

# Inserting the NG Tube

1. Make sure your supplies are all within reach on a clean surface.
2. Wash your hands for at least 20 seconds.
3. Position your child.
  - Infants:
    - Consider swaddling them with their arms secured in a blanket or having a second person keep their hands out of the way.
    - Place them on their back, either laying down or if possible seated and secured safely in an infant seat with their head slightly elevated.
    - Consider offering a pacifier during the placement.
  - Children:
    - Should be seated in a comfortable position.
    - May be held by a trusted adult if they prefer.
    - Ask the child to tuck their chin slightly toward their chest.
4. Check each nostril and clean with bulb syringe or tissue if needed. Choose which nostril you will insert the tube into.
  - If possible, try to alternate which nostril you use each time you replace the tube.
5. Dip the end of the tube in water-soluble lubricant or clean drinking water.
  - Familiarize yourself with which method of lubrication is recommended based on the tube you are using.
  - Never use Vaseline or an oil-based substance to lubricate the NG tube.
6. Gently and with a steady motion, insert the tube into the nostril guiding it towards the back of the child's throat.
  - If you meet resistance, try rotating the tube as you advance it through the nasal passage.
  - Having an infant suck on a pacifier can be helpful during this step.
  - Once the tube is in the back of the throat, have the child sip water from a straw as you advance the tube. This can help guide it in the correct path.
  - Or you can ask the child to dry swallow (make a swallowing motion without drinking anything).
7. Stop advancing the tube once the mark or premeasured number sits right outside of the nostril. Use a piece of medical tape to temporarily keep the tube in place while you check placement.
8. Once correct placement in the stomach is verified, apply the no-sting skin barrier to the skin where you will be taping the tube. Next, place the DuoDerm on the skin before finally securing the tube with precut pieces of tape over the DuoDerm.



## Considerations when inserting an NG tube:

- Never force a tube if you can't get it to go down following the steps and guidance you were taught. If unable to place NG tube, contact the child's healthcare provider.
- If you see the tube coming out of the mouth, you will have to remove it completely and try again.
- Some brief, mild gagging or sneezing can be normal as you place the tube.
- Once the tube is at the correct depth, your child should be breathing comfortably.
- During placement, if the child shows signs of trouble breathing, begins to gag severely, or vomit, STOP what you are doing, remove the tube, and allow the child time to calm down and rest before attempting the insertion again if safe to do so.
- **If using a tube with a stylet (metal guidewire):**
  - Never reinsert a stylet into an NG tube once it has been removed from the tube. Doing so can puncture the tube or the child causing serious harm.
  - Once placement has been verified, carefully remove the stylet per specific instructions.

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