

To be filed in nursing notes

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

AFFIX PATIENT LABEL

Fine Bore Nasogastric Tube Insertion and Continuing Care Pathway in Adults

Ward / Area

General Instructions for Nursing Staff

1. Tube length estimated using the NEX _____ measurement.
2. Confirm position of NG tube before administration of feed, medicines or water. Attach a 60ml purple enteral syringe to the port-aspirate gastric contents (0.5-1ml). Test with CE marked pH paper. A pH of 5.5 or less confirms the tube is in the stomach and safe to use.
3. Check Dietitian Enteral feed Regime for daily instructions-if awaiting Dietetic assessment, use "out of hours" regimen available on the document library.
4. Ensure patient is in an upright / semi upright position (> 30 degree angle) at all times when feed is being administered
5. Flush NG tube as per dietitian protocol out of hours protocol before and after the administration of feed / medicines.
6. Check that tube fixation is secure
7. Observe at least daily for Nasal erosion.
8. Administer mouth care as per RCHT protocol.
9. Record patient observations & NEWS score.....Hourly
Refer to Medics if vital signs are abnormal (i.e. Raised Temp / Raised Respiratory Rate)

Identified Goal(s):

1. Maintain safe delivery of enteral feeds as per dietitian regime
2. Prevent tube blockage through an adequate flushing protocol
3. Monitor, detect and report complications of enteral feeding
4. Maintain patient comfort and dignity.

Insertion Details

Place of insertion:

Interventional Radiology Endoscopy
 Ward

Fine Bore Naso-Gastric Feeding

Tube insertion

Radio Opaque tubes MUST be used (NPSA compliant)
 Length: Gauge: 8f 10f 12f Other:

Fixation Method

Grip lock Y / N Nasal Bridle Y / N
 Mittens Y / N (ensure Mittens assessment tool completed)

Confirmation of correct tube placement

• **First line - Testing of gastric aspirate**

Aspirate pH 5.5 or less Y / N
 Record pH: Guide wire removed: Y / N

NB if aspirate can **not** be obtained at first attempt try again using trouble shooting guidance see RCH nasogastric guidelines.

Sign: Print:

Designation:

Date: Time:

Tube safe to use for feeding and medicines Y / N

• **Second line - X-ray confirmation**

Reserve for second line checking only if the tube position can not be confirmed by pH paper or if any doubt / concerns (ie difficult placement)

Continue to attempt first line testing method whilst awaiting X-Ray and cancel if NG aspirate obtained and pH 5.5 or less.

Guide wire removed Y/N
 Correct position confirmed by:

Sign: Print:

Designation:

Date: Time:

affix patient label

Fine Bore Nasogastric Tube Insertion and Continuing Care Pathway in Adults

Observation Care element				
Date				
Time				
Fine Bore feeding tube still required				
pH tested and equal to or less than 5.5 must be tested prior to administration of feed, fluids & medicines	pH	pH	pH	pH
Correct position marker on tube Insertioncmscmscmscmscms
Tube fixation clean and intact				
Nasal area checked for erosion				
Patient observations stable (Apyrexial / normal respiratory rate)				
Feed and flushes* (*sterile water) administered as per dietitian instruction or out of hours regimen (*Document amount on fluid balance chart)				
Correct patient position maintained $\geq 30^\circ$				
Flush prior, in- between and following administration of medications				
Mouth care administered				
Fluid balance chart completed				
Signature				
Print				

Care Plan activated by	Sign Print Designation	Care Plan shared with patient	Sign Print Designation
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