

Gastric Aspirate Tips

1. Use a 10 french or larger feeding tube.
2. In addition to NPO, instruct parents to discourage their child from very active play.
3. Restrain the child very well. Wrap well in a sheet and then in a “papoose board”.
4. Encourage the parents to leave the room. The whole process takes less than 5 minutes.
5. Get everything ready before starting (the syringe needs to fit the NG tube).
6. Before placing the NG tube, measure the estimated length carefully and mark your goal length with a pen rather than a piece of tape.
7. As you insert the tube, stay away from the nasal septum and aim the tube straight down toward the bed (not up toward the nasal bridge).
8. If the child does not swallow as the tube passes into the throat, give a short puff into the child’s face. This frequently elicits a swallow and allows the tube to pass without coiling in the mouth.
9. Before putting any water down, check your stomach placement with a stethoscope.
10. If you don’t get mucus: Try advancing and withdrawing the tube several inches; try turning the child on the stomach, side, sitting up, etc.
11. Work hard to get a good specimen the first day - it is the best yield.
12. Three consecutive morning gastric aspirates have the best yield. Only one may be necessary for a child with a good presumed source case. Start the TB drugs after the second gastric aspirate (if the child is clinically stable).
13. Use each day of the specimen collection for history/physical and
TEACHING, TEACHING, TEACHING:
 - What TB is and how important it is to do aggressive contact investigation.
 - What the medications are; how to give the medications; what the side effects are.
 - The important role of the health department.
 - Remind parents that the yield of the gastric aspirates is only about 40% (even for known active TB) - so the test is only helpful if it is positive.
 - A negative test does not rule out TB!
14. To prepare the bicarbonate solution for neutralization, dissolve 2.5 grams NaHCO_3 in 100 cc deionized water. Filter the solution through a 45 μm filter. Add approximately 1.5 cc to each specimen and measure the pH. Adjust the pH of the specimen until it is neutralized.
15. For infants who feed frequently and do not sleep all night, collect several specimens in a single day and put them in the same container (after your lab confirms a neutral pH). Collect them after a long nap and before feeding. Babies have the very highest yield.