and sometimes with coughing, vomiting, or gagging the tube can move position, this may cause harm to your child if used for feeding or medications when not in the correct position. It is **very important** to check this position before **each** use.

To check the NGT position, a small amount of fluid is removed from the child's NGT and tested by using placing this fluid on to a pH strip.

The stomach pH is acidic, which means the number on the pH testing strip will be five (5) or below (red/orange/yellow).



There are some things that can neutralise the stomach acid. If the pH of your child's stomach contents is not acidic you will need to do other things to check the position of the tube. You should discuss this with the HENS Nurse/arranged local support for advice.

For more information
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Developed: July 2025

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Interpreter

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pH number on test strip is not less than 5 – not acidic

There are a few reasons why the stomach aspirate may not be acidic.

- Tube not in the correct position
- Medications may change pH (especially reflux medication)
- Milk or other food has just been eaten and has not yet had the chance to mix with stomach contents
- The contents removed from the feeding tube may just be the flush water from the last feed and not stomach contents

What to do:

If you cannot confirm the tube position by getting a pH less than 5 or getting more than 2mls of aspirate – contact your HENS nurse/arranged local supports for advice.
You may be asked to:

- Check tapes are secure and that the tube has not moved out of the nose, check the numbers marked on the tube for length marking
- If your child can safely take oral fluid or food, you may feed them orally and then remove a small amount of stomach fluid through the nasogastric tube. If the fluid looks the same as what they have just eaten or had to drink, then the tube is in the correct position.
- Check the stomach fluid in the syringe is the usual colour and consistency. If you can get 2mls (or more) of aspirate and it looks like what the child has eaten or drank, the tube is in the stomach

Do not start feeds if you are unable to confirm the position of the tube it may be unsafe to do so.

Unable to get any fluid from the stomach.

- Check tapes are secure and that the tube has not moved, and if you can see the length marking.
- Leave nasogastric cap on tube open for 10–15 minutes and try again.
- Change your child's position or turn them onto their left side and try again or if your child can walk ask them to walk around.
- Inject **air (not fluids)** into the tube to help reposition the tube inside the stomach (for babies and children 1–2mls, for older children 5–10mls).
- If your child can safely take oral fluid or food, you may feed them orally and then remove a small amount of stomach fluid through the nasogastric tube. If the fluid looks the same as what they have just had to drink or eaten, then the tube is in the correct position.

Do not start feeds if you are unable to confirm the position of the tube it may be unsafe to do so.

Blocked or difficult to flush tube.

If the tube becomes blocked whilst feeding, try flushing it with 2mls of warm water using a 20-30ml syringe (older children may use 5 – 10 mls of warm water). Flush using a pump action. Do not flush if you have not been able to confirm NGT position.

If this does not help, the tube will need to be replaced. Contact the HENS nurse, Paediatric Emergency Department after hours, or your arranged local support.

IMPORTANT: Never use force when trying to unblock a tube.

The tube is found coiled in your child's mouth or the tube needs to be removed.

Occasionally a feeding tube may coil up or hang out of your child's mouth if they have vomited with force.

Immediately stop feeds if you notice the tube in your child's mouth.

Remove tapes from your child's face using supplied adhesive removers (if required) and securely grasp the tube and gently pull the tube out in one continuous movement.

This will not hurt your child; they will feel the tube coming up and may cough or have watery eyes.

The tapes are causing skin irritation or rashes.

Swap to a different nostril each time the tube is inserted, to give the skin on each cheek time to rest.

You can try different types of tapes if your child is allergic to a particular tape. You could discuss this with a pharmacist/HENS nurse/arranged local support.

Barrier wipes can be supplied through the WCH Home equipment centre to put underneath the tapes if needed. The HENS nurses can order these for you.

If your child's skin becomes very irritated they may benefit from a nasal bridle to secure the feeding tube in place, if you think your child may need this, discuss it with the HENS nurse.





