

What is Tube Feeding?

PEDIATRIC SERIES

A feeding tube is used when a child can't take in enough food or safely swallow because of an illness or chronic health condition. Nutrients go into the stomach through a small flexible feeding tube.

It can be a difficult decision for parents and the healthcare team to decide when or if tube feeding is right for a child.

Here are some questions about tube feeding that other parents have asked.

What is a feeding tube?

There are two kinds of feeding tubes. One is for short-term use and one is for long-term use.

The short-term tube is called a nasogastric tube or NG tube.

- It is a small, flexible tube put in through the nose, down the throat and into the stomach.
- The tube must be carefully placed so it doesn't go into the lungs.
- NG tubes can be used safely for weeks to many months.
- NG tubes are usually changed once a month to keep the nose from getting irritated.
- NG tubes can be pulled out accidentally and can sometimes be uncomfortable.

The long-term tube is called a gastrostomy tube or G tube.

- The G tube is put in place by surgery. The child is asleep for the surgery.
- A small opening is cut through the skin of the belly to place the feeding tube into the stomach.



- There are some problems that may happen with G tubes.
 - » Extra tissue can grow where the G tube goes into the belly. This is not dangerous, but it may leak small amounts of blood or mucus.
 - » Sometimes fluid from the stomach may leak onto the skin where the tube comes out from the belly. This can cause irritation or infections.
 - » The G tube can accidentally come out.



What medical conditions may require a feeding tube?

Feeding tubes are used for children who have a hard time eating because of medical problems. Here are some examples:

- Infants and toddlers who have severe heart or lung problems may tire easily when eating and may not be able to take in enough calories to grow.
- Children having chemotherapy or radiation treatment.
- Children with head injuries who in time may be able to swallow safely again.
- Some children with chronic medical conditions have problems swallowing. In these cases, a G tube may be considered, and these children may live for many months or years.

Can a child still eat by mouth if a feeding tube is placed?

Yes, if the child can swallow safely.

If a child cannot swallow safely, food or liquids may accidentally go into the lungs. This can cause pneumonia and other breathing difficulties.

What are the benefits of having a feeding tube?

- A feeding tube will lower the chance of food or liquids getting into the lungs (aspiration). However, a child can aspirate even with a tube.
 - A feeding tube can make it easier to give medicine to a child if the medicine tastes bad or is hard to swallow.
 - A feeding tube can make it easier to feed the child so the child and caregivers can focus on other activities of daily life.
 - A feeding tube may improve the quality of life for the child and family.
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How does someone make the decision about whether or not to use a feeding tube for a child?

This can be a hard decision. The family and healthcare team should talk about:

- whether a feeding tube will make the child healthier and more comfortable
- whether a feeding tube will make the child's medical care easier
- whether a feeding tube may cause discomfort and harm for a child who is too ill to digest food and is nearing death



When is a feeding tube less helpful?

At the end of life, some children may lose their appetite. The body does not have the same need for food and can't digest food well. The stomach and intestines slow down. At this stage, if a child takes in food or fluid, it can cause these problems:

- stomach pain
- difficulty breathing
- fluid build up and swelling in parts of the body, which can be uncomfortable
- more mouth or lung secretions

What happens if a feeding tube is not used for a child who is nearing the end of life?

A decision to decrease, stop, or not start tube feeding can be the right, safe, and loving decision.

- At the end of life the body releases chemicals that lessen feelings of hunger and pain when feedings are stopped.
- If the family and healthcare team decide that a feeding tube is not right for a child, the child may still be able to be fed by mouth. The family should talk first with the healthcare team about the risks of this option.
- The healthcare team will continue to care for the child and support the family. The healthcare team will continue to give all of the treatments that are helping. They will keep the child as comfortable as possible for the rest of the child's life.

Where do we go from here?

Healthcare teams are here to help guide and support families to make the right decisions for their child.

Talk with your child's doctor and others on the healthcare team about your questions and wishes, and their suggestions for your child's care. It's helpful for your medical team to learn about your personal, cultural and religious values.

You may also want to talk with others who understand and support your values, such as a spiritual leader or family members.

After a decision is made, the doctor can fill out forms to let the treatment teams know what is decided. No matter what decision is made, it can always be changed or modified at any time.

The healthcare team recognizes that these decisions are very difficult, but with their support, combined with the love parents have for their child, the right decision will be made.



References, copies, and additional aids are available online at CoalitionCCC.org or by email to info@CoalitionCCC.org.

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