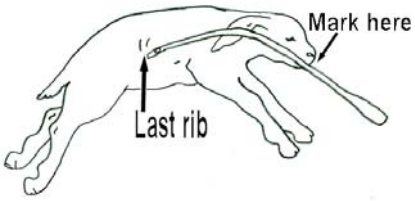
FEEDING A KID BY STOMACH TUBE

Needed: an 18 French feeding tube, 60 cc (cc = ml) syringe, water, colostrum

1. Only if kid is able to swallow and has a body temperature of >99ºF. If kid is unable to swallow, administer an IP dextrose injection (see next page). If kid is cold, warm promptly (monitor temperature so kid does not get overheated) and then tube feed. Note - Giving 50% dextrose orally sometimes revives weak but conscious kids enough to start swallowing.
2. Measure the feeding tube from the tip of the kid's nose straight to the level of the last rib and mark. This length from nose to rib is the amount of tube you'll want to insert.



3. Sit with the kid on your lap facing away from you. Hold his head so his mouth is level with his eyes. Pass the tube straight down the mouth past the cheek teeth down the esophagus and into the stomach. Some resistance is normal. Stop at mark.
4. You want the colostrum to go to the stomach and not choke the kid by going to its lungs instead. If the tube is in the correct place - in the esophagus rather than accidentally in the trachea (windpipe) - you will be able to feel it by rubbing your fingers along the neck between the trachea and the neck bones.
5. Indications that it went down the wrong pipe (trachea) are: kid coughing or unable to bleat, inability to see and feel the tube, tube stopping far short of the mark, or hearing breathing when you listen in tube.
6. Remove the tube if you are in the trachea and go through steps #3 - #5 again.
7. When you know the tube is in the correct place (i.e. you can feel the tube), inject 5 cc (cc = ml) of warm water into tube.
8. If the water doesn't flow, try pulling the tube out slightly, as you may be against the stomach wall. Reposition the tube back to pre-measured mark. If still no flow, remove tube and measure again.
9. Once flow into the stomach is confirmed, fit a 60 cc dosing syringe on the stomach tube. Be sure that the colostrum is at about 102 - 104ºF. Check with your wrist. Colostrum can be delivered by gravity, using the barrel of the syringe as a funnel, or can be injected slowly with the plunger of the syringe. *Be sure to warm up colostrum carefully using a hot water bath or double boiler set up rather than putting it directly on stove or in microwave because colostrum readily turns to cheese at high temperatures and antibodies will be destroyed.*

10. Rinse tube while tube is still in kid by injecting 5 cc of warm water into it.
11. Kink the tube by folding over the end and then pull it out of the kid while keeping the kid's head elevated.
12. Place the kid in an upright position. Prop kid up on its chest floor with a rolled up towel if necessary. (steps #11and #12 are to avoid aspiration pneumonia).

GIVING AN INTRAPERITONEAL (IP) DEXTROSE INJECTION TO A KID

1. This procedure is for very young kids that appear alive but comatose or far too weak to swallow. It is not indicated for older, severely weakened kids.
2. Prepare a 20% dextrose solution in a sterile 60cc syringe at a dose of 10 ml/kg body weight. (There are 2.2 lbs in a kg.) For example, an 11 lb kid (5kg) needs 5kg x 10ml/kg = 50ml of 20% dextrose solution. However, generally you will have a 50% dextrose solution. Since 20/50=0.4, you multiply 0.4 x 50 ml= 20 ml of 50% dextrose. You will dilute the 20ml of 50% dextrose with 30ml of boiled water to get 50ml of 20% dextrose. An 8 lb kid needs about 35 – 38 ml of solution (14 ml of 50% dextrose to 21 cc of boiled water) in a sterile 35 cc syringe. A 5 lb kid needs about 25 ml of solution (10 ml 50% dextrose to 15 ml of boiled water).
3. Warm solution to ~104ºF.
4. Hold the kid up by its front feet and let kid hang from your arm or between your legs.
5. Locate your targeted injection site, 1inch below and to the left of the umbilicus (where the umbilical cord enters belly) and clean if visibly dirty. You can use a marker to circle the site.
6. Using a sterile 19 or 20 gauge 1 inch needle (not on the syringe), enter the peritoneal cavity at a 45º angle aiming down towards the pelvis.
7. If blood, colostrum, or other fluids leak out of the needle hub, you have probably gone through an abdominal organ rather than into the intraperitoneal cavity. Pull out, get a new needle, and try again.

8. Please note, there is a risk for the kid of infection when you put the needle in alone because air can escape down into the body cavity. If you are sure the kid has not eaten, it is probably better to put the syringe directly on the needle. The disadvantage with this method is that if you pull back on the syringe and there is blood or colostrum in it, you will contaminate the dextrose solution and need to start over with a new batch and a new sterile syringe.
9. Once the needle is inserted without fluids being seen, attach the syringe to the needle and gently pull back to double check for blood, etc. Inject warm solution at roughly a 45º angle towards the rump (if a lump forms, the needle is only under the skin and needs to be deeper). Afterwards -warm kid up and give warm colostrum or milk, whichever is appropriate, when he/she revives.
10. To discourage possible infection from the IP dextrose injection, treat the kid with antibiotics SQ afterwards based on your veterinarian's recommendations.