

• تهیه و تدوین : حمید ترابیان – کارشناس ارشد پرستاری کودکان -مربی عضو هیئت علمی بالینی پرستاری

Gavage feeding









تکنیکهای تعبیه NG OR OG TUBE



- length tube from the tip of the nose to the lobe of the ear to the midpoint between thexiphoid process and the umbilicus
- Lubricate the tip of the tube with sterile water







كنترل محل صحيح نوك لوله تعذيه

- Pulling back on the plunger to aspirate
- فقدان مایعات نشانگر قطعی محل نادرست لوله نمی باشد •
- Injecting a small amount of air (1 to 3 ml)
- it is possible to hear air entering the stomach even if the tube is positioned above the gastroesophageal (cardiac) sphincter



تعیین محل صحیح نوک NGT



use x-ray as the gold standard

 Best place: body of the stomach, and above the pylorus. tip below the level of the disc 11th and 12th thoracic(31)

- بهترین محل قرار گیری نوک NGT
- استاندار د طلایی تعیین محل نوک NGT؟



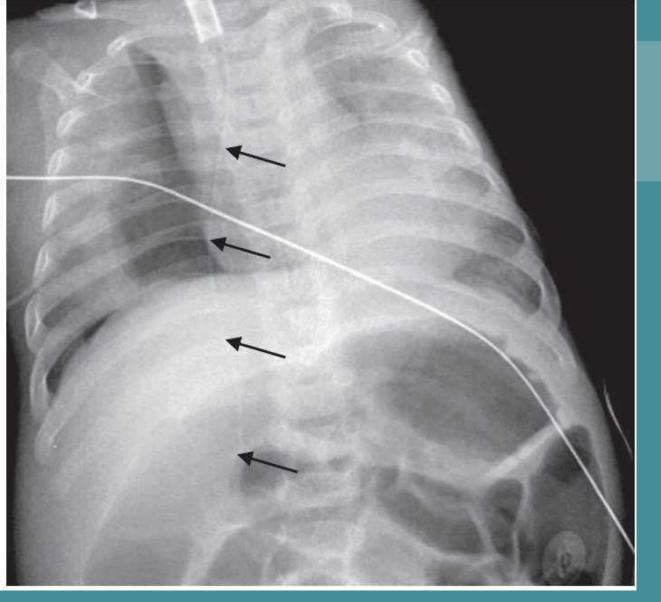
دو مدل رایج تعیین میزان عمق لوله معده ای در نوزادان



- 1- NEMU method
- Nose→Earlobe→Xiphoid process→Midline of the Umbilicus (NEMU)
- 2- NEX method
- Nose→Earlobe→Xiphoid (NEX)

مدل۲ دیگر منسوخ شده







فطا در بایگذاری و ورود کاتتر در برونش راست

Feeding tube passes down the right main stem bronchus and to the base of the R lung.



وشهای تعیین محل نوک NGT

- 1-In a survey of NICUs across the United Kingdom, only 45% of the units were using pH testing to verify placement. [47]
- 2-73% of the NICUs continued to use the auscultation of insufflated air as a method for verification
- 3-Ultrasound(100% sensitivity)







- 4-Capnography(with 98% accuracy)
- 5-X RAY



مزیتهای OG نسبت به NG

- most infants are preferential nose breathers.NGT CAUSE lower oxygen saturations (21)
- nasogastric tubes tendency toward nares necrosis
- no difference between a nasally or orally placed tube in relation to episodes of apnea or bradycardia.

تغذیه دهانی حین داشتن OGT&NGT



- 1-breast milk or formula is given to the infant through a nasogastric or orogastric tube
- 2-kangaroo care while gavage feeding
- 3-nonnutritive sucking
- 4-Finger feeding



nonnutritive sucking



nonnutritive sucking is encouraged



مزایای ساکینگ غیر تغذیه ای



1-improve oxygenation

2-decreased energy expenditure with less restlessness and to positive weight gain

3- promote faster attachment to the nipple when oral feedings are initiated (Wyckoff et al., 2003).



روش ومیزان گاواژ نوزاد



- Feedings by gravity are done
- slowly over 20- to 30-minute
- syringe with gravity-controlled OR given continuously by using an infusion pump.
- Residual gastric is measured every 4 hours
- Approximates rate that of an oral feeding (about1 ml/min).





اقدامات پرستاری پس از گاواژ

- After feeding, position the infant on the right side to prevent aspiration
- Document size of the feeding tube, amount and quality of the residual
- type and quantity of fluid instilled (sterile water, breast milk, or formula), infant's response to the procedure.



عوارض کاواڑ سریع

- vomit(with an attendant risk of aspiration)
- Diarrhea
- abdominal distention
- apneic episodes.
- fluid retention with cardiac compromise
- pronounced diuresis with hyponatremia



Finger Feeding





baby is not attaching to your breast for feeds (latching-on)



. The ideal size is 6F











milk is mixed with salivary amylases in the mouth assisting with digestion.



مزیتهای تغذیه با انگشت

- 1-Baby learns to suckle as they would at the breast,
- 2-tongue and jaw move in a similar way to Breastfeeding,
- 3-milk is mixed with salivary amylases in the mouth assisting with digestion.
- 4-little risk of baby aspirating



www.unicef.org.uk/babyfriendly

- Wash your hands and make sure your nails are not too long
- Cut a larger hole in the top
- tip of your biggest finger (pad-side facing upwards)
- Cuddle your baby close .encourage them to root and open their mouth.
- If your baby gags, just move your finger back so that it is not so far into their mouth

عوارض همراه NG &OGTUBE

- 1-malposition (into the lung, esophagus, or intestine)
- rates of malpositioned 5% to 55.6%.^[5]





range in size from 3.5 fr to 10 fr with an equally wide range of lengths

 smaller residuals were obtained from smaller bore tubes and larger residuals were obtained from the larger bore tubes.



- 21-Daga SR, Lunkad NG, Daga AS, et al. Orogastric versus nasogastric feeding of newborn babies. *Trop Doct.* 1999;29:242–3.
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- 47-Freer Y, Lyon A. Risk management, or just a different risk? Arch Dis Child Fetal Neonatal Ed. 2006;91:F327–9.

