

Attach Address Label

**NEONATAL INTENSIVE CARE UNIT  
TUBE FEEDING MY BABY – CHECKLIST FOR PARENTS AND CARERS**

<b>Competency Statement</b> Please date each entry:	Parent to sign after demonstration	Parent to sign when practised	Parent to sign when confident	Nurse to sign to confirm competency
I have knowledge of the importance of hand-washing and use of alcohol gel before tube feed is started				
I understand the Health and Safety issues around this procedure and have been given the National Patient Safety Agency [NPSA] guidance sheet				
The potential risk of aspiration of milk has been discussed and I understand how to minimise this				
Collect all equipment needed and prepare the feed				
I know that Baby must be in a safe position before the tube feed is started. <b>NEVER LEAVE BABY ALONE DURING A FEED</b>				
I have been shown how to correctly test the tube position by aspirating gently and checking measurement at nose				
I know how to use the pH paper to confirm the correct tube position and I know what to do if I cannot withdraw milk/aspirate				
I know which syringes to test the tube with, which to feed with				
I know how to attach the syringe to the feeding tube, remove the plunger and start the feed				
I understand the milk must flow slowly and this depends on how high or low the syringe is held, a feed should take about 20 minutes				
I know how to stop the feed quickly if my baby vomits or changes colour				
I know I must ask for help if worried about anything and I have been given contact numbers for NCOT				
I know what to do with the syringes and bottle when the feed is finished				

Parents to Sign confirming discharge with NGT ..... Date.....