



- Only staff trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.
- This procedure is a guide only and may not be appropriate in all circumstances. Therefore, instructions from an AQHP based on the person's Enteral Feeding Support Plan must always be obtained and followed.
- This procedure should be read with the [NDIS LWB 5600 High Intensity Daily Personal Activities Procedure](#), [NDIS LWB 5501 Health and Wellbeing – Procedure](#), [LWB National Medication Procedure](#) and in consultation with the person we support or their care plan.

The person's support requirements must be documented by an AQHP, such as an Accredited Practising Dietitian (at minimum) in a HIDPA Enteral Feeding Support Plan/protocol.

The AQHP is to provide training in any required Nasogastric Tube support that is in the scope of practice of a DSW.

A nasogastric (NG) tube is a special tube that carries formula for people who cannot take in enough calories, fluid and medicine by mouth. The NGT goes directly to the stomach via the nose. For some people, it is used to meet all their nutrition and hydration needs; for others, it is used in combination with normal eating and drinking.

Important: Enteral Feeding through a Nasogastric Tube must be fully supervised at a 1:1 ratio by a trained and competent worker for the entire meal duration.

Nasogastric (NGT) Procedure



Check

- Check and follow the person's Enteral Feeding Support Plan, and if they are also having food or fluid by mouth – check the person's Mealtime Management Plan.
- Confirm how the person would like to be actively involved in their support, as outlined in their plan, and to the level they choose.
- Check that required equipment and consumables are available and ready for use.
- Check the tube placement using the markings on the tube.
- Check the skin around the nose, tube and tape daily for signs of irritation or infection, like redness, excoriation, tenderness, warmth, swelling, or drainage.
- If the person's mouth and lips are dry, they may experience discomfort. Check their Oral Care support plan and Enteral Feeding Support Plan for ways to alleviate and keep their mouth hydrated and their swallowing safe. This may include lip balm or mouth swabs.

Call 000 emergency medical assistance if

- The person chokes or vomits while the tube is in place.
- The person experiences trouble breathing.

Seek medical advice and review if

- The NGT tube is displaced or accidentally removed. **Support workers should not attempt to replace or reposition the tube.** Instead, take the NGT with you to the hospital or Doctor so it can be replaced with a similar size and length if needed.
 - There are any signs of infection, such as redness, swelling or fever (temperature above 37 C).
 - The person is coughing while the tube is in place.
 - The person experiences nausea.
 - The person experiences diarrhoea.
 - The person has a swollen or hard stomach.
 - There is blood in the person's tube or stools.
 - The tube becomes blocked or stops working
- Prevent the tube from becoming blocked by regularly flushing it as per the person's Enteral Feeding Support Plan.
 - Ensure the person has a good oral hygiene routine to reduce the risk of respiratory infections; check their oral care plan, encourage oral care twice daily, and ensure the person visits the dentist regularly.



Support

- Wash your hands with soap and water and dry well.
- Ensure good hygiene techniques when giving feeds. In addition, staff must wear the appropriate PPE (gloves, mask and eye protection) when preparing formula and providing support for tube feeding. Refer to the [NDIS LWB 5507 Let's Talk About PPE for Support Activities](#) for the correct PPE requirements.
- Enteral feeding via NGT must be fully supervised at a 1:1 ratio by a trained and competent worker for the entire meal duration.
- Keep the area around the person's nose clean using gauze pads and warm water.
- Ensure the tube is always taped securely to the nose. Sometimes the tube is taped to the face as well. This helps to prevent accidental dislodgement of the tube.
- Prepare the required equipment.
- The positioning of the tube should be checked before feeding, flushing, or medication administration by checking the length of the tube using the position marker on the tube.
- Formula and water are to be administered at room temperature.

- Formula that is opened should be labelled with the date and time it was opened. Opened formula bottles or cans are to be refrigerated. Take the formula out of the refrigerator ½ hour before use, and pour the required amount into a feeding bag or jug. Return the remaining formula to the refrigerator. Ensure the formula is at room temperature before administration. The unused formula is to be discarded every 24hrs.
- Monitor the person's hydration and nutritional intake.

Water Flush

- To prevent tube blockages and maintain the integrity of the tube, it is essential that you flush the person's tube regularly with clean, room-temperature water.
- NGTs require regular (usually 4-6 hourly) flushing. Refer to the person's Enteral Feeding Support Plan for the flush volume requirements and ENFIT syringe size.
- Draw up water into the syringe. Connect the syringe to the tube and administer the water as per the instructions. Replace the tube cap and clamp, and reconnect the tube to the feed as per the schedule documented in the person's Enteral Feeding Support Plan.
- If the NGT is attached to a continuous feed pump, pause the pump before initiating the flush.
- Some pumps have flushes programmed.

Using the Tube

- Formula feeds, water and medications (liquids, or tablets which are crushed appropriately) are the only things permitted to be delivered via the feeding tube unless specifically listed in the person's Enteral Feeding Support Plan.
- All syringes and tubing for enteral tubes use a particular connector end called ENFIT. Ensure ENFIT equipment and spares are available and used when supporting enteral tube feeding.
- When connecting giving sets or syringes to the feeding tubes, do not apply excessive force or overtighten the connectors. In most instances, ¼ turn is sufficient to connect the ends.
- Ensure the person's correct positioning before and after feeding for the duration listed in the Enteral Feeding Support Plan, e.g. sitting upright or semi-reclining with the head of the bed or chair at a 45-degree angle. These positions enhance the gravitational flow of the feeding and help prevent aspiration into the lungs.

Tube Blockage

- If the person's tube becomes blocked, do not insert anything into the tube to try to unblock it, as you may damage the lining of the tube and introduce bacteria or injure the person's skin or tissue.
- Tubes should be easy to flush using the technique described below. Do not apply excessive force.

- Always wash your hands *and* use PPE before handling the NGT feeding tube.
- Only use water to try to unblock the tube. Do not use acidic fluids, e.g. juice/cola/lemonade, to unblock the tube, as this may damage the tube lining or increase the risk of it becoming blocked in future.
- Check that the feeding tube is not kinked.
- Gently massage the tube with your thumb and forefinger to squeeze and roll along the length of the tube until the blockage is cleared.
- Fill a 50ml syringe with water from the kettle (which has been boiled and left to cool to room temperature first). Connect the syringe to the tube. Use a gentle push-and-pull motion with the syringe (like a bicycle pump) to dislodge the blockage. It may take up to 30 minutes before the tube becomes unblocked. Never force the syringe, as this may damage the tube.
- Never use a syringe more than 20mls for fine bore tubes (smaller width). Increased pressure forced into smaller NGT tubes may result in tube rupture.
- A blockage may also occur if Candida, commonly known as thrush, builds up within the tube. If this is diagnosed and unable to be cleared with suitable medication, the tube will likely need replacing.
- If the tube can not be unblocked, contact the AQHP or take the person to the local hospital's emergency department.
- Wash reusable equipment (e.g., syringes and feeding extension kits if used) promptly in warm water and detergent, then rinse and air dry in a clean, well-ventilated area out of direct sunlight.
- Over time, the inside of the tubing will likely become rigid and coated with residue from the formula. This may require the connecting tubing to be replaced regularly and should be aligned with the person's preferences and listed in the Enteral Feeding Support Plan.



Report

- Document the person's feed, hydration, flushing timing, and amounts where necessary on the [NDIS LWB 5623a HIDPA Enteral Feeding Support - Daily Recording Chart](#).
- Create a report in i-Sight anytime the Enteral Feeding Support Plan cannot be followed as written and inform the Disability Support Leader¹.
- Report any concerns or issues related to the person's enteral feed or NGT immediately to the Disability Support Leader or On Call.

¹ All references to Disability Support Leader (DSL), includes all Frontline Leadership roles, such as House Supervisor

For Further Guidance and Advice

Contact the AQHP who developed the person's Enteral Feeding Support Plan.