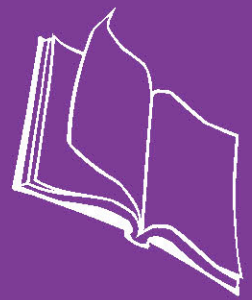


**The
Emily
Center**



How to Care for Your Child with a Nasogastric (NG) Tube

#1824

Contents

Introduction:

- 3 Before you start
- 4 Information to know about your child's NG tube

Questions and answers about tube feeding:

- 5 What is an enteral feeding?
- 5 How is an NG tube feeding different from normal eating?
- 5 What kind of liquid food will my child get?
- 6 What if my child does not handle the feeding well?
- 6 Are NG tube feedings dangerous?
- 6 Do tube feedings hurt?
- 6 How do I give my child formula?
- 7 Giving your child a bolus feed
- 7 Giving your child a continuous feed
- 7 How will I know if the feedings are working?
- 8 Can my child eat food by mouth in addition to tube feedings?
- 8 How can I keep feeding time special?
- 9 Getting Started
- 9 Putting in the NG Tube
- 13 Important Safety Information

Using the feeding tube:

- 14 How to feed through a tube
- 15 To give a bolus feed by gravity
- 15 To give a continuous feeding
- 16 How to give medicine through a feeding tube

Problem solving:

- 18 If the nostril is clogged
- 18 If the nostril gets sore
- 18 Throwing up when the tube is put in
- 18 Throwing up when the tube is taken out
- 18 Throwing up during the feeding
- 18 Gagging
- 18 Trouble breathing
- 19 Wrong amount of formula going in
- 19 Red or sore skin on the cheeks
- 19 Coughing the tube out during the feeding
- 19 Clogged NG tube
- 20 Now that you've read this
- 21 Tracking your child's growth

How to Care for Your Child with a Nasogastric (NG) Tube

Before you start:

Many children are fed at home through feeding tubes. Why are feeding tubes necessary? Sometimes a child is not able to eat or does not eat enough to stay healthy and grow. Sometimes a child cannot swallow food safely. By using a feeding tube, we can make sure the child gets enough nutrition.

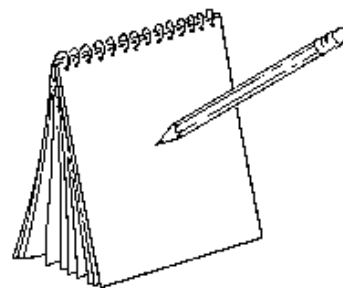
Your child needs an **nasogastric (NG) tube**. An NG tube is a small tube that goes through your child's nose and down to the stomach. Your child can get liquid food and medicine through this tube.

Like other families, you will learn to feel comfortable taking care of your child's feeding tube at home. This booklet will help teach you how to care for and feed your child through a feeding tube.

Take your time learning. Get comfortable with each step. Ask questions. As you think of questions, write them down so you will remember to ask your nurse or doctor. No question is silly.

A nurse will guide you through each step and watch you put an NG tube into your child. A nurse will be available to answer your questions about giving your child a feeding or medicine.

Your child will not be sent home with a feeding tube until your child and the tube can be safely cared for at home.



**As you think of questions,
write them down.**

Information to know about your child's NG Tube:

Feeding tube type and size: _____

Length of insertion: _____

Date inserted: _____

Your child gets:

- Bolus feedings
- Continuous feedings
- Both bolus and continuous feedings

Feeding:

Formula: _____

Special mixing instructions: _____

Feeding schedule during the day: _____

Feeding schedule during the night: _____

Run formula at _____ mL per hour for _____ hours per day.

Take out the tube every _____ days, replace it with a new one, then check placement.

Who to Call For Help:

Your child's nurse or doctor: _____ Telephone Number: _____

Clinic: _____ Telephone Number: _____

Your child's home health care company: _____

Your child's home health care nurse: _____

Telephone number: _____

Questions and answers about NG (Nasogastric) tube feedings:

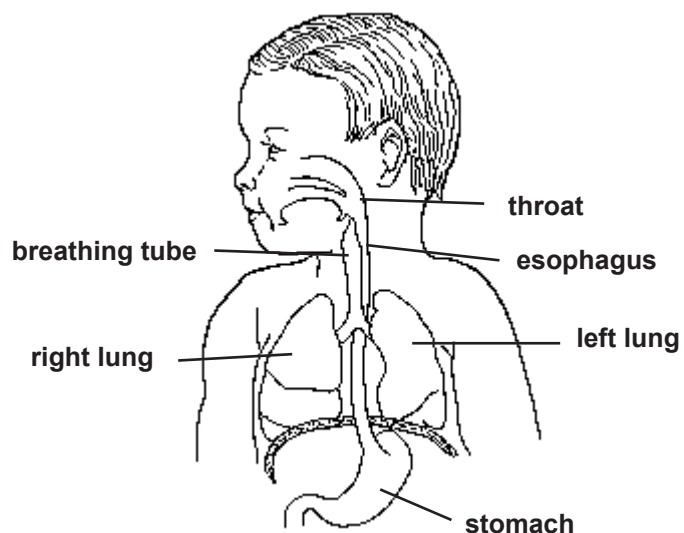
What is an enteral feeding?

An **enteral feeding** is when food is put through a tube and goes directly into the stomach or sometimes the small intestine. This food is usually a liquid form of protein, carbohydrate and fat.

How is an NG tube feeding different from normal eating?

When you eat, you swallow food or liquid. It goes from your mouth, down your throat through the **esophagus**, and into the stomach.

A **nasogastric tube** is used to put food directly into the stomach. The nasogastric tube is also called an **NG tube**. This tube is put in a nostril and is passed down the throat through the esophagus and into the stomach. An NG tube follows almost the same path that food follows when you eat. NG feedings are different because the food does not get chewed. This means it needs to be a liquid to go through the tube.



What kind of liquid food will my child get?

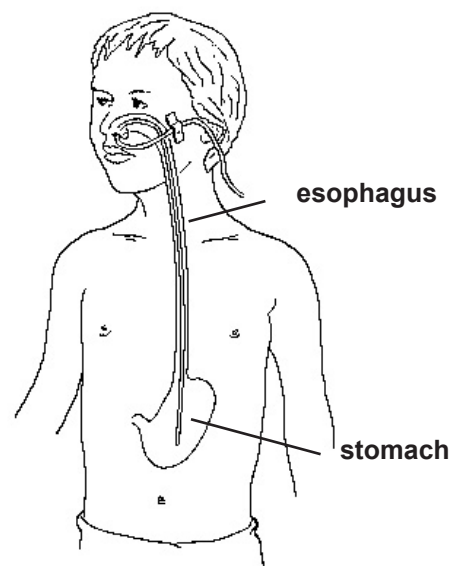
There are many kinds of liquid food available, also called **formula**. Your doctor and the nutrition team will decide which formula is best for your child. For many children, formula provides a complete, balanced diet. It has all the vitamins, minerals, protein, carbohydrates and fat your child needs to be healthy and grow. Sometimes children may need more calories, so the medical team may recommend special recipes or additives to give along with formula.

What if my child does not handle the feeding well?

Most children handle feedings well. However, some children can get fussy during the feeding. Some children have vomiting, diarrhea, or gas. If your child has these or other problems with the feeding, call your doctor. Do not change your child's tube feedings without talking to your doctor first unless there is an emergency.

Are NG tube feedings dangerous?

When the tube is put in correctly, the feedings are not dangerous. Most problems happen if the tube is not in the right place. It is very important that the tube goes down the esophagus into the stomach. You will learn how to make sure the tube is in the right place before you start the feeding. Your nurse will teach you. Your doctor will tell you about other possible risks of tube feeding.



The tube goes down the esophagus and into the stomach.

Do NG tube feedings hurt?

Children who are old enough to talk tell us tube feedings do not hurt. Putting in the NG tube can be a little uncomfortable. It can cause gagging and soreness in the nose and throat. This feels better when the tube has been in place for a few minutes.

Your doctor may suggest you use some medicine on the tube to numb your child's nose and throat. This sometimes helps. If your doctor thinks this will help your child, your nurse will teach you how to use it.

How do I feed my child formula through an NG tube?

There are two ways your child may get formula: a **bolus feed** or a **continuous feed**. A **bolus feed** is when larger amounts of formula are given over a short time, usually 5 to 60 minutes, depending on how well a child can tolerate it. A **continuous feed** is when a formula is given slowly over several hours up to 24 hours a day.

Some children are fed with both bolus and continuous feeds. For example, bolus feeds may be given during the day and a continuous feed is given through the night.

Your child's doctor and the nutrition team will choose the best way to give your child formula through the tube and will work with you on setting up a feeding schedule. The amount of formula and feeding schedule will change over time as your child grows.



The amount of formula and the feeding schedule will change over time as your child grows.

Giving your child a bolus feed:

Some children can handle several ounces of formula at one time so they will get bolus feeds. There are two ways to give a bolus feeding. One way is the formula is put into a bag that is hung on a pole so it flows through the tube into your child's stomach with the help of a machine, called an **enteral pump**, or **feeding pump**. The other way to give a bolus is to pour the formula into a feeding syringe, which is attached to the tube and given to your child with the help of gravity.

Giving your child a continuous feed:

Other children need to get their formula in small amounts over a longer time so they need a **continuous feed**. The most common way to give a continuous feed is to use an enteral pump, or feeding pump. An enteral pump gives your child the formula in at a steady, slow rate for a certain number of hours.

A baby who has continuous feedings that are given during the night should sleep on his or her back. This is the safest position for your baby to sleep. Do not use any positioning devices.

An older child will find the position that is most comfortable when the feed is given overnight.

If you have any questions about the position that your baby should sleep, ask your nurse or doctor.

How will I know if the feedings are working?

If your child grows and gains weight, the feedings are working.

It is very important that you make sure to take your child to each scheduled doctor's appointment. Your child's height and weight will be checked at each visit. On the last page of this booklet is a chart where you can write down your child's height and weight changes.

You may not see a big weight gain each time. Be patient. It takes some time to grow. Since scales can be different by several ounces, make sure your child is weighed on the same scale each time, without shoes. Babies should be weighed with no clothes on.

Can my child eat food by mouth in addition to tube feedings?

Some children get all their nutrition through tube feedings. Others get tube feedings to add to what they are able to eat by mouth. Your doctor will tell you whether or not your child should eat. Unless your doctor says your child must only have tube feedings, do not stop your child from eating. Talk to your doctor about what and when your child may eat. Tell your doctor if your child starts to eat more or less than usual.

If your child is allowed to eat foods by mouth, your child may want to snack or eat a meal while the tube feeding is going in. This is all right, unless your child is not able to handle getting so much food at one time. Some symptoms of this are if your child vomits or complains of nausea. If this happens, give meals and snacks when the tube feeding is not going in.

How can I keep feeding time special?

Feeding time is always special for both the child and the parent. This is still true for children who are fed through a feeding tube. Here are some tips to help keep this time special.



Older children can sit at the table or in a high chair during meal time. This can help them know that sitting at the table during meal time and feeling full go together.

Babies can be held on your lap and cuddled in your arm during feedings. Kissing babies on the face during tube feedings also helps them feel special.

Offer your baby a pacifier. Sucking during feedings is important to help your baby know that the mouth is involved with eating and then feeling a full stomach.

After the feeding, remember to burp your baby like you would after a bottle feeding.

An older child who is able may sit at the table or in a high chair. Older children need to know that sitting at the table during meal time and feeling full go together.

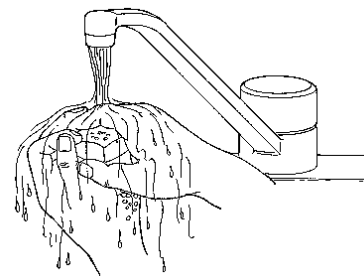
Getting started:

Before you feed your child through the tube, you need to put it into a nostril and pass it down the esophagus into the stomach.

Putting in the NG tube:

What You Need:

- feeding pump
- bags with tubing
- pole to hold feeding bag
- feeding tube: _____ French
 - without stylet
 - with stylet (put the stylet into the tube before you start)
- prepared formula
- _____ numbing medicine
- water soluble jelly, like K-Y® jelly (do not use a petroleum jelly, like Vaseline®)
- wide tape (to tape the tube to your child's cheek)
- permanent marker (to mark the feeding tube for placement)
- pH testing supplies
- 20 mL syringe

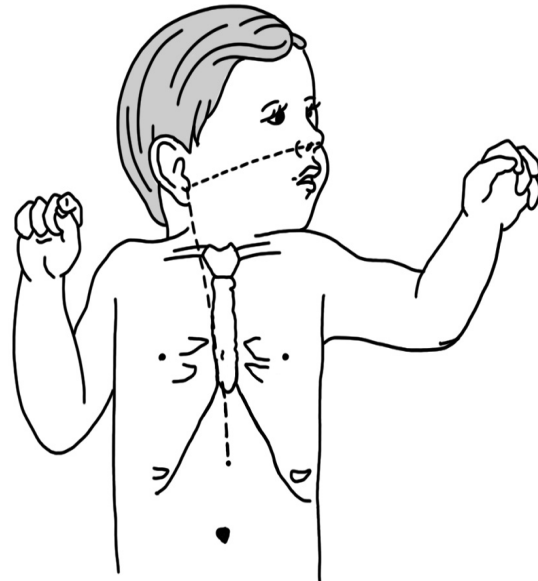


**Clean your hands
for 15 to 30 seconds
with soap and water.**

1. Clean the area with a household disinfectant and clean paper towels where you will be preparing the feeding. Keep the feeding equipment clean and dry.
2. Clean your hands with soap and water for 15 to 30 seconds. Rinse, then dry your hands with clean paper towels.

If your hands are not visibly dirty, you can use alcohol-based hand rub to clean them using the following steps:

1. Put enough alcohol-based hand rub to fill the palm of your hand.
 2. Spread the hand rub over all parts of your hands. Make sure to spread it around your nails and between your fingers.
 3. Rub hands until dry.
3. If possible, have your child blow his or her nose into a tissue. Look into your child's nostril to make sure it is not blocked.
 4. Measure how far the tube needs to go in. The tube needs to go in far enough to reach your child's stomach:
 - Hold the end of the tube at the tip of your child's nose.
 - Then, reach the tube to your child's ear lobe, and then mid-way between the bony notch at the end of the breastbone (xiphoid process) and belly button.
 - Make a line with the permanent marker at that spot on the feeding tube. This shows you how far it is to your child's stomach.
 5. Wrap the tubing around your fingers to loosen it. This will help the tube turn from the nose down into the esophagus.
 - If you are using a feeding tube with a stylet, skip this step.
 6. If your child is an infant or toddler, bundle the child or have a helper hold the child still for you.
 7. If your doctor tells you to use a numbing medicine, put it on the tip of the tube now.
 8. Put some water soluble jelly on the tip of the tube. It must be the kind of jelly that rinses away with water, like K-Y® jelly.



Measure how far the tube needs to go in.

9. Younger children will need to lie down and be held or bundled while you put in the tube. Older children may prefer to sit up.
10. Tilt your child's head down. This will help the tube pass more easily into your child's esophagus.
11. Aim the tube along the bottom of the nostril, toward the earlobe. When the tube is past the back of the nose, turn the tube a little so it can pass into your child's esophagus. For an older child, it may be helpful to drink some water through a straw during the tube placement to help get the tube down.
12. Put the tube in until the permanent marker line (from step 4) reaches your child's nose. Tape the tube to your child's face to make sure it does not move while you check placement.
 - If you use a tube with a stylet, remove the stylet before taping the tube to your child's face. Tape the tube to your child's face to make sure it does not move while you check placement. Then coil the stylet and save it in the wrapper it came in. You will need the stylet again if the NG tube comes out and has to be put back in.
13. All children react differently to having the tube placed; you will quickly learn how your child reacts. If you see an unusual reaction, pull the tube out and start over.

If your child coughs, chokes, gasps, turns blue or is unable to speak, take the tube out right away. These may mean that the feeding tube is in your child's breathing tube (**trachea**). If this happens, remove the tube right away. Your child's breathing should go back to normal.

14. Check placement of the NG tube. You must check to make sure the tube is in the stomach for all of the following:
 - when a new tube is placed
 - before you give your child medicine through the tube
 - before you start a feeding through the tube
 - when the permanent marker line on the tube (from step 4) has moved
 - once each day if your child is getting continuous feedings

You need to check two things to make sure the tube is in the stomach:

- 1) Look at the permanent marker line on the tube near your child's nose to be sure it has not moved (from step 4).
- 2) Put a syringe on the end of the tube and pull back on the syringe until a small amount of liquid is in the syringe. Remove the syringe and close the NG. Use the pH strips to test the pH of the liquid in the syringe. The tube is in the stomach if the pH is 5 or less.

If you are not able to pull back liquid from the tube, try the following steps:

- 1) Hold the 20 mL syringe in your hand and pull back the plunger of the syringe to hold 2 mL of air.
- 2) Place the syringe on the end of the NG tube and push the air into the tube. Slowly try to pull back liquid from the tube.

You can repeat these two steps again if you are not able to pull back fluid from the tube.

If you are still not able to pull back liquid from the tube, try the following steps next:

- 1) Have your child lie down on his or her left side. Then push the tube in 1-2 centimeters.
- 2) Hold the syringe in your hand and pull back the plunger of the syringe to hold 2 mL of air.
- 3) Place the syringe on the end of the NG tube and push the air into the tube. Slowly try to pull back liquid from the tube.

If you are still not able to pull back fluid from the tube, wait 15 minutes and try again.



Call your child's doctor if:

- you are not able to pull fluid from the NG tube into the syringe to check the pH.
- the pH of the fluid from the NG is greater than 5.

Important safety information:

- Some medicines can cause the pH to increase and will require an individualized plan for checking your child's tube placement. Ask your doctor how to check placement for your child if your child's medicines will affect the pH.
- If your child's fluid intake is being watched closely, ask your doctor for directions about replacing the fluid you took out of the tube to check the pH.

Do not start the feeding if:

- you are not sure the tube is in the stomach
- if the pH is greater than 5
- your child is having breathing problems
- your child is having difficulty talking
- your child is crying
- your child is in pain

Take the tube out right away if your child is:

- coughing
- choking
- gasping
- turning blue
- is unable to speak

15. When you are sure the tube is in the right place, additional tape may be needed to keep the tube from coming out or moving. Do not put tape on the nostril. It can make the nose sore and make it hard for your child to breathe.
16. Clean your hands again.
17. Connect the tube to the feeding pump. Set the pump as you were taught.
18. Start the feeding.

How to feed through a tube:

What you need for continuous or bolus feeding:

- prepared formula
- water from the sink
- 60 mL syringe

OR

- feeding bag and tubing set
- feeding pump, if using one
- pole to hold feeding bag and feeding pump
- feeding backpack or bag, if using one
- an empty syringe and pH strips to check placement
- other _____

Formula can be refrigerated or be at room temperature or slightly warmer before you give it. Drip two or three drops of formula on the inside of your wrist. The formula should not be hot.

Do not use a microwave to warm the formula. The formula can get too hot and burn the inside of your child's stomach.

1. Clean the area with a household disinfectant and clean paper towels where you will be preparing the feeding. Keep the feeding equipment clean and dry.
2. Clean your hands with soap and water for 15 to 30 seconds. Rinse, then dry your hands with clean paper towels.

If your hands are not visibly dirty, you can use alcohol-based hand rub to clean them using the following steps:

1. Put enough alcohol-based hand rub to fill the palm of your hand.
 2. Spread the hand rub over all parts of your hands. Make sure to spread it around your nails and between your fingers.
 3. Rub hands until dry.
3. Find the things you need to start the feeding.
 4. Check the placement of your child's NG tube (see pages 11-12, step 14 of Putting in the NG).
 5. Fill the 60 mL syringe or feeding bag with formula. Prime the tubing to make sure there are no air bubbles in the syringe or feeding bag.

6. Pinch the NG tubing and attach the syringe or feeding bag. Release the NG tubing and follow the instructions below for either a bolus or continuous feeding:

To give a bolus feeding by gravity:

- Hold the tip of the syringe higher than your child's head.
- Let the formula slowly flow in.
- If you raise the syringe, the formula will flow faster.
- If you lower the syringe, the formula will flow slower.
- Do not force the formula through the syringe by pushing. However, if the formula is not flowing in, you may need to attach the plunger to the end of the syringe and push in a little formula. Then remove the plunger and start the bolus feed over.
- Add more formula as the syringe empties until you have finished. Make sure to give the right amount of formula. If you refill the syringe before it gets empty, air will not get into the stomach.



Hold the tip of the syringe higher than your child's head.

To give a continuous feeding:

- The formula will flow into the NG tube at the rate you program in on the pump. Your child's medical team will tell you the rate of the feeding. This rate is written on page 4 of this booklet.
 - When using a feeding bag, keep the bag closed during the feeding. This helps keep germs out of the formula.
 - During continuous feeds, flush with 5 to 10 mL of warm water every 4 hours to keep the tube from clogging during the day. You **do not** need to wake up in the middle of the night to flush the tube.
7. Your nurse will show you how to tape the tubing during the feeding. If the tubing set slips out of the end of the NG tube, you may need to tape them together.
 8. Give the feed as ordered by your child's doctor.
 9. After the feed is finished, take apart the syringe or tubing set from the feeding tube.

10. Flush your child's NG tube with a little warm water from the sink after each feeding. Dried formula can clog the tube, so flushing with water keeps the tube from getting clogged.
 - For a baby: use 5 to 10 mL of water (1 measuring teaspoon is 5 mL)
 - For a child: use 15 to 30 mL of water (1 measuring tablespoon is 15 mL)
 - ____ mL of water as ordered by your child's doctor
11. After every feeding, rinse the syringe or feeding bag with warm water.
12. Once a day, clean the feeding bag, tubing set, and syringe with warm soapy water. Then rinse them with water well enough to get all the soap out. Clean the 60 mL syringe with a baby bottle brush. Let them air dry completely.
13. Use a new feeding bag as often as you are taught by your home care nurse.
14. For night drip feedings, plan the feeding so you and your child can have eight hours of sleep. In the summer, start with formula from the refrigerator and hang a bag of ice next to the formula to keep it from getting too warm and spoiling. You do not need to wake up in the middle of the night to add fresh formula.

Never change the amount or kind of formula you give without talking to your child's doctor.

If you do not use all the formula in the can, you can store the left over and use it later. The label on the formula should tell you how long the formula can be kept in a refrigerator before it needs to be thrown away. Put the formula in a closed container, write the date and contents on it, and keep it in the refrigerator. Do not keep left over formula in the open can.

How to give medicine through a feeding tube:

Medicine comes in many forms, such as liquid, tablets, and capsules. Medicine in a liquid form can go through the tube most easily. If your child's medicine is not a liquid, ask your doctor if the medicine can be changed to one that is a liquid.

Your child may have to take a medicine that does not come in a liquid form. If so, ask your doctor or pharmacist to find out how to prepare the medicine to give it through the tube.

If your child has both a feeding tube and a central line, use colored tape to mark each tube. Make sure you always put medicine in the right tube.

Ask your child's doctor or pharmacist if the medicine can be given with the formula. If it can, try to time the medicine dose around the feeding time. If possible, give medicine before a feeding. Ask your doctor or nurse if your child's medicines can be mixed into the formula.

If the medicine cannot be given near feeding time, give the medicine at least one hour before or 1 hour after a feeding.

Steps for giving a medicine:

1. Clean your hands.
2. Find the things you need to give medicine:
 - prepared and measured medicine in a syringe
 - a syringe with 5 mL to 15 mL of water from the sink (tap water)
 - an empty syringe and pH strips to check placement
3. Check the placement of your child's NG tube (see pages 11-12, step 14 of Putting in the NG).
4. Pinch the feeding tube together to prevent any contents from spilling out.
5. Attach the medicine syringe onto the feeding tube.
6. Release the pinch and slowly push all the medicine from the syringe through the tube.
7. After the medicine is in the tube, pinch the tube again and remove the medicine syringe.
8. Attach the syringe of water to the tube. Flush water through the tube, making sure all the medicine gets into your child's stomach. This water also rinses the tube so medicine will not clog the tube. Pinch the tube and remove the syringe.
9. Replace the cap on the feeding tube. If a feeding is due, set up to start the feeding.
10. Rinse the syringes with water after using them and let them air dry completely.
11. Clean your hands.

Problem solving:

If the nostril is clogged:

- Have your child blow his or her nose. For small children, you may use a bulb syringe to clear the nostril.

If the nostril gets sore:

- Tape the tube to your child's cheek, not the nose. Each time you put in a new tube, switch nostrils so that you do not use the same nostril that was used last time.

Throwing up when the tube is put in:

- Put the tube in several hours after a meal. This way, the stomach will be empty when the tube is put in.

Throwing up when the tube is taken out:

- Wait two hours after you turn off the feeding before you take out the tube.

Throwing up during the feeding:

- Make sure the tube is in the stomach (see pages 11-12, step 14 of Putting in the NG).
- If the tube is not in the right place, take it out and put it in again.
- If the tube is in the right place, start the feeding again. If your child throws up again, call your child's doctor.

Gagging:

- A little gagging is normal when the tube is being put in. If your child does not stop gagging, the tube may be coiled in the throat. Take out the tube and put it back in.

Trouble breathing:

- If your child coughs, chokes, gasps, turns blue around the lips or is not able to speak, remove the tube right away. These may mean that the feeding tube is in your child's breathing tube (**trachea**).
- If you are not sure the feeding tube is in the right place, take it out and put it in again. Remember to check placement after you put the NG back in.

Wrong amount of formula going in:

- If too much or too little formula is left over at the end of the feeding, check the settings on the pump.
- If you think the pump is not running right, call your home health care supplier. The pump may need to be replaced.
- If you are using a drip (gravity) set instead of a pump, check how fast the drops are falling. Make sure the tube is not clogged.

Red or sore skin on the cheeks:

- Your child's skin may be sensitive to the tape you are using. Ask your home health care supplier, nurse, or doctor for another type of tape.

Coughing the tube out during the feeding:

- Sometimes, the feeding tube may come out with heavy coughing. Coughing the tube out during the feeding does not mean your child cannot be fed through a tube. Stop the feeding, put the tube back in, make sure it is in the right place (see pages 11-12, step 14 of Putting in the NG) and finish the tube feeding.
- Ask your doctor, nurse, or respiratory therapist what to do for the cough.

Clogged NG tube:

- If the formula is not flowing through the tube easily, the tube may be blocked. If you are using a pump for feeding, the pump may stop running, or alarm to tell you the tube is clogged.
- If you think the tube may be clogged, put 5 mL to 10 mL of warm water into a syringe. Put the syringe on the end of the feeding tube, and try to push the water through. If it does not go in easily, the tube is clogged. If the tube is clogged, you need to take it out and put in a new one.
- Feeding tubes can get clogged if medicine that is put through the tube is not well dissolved or rinsed. This will not happen if you put 5 mL of water through the tube after you give medicine, flush between medicines, and before restarting the feeding.



Flush water through the tube, making sure all the medicine gets into your child's stomach.

Now that you've read this:

- Tell your nurse or doctor why your child is being fed through an NG tube. (Check when done.)
- Show your nurse or doctor how you put the NG tube into your child's stomach. (Check when done.)
- Show your nurse or doctor how you feed your child through the NG tube. (Check when done.)
- Tell your nurse or doctor what you will do if the NG tube gets clogged. (Check when done.)



If you have any questions or concerns,

- call your child's doctor or call _____

Tracking your child's growth:

Date

Height

Weight

Comments

If you want to know more about child health and illness,
visit our library at The Emily Center at Phoenix Children's Hospital
1919 East Thomas Road
Phoenix, AZ 85016
602-933-1400
866-933-6459
www.phoenixchildrens.org
www.theemilycenter.org
Facebook: [facebook.com/theemilycenter](https://www.facebook.com/theemilycenter)
Twitter: @emilycenter

Disclaimer

The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children's Hospital urges you to contact your physician with any questions you may have about a medical condition.

September 19, 2017 • In family review
#1824 • Written by Nancy Rayhorn, BSN, RN, CGRN and Andrea Polach, RN, BSN, CPN
Updated by Nicki Mitchell, MSN, RN, CPN
Illustrated by Dennis Swain, Irene Takamizu, and Christine Remmel

How to Care for Your Child with a Nasogastric (NG) Tube

Name of Health Care Provider: _____

Date returned: _____ db

Family Review of Handout

Health care providers: Please teach families with this handout.

Families: Please let us know what you think of this handout.

Would you say this handout is hard to read? Yes No

easy to read? Yes No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read? Yes No

Why or why not?

Would you do anything differently after reading
this handout? Yes No

If yes, what?

After reading this handout, do you have any
questions about the subject? Yes No

If yes, what?

Is there anything you don't like about the drawings?

Yes

No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

The Emily Center
Health Education Specialist
Phoenix Children's Hospital
1919 East Thomas Road
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Thank you for helping us!