

File within 3rd spine

NHS number: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 CR number: \_\_\_\_\_

*Affix patient label*



Royal Cornwall Hospitals  
 NHS Trust

# Nasogastric Tube - Child Health

Care Plan commencement date	Care Plan completion date
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## Problem

\_\_\_\_\_ requires a nasogastric tube because \_\_\_\_\_.

## Goals

- Ensure patency of tube.
- Correct assessment of tube position prior to use.
- Maintain skin integrity.

## Interventions

### Assessment

Tube position must be assessed prior to every use following the checklist overleaf. Record tube insertion as hospital equipment and monitor as per guidance on Tissue Viability Assessment in Child Health Risk Assessment Pack CHA3590 V1.

Intervention must be stopped immediately and tube position should be re-assessed during use if you suspect it may have become displaced through the child coughing or vomiting or if the tape becomes unfastened.

Tube must not be used if you are unable to confirm gastric placement. Refer to NPSA / RCHT Nasogastric Tube Guidelines for next steps.

Tube must be flushed following every use to ensure patency and volume of flush must be recorded on child's fluid / feed chart.

Skin around and under tape should be visually assessed with every use to observe for signs of deterioration. Observation to be documented in child's notes.

Tube should be replaced in accordance with manufacturer's guidelines and where possible should be passed down alternate nostrils with each new tube.

Tube inserted on: \_\_\_\_\_ Frequency of change: \_\_\_\_\_  
 Type of tube: \_\_\_\_\_ Size of tube: \_\_\_\_\_

Other individual interventions	Sign, Designation Date and Time
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affix patient label

## Procedure

Date											
Time											
Length at nostril (cm)											
PH											
Checked by											

Date											
Time											
Length at nostril (cm)											
PH											
Checked by											

Date of insertion							
NEX (nose to ear to xyphisternum) measurement							
External Length							
Nostril used							
Aspirate obtained							
pH of aspirate							
X-ray required?							
Inserted by							
Care Plan activated by	Sign Print Designation	Care Plan shared with patient / parent	Sign Print Designation				