



## GUIDELINE

# Gastric Tube Feeding – Going Home

<b>Scope (Staff):</b>	Nursing and Medical Staff
<b>Scope (Area):</b>	NICU KEMH, NICU PCH, NETS WA

### Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

## Aim

To prepare parents for safe, at home, gastric tube feeding for the infant.

## Risk

Inadequate parental preparation and education prior to discharge home may lead to unnecessary parental distress and compromise infant safety.

## Background

Not all infants can go home on full oral feeds. At the discretion of the treating consultant, an infant may be discharged from the unit requiring nasogastric tube (NGT) feeds. Parents/Carer education is paramount to ensure the safety of the infant.

## Key points

Patient is safe for discharge on NGT feeds if:

- Minimal self-resolving desaturations associated with feeding
- Medically cleared for discharge
- Feeds are at least 3 hourly intervals or provision for continuous milk feed via kangaroo pump
- Family/Carer is confident and competent in all cares
- Social work assessment to ensure adequate safety and support when at home

## Education

- Parents/ Carer have completed [Gastric Tube Feeding Learning Package](#) and deemed competent in NGT feeding.
- Parents are aware of common problems with NGT feeding and can demonstrate appropriate management of the following:
  - Inability to obtain aspirate
  - Milk not flowing down the NGT
  - Vomiting, distress or poor breathing during a NGT feed or monitor alarming
  - Taping of NGT and Skin/Nare Care
  - Colour change with NGT
- Parents/Carer are competent to reinsert NGT OR have a plan for reinsertion of NGT if dislodgment occurs (nearest hospital/HiTH)
- Parents/Carer have had CPR training
- Care and cleaning of equipment at home has been demonstrated
- Parents/Carer are able to demonstrate the use of a kangaroo pump (if required)
- Parents/Carer provided with written instructions and contacts on ordering of home supplies

## Equipment and Supplies

- 3 weeks of supplies provided to the family to cover until ECS is processed
- [Home Consumables Service Referral](#) completed
  - [Home Consumables Service – Patient Order Template](#)

## Follow up

- Referral to HiTH/PAC for home support
- Dietician - Patient must have a written recipe for any special feeds that are required prior to DC
- Feeding Team - Patient must have written feeding plan prior to discharge.
- Medical follow up dependent upon expected length of NGT feeds. Minimum Senior Registrar clinic at 2 & 4 weeks. Consider consultant follow up.
- If long term NGT feeds are required, referral to General Paediatrician at PCH or Referral hospital.


Refer to [Gastric Tube Feeding – Going Home Checklist](#)

### Useful resources (including related forms)

- [Home Consumables Service Referral](#)

- Home Consumables Service – Patient Order Template
- Gastric Tube Feeding Learning Package
- Gastric Tube Feeding – Going Home Checklist

This document can be made available in alternative formats on request.

Document Owner:	Neonatology		
Reviewer / Team:	Neonatal Coordinating Group		
Date First Issued:	October 2006	Last Reviewed:	September 2023
Amendment Dates:		Next Review Date:	26 <sup>th</sup> September 2026
Approved by:	Neonatal Coordinating Group	Date:	26 <sup>th</sup> September 2023
Endorsed by:	Neonatal Coordinating Group	Date:	
Standards Applicable:	NSQHS Standards:  Child Safe Standards: 1,10		

Printed or personally saved electronic copies of this document are considered uncontrolled



**Healthy kids, healthy communities**

Compassion Excellence Collaboration Accountability Equity Respect

Neonatology | Community Health | Mental Health | Perth Children’s Hospital