UC DAVIS HEALTH | CHILDREN'S HOSPITAL

Pediatric Home NGT Guidelines

Background:

There are many reasons why an older infant (>60weeks CGA) or child may not be able to achieve full oral feeds or may lose the ability to feed orally for a period of time. For some children requiring short-term enteral nutrition support (typically <3 months), a nasogastric tube may be the most appropriate route for nutritional support. For other children that will likely need enteral feeding support for longer durations (typically >3 months), a G-Tube may be the appropriate choice.

Criteria for Home NGT:

- Patient has demonstrated appropriate growth on anticipated home regiment for >48 hours
- Caregiver(s) are agreeable to home NGT and have completed all training requirements
- Caregiver(s) have access to outpatient follow up with PCP comfortable managing NGT and/or a primary pediatric subspecialty team with RD support with scheduled follow-up
- Caregiver(s) have access to home equipment resources (DME).
- Caregivers are able to demonstrate all cares required for home NGT feeds and medication administration. This may include 24-48 hours of rooming in stay.

Caregiver Training:

- 2 available caregivers identified
- Each caregiver must demonstrate 1-2 placements on child, and additional training can be completed on a manikin. This will be also determined by age and/or nutritional needs of patient (ie. risk of delayed feeds, hypoglycemia, etc.)
- Caregiver can connect NGT to feeding source (Gravity vs Pump).
- If patients go home with Feeding Pump, able to demonstrate how to operate the pump.
- Determine safety risks for consideration of overnight or prolonged feeds via a pump.

Discharge Medical Equipment Needed:

- Use Order Set: “Neonatal/Pediatric Feeding DME”. This includes NG/NJ, G tube, and GJ discharge DME needs.

NG securement devices:

- At times, a NG securement device called a bridle may be the most appropriate way to ensure displacement of the NG. This may be helpful with a critical NG tube such as in the setting of esophageal stricture or caustic ingestion where the NG tube is ensuring patency of the esophagus as well as a route for feeding.

Outpatient Follow Up:

- Communicate with PCP prior to discharge. Ensure PCP is comfortable with initial management
- Discuss routine replacement and dislodgement plan with caregivers.
- Identify which outpatient dietitian and subspecialty team will be managing feeds and ensure active referral in place and communicate timing of discharge to ensure follow-up
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References:

1. Singhal S, Baker SS, Bojczuk GA, Baker RD. Tube Feeding in Children. Pediatr Rev. 2017 Jan;38(1):23-34.
2. Abdelhadi RA, Rempel G, Sevilla W, Turner JM, Quet J, Nelson A, Rahe K, Wilhelm R, Larocque J, Guenter P; ASPEN Enteral Nutrition Task Force Pediatric Work Group. Transitioning From Nasogastric Feeding Tube to Gastrostomy Tube in Pediatric Patients: A Survey on Decision-Making and Practice. Nutr Clin Pract. 2021 Jun;36(3):654-664.
3. Khalil ST, Uhing MR, Duesing L, Visotcky A, Tarima S, Nghiem-Rao TH. Outcomes of Infants With Home Tube Feeding: Comparing Nasogastric vs Gastrostomy Tubes. JPEN J Parenter Enteral Nutr. 2017 Nov;41(8):1380-1385.

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