



CLINICAL GUIDELINE	
Gastric Tube Feeding – Going Home	
Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA
Child Safe Organisation Statement of Commitment	
The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policies and procedures to ensure the safety and wellbeing of children at CAHS.	

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

Aim

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

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.

Patient Safety

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/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 for a person with a disability.

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