



## Checklist for Assisted Feeding (Insertion, Feeding and Removal of Orogastric Tube)

S.N.	Task	Cases				
		1	2	3	4	5
<b>A.</b>	<b>Getting ready/supplies:</b> <ul style="list-style-type: none"> <li>• Sterile/clean examination gloves</li> <li>• Clean orogastric (OG)/nasogastric tube (6F or 8F)</li> <li>• Writing pen or flexible tape measure</li> <li>• 2-5 mL syringe (for aspiration)</li> <li>• Sterile 10mL syringe (for feeding)</li> <li>• Cap of gastric tube</li> <li>• Kidney dish or bowl</li> <li>• Pediatric stethoscope</li> <li>• Scissors</li> <li>• Normal saline</li> <li>• Adhesive tape</li> </ul>					
<b>B.</b>	<b>Procedure for insertion:</b>					
1.	Arranges necessary supplies					
2.	Washes both hands, air dries and wears sterile/clean examination gloves on both hands					
3.	Measures required length of tube without removing it from its sterile packet. Notes the point of graduated marking from the angle of mouth or the tip of nostril to the lower tip of the ear lobe and then to the mid-point between the xiphisternum and umbilicus (this corresponds to the point just below the rib margin). Notes this length and marks the tube at this point with a pen					
4.	Elevates the baby's head to flex the baby's neck slightly, holds the tube at least 5-6 cms from the tip with the remaining tube in the package for no-touch technique of insertion					
5.	Moistens the tip of the tube with normal saline and gently inserts it through the mouth or through one nostril pointing towards the back of throat to the required distance					
6.	Confirms correct positioning of the tube <ul style="list-style-type: none"> <li>➤ Aspirates some fluid or</li> <li>➤ If no aspirate, then places a stethoscope just below xiphisternum slightly to the left side of the upper abdomen. Attaches a syringe having 2-3 cc air, auscultates with a stethoscope for sound of gush of air in the stomach when all the air is pushed.</li> <li>➤ If no sound heard, withdraws the tube immediately by kinking it and reinserts it once again</li> </ul>					

S.N.	Task	Cases				
		1	2	3	4	5
	➤ Removes the syringe and closes the OG tube hub with the stopper (for next feed) or leaves it open (if it is for gastric distension)					
7.	Secures tube in place gently with tape on the cheek and records point of its insertion in cms at the angle of mouth/nostril before each feed					
<b>C.</b>	<b>Feeding with OG tube:</b>					
1.	Washes hands properly					
2.	Takes the required amount of feed (breast milk) in a clean bowl					
3.	Ensures the tube is in the stomach by noting its point of measurement at the angle of mouth and cross-checks it with the records					
4.	Attaches the appropriate size syringe for feeding (10 mL or more) without its plunger to the OG tube					
5.	Keeps the syringe vertical, pours the required amount of milk in the syringe and allows the feed to go down slowly with gravity					
6.	Pinches the tube when the syringe is empty to prevent the passage of air, removes the syringe and closes the hub of the tube					
7.	Disposes the syringe in the red bin or processes it for next use by decontamination for 10 minutes, washing and sterilization					
<b>D.</b>	<b>Removal of the OG tube:</b> (Remove the tube by kinking it if it is not required, or replace it after 3 days with a new tube or earlier if it is pulled out or becomes blocked)					
1.	Gently removes adhesive tape after wetting it					
2.	Pinches and gently pulls out the tube to prevent spilling or aspiration of contents in the trachea					
3.	Disposes the tube in the red bin after cutting it. To re-use, decontaminates in 0.5% chlorine solution for 10 minutes, washes and does sterilization					

### Key points

- **Indications:** Feeding sick, preterm baby or low birth weight babies who cannot suck; gastric drainage in babies with abdominal distension or neonates with congenital or surgical conditions like duodenal atresia
- **Feeding tube size** 8F (2.70 mm) for babies >1500gms and 6F for babies <1500gms
- While inserting the tube, observe closely for breathing difficulty and colour changes. If the baby develops difficulty breathing or turns blue or vomits, remove the tube immediately as it may be in the trachea. Always pinch the tube before removing
- If resistance is felt during insertion, do not push further. Remove the tube and retry or call for assistance
- While feeding do not push the milk in the syringe with its plunger, let it go slowly with gravity
- Insertion of orogastric tube is preferred over nasogastric tube in a newborn baby
- If gastric tube is inserted for drainage, leave the tube uncapped and wrap clean gauze around the end, fix with tape to keep the tube clean and absorb the drainage from the stomach