

# **Local Safety Standard for Insertion of Nasogastric/ Orogastric Tube (ADULT)**

### Sign In

(To be completed prior to commencement of the procedure)

- Patient identity confirmed  Yes
- Staff introduction to patient complete  Yes
- Explanation for insertion explained to patient  No  Yes
- If no, please justify: \_\_\_\_\_
- Is this patient deemed to lack capacity  No  Yes
- If patient lacks capacity is the capacity assessment documented in the patient notes  N/A  Yes
- If unable to give consent is best interest decision documented in medical notes  N/A  Yes

**Patient consent:**

- Verbal
- Best interest decision

**Clinical indication:**

- Feeding  Aspiration
- Decompression  Free drainage

Clinical indication for nasogastric/ orogastric tube documented  Yes

Any known Allergies or Sensitivities?  Y  N  
If Yes, please state: \_\_\_\_\_

- Contraindications reviewed  Yes
- Procedure occurring in core hours  No  Yes
- If no, please justify: \_\_\_\_\_
- Sedation required  No  Yes
- Handling of C-Spine confirmed  N/A  Yes
- Person competent in insertion of nasogastric/orogastric tube  No  Yes
- Operator supervised by trained operator  No  Yes
- Correct type and size of nasogastric/ orogastric tube available  Yes
- Correct size of bridle available (must match size of tube inserted)  N/A  Yes
- For a conscious patient a 'STOP' sign has been agreed  N/A  Yes
- All equipment available and in reach  Yes
- Appropriate lubrication applied  Yes
- Nose examined and nostril selected  Yes
- Universal indicator strips available  Yes

Staff Name (printed)	
Signature & date	DD / MM / YY

### Patient ID Sticker

### Sign out

(To be completed once procedure completed)

- Type of tube inserted \_\_\_\_\_ Size (fr) \_\_\_\_\_
- Brand of tube inserted \_\_\_\_\_
- Lot number \_\_\_\_\_ Expiry date DD / MM / YY
- Product reference \_\_\_\_\_
- Size of bridle inserted \_\_\_\_\_  N/A
- Lot number \_\_\_\_\_ Expiry date DD / MM / YY
- Nose - Ear - Xiphisternum measurement \_\_\_\_\_ cm
- External length \_\_\_\_\_ cm
- Guidewire removed  N/A  Yes
- Nostril used  Right  Left
- Aspirate obtained  No  Yes
- pH of aspirate on insertion \_\_\_\_\_
- Nasogastric/orogastric tube secured with \_\_\_\_\_
- X-ray required (refer to decision tree)  No  Yes
- Signature & Designation of person performing insertion:  
Signature \_\_\_\_\_  
Designation \_\_\_\_\_

Staff Name (printed)	
Signature & date	DD / MM / YY

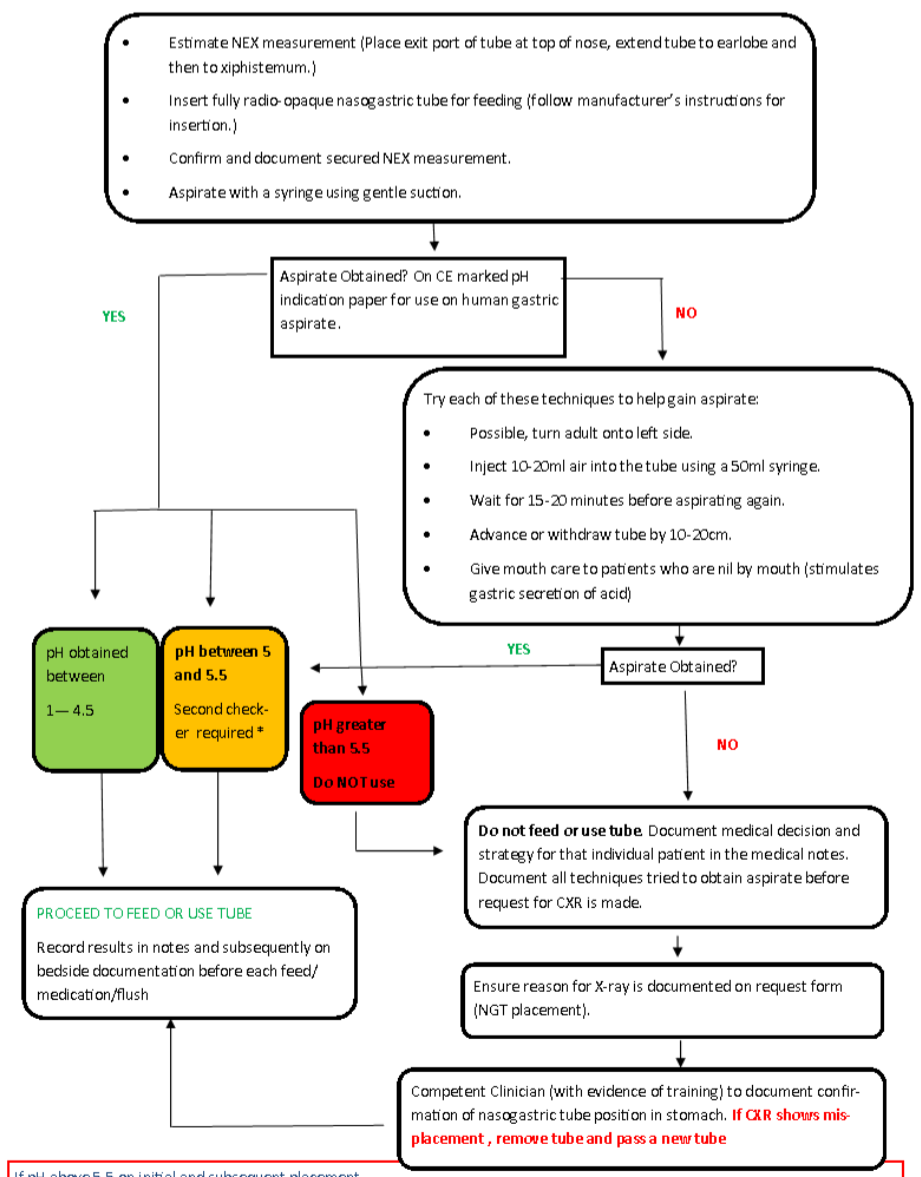
### Post procedural care

(to be completed if appropriate aspirate not obtained or x-ray completions on clinicians request)

- Date of X-ray \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_
- Name & Designation of person interpreting X-ray:  
Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Confirmation that X-ray is most current  No  Yes
- Follows the Oesophagus  No  Yes
- Bisects the Carina  No  Yes
- Crosses the diaphragm in the middle  No  Yes
- Tube is clearly visible below the diaphragm  No  Yes
- Tube safe to feed  No  Yes
- Person interpreting X-ray competent  Yes

Staff Name (printed)	
Signature & date	DD / MM / YY

#### Decision Tree for Nasogastric Tube Placement Checks in ADULTS



If pH above 5.5 on initial and subsequent placement checks, consider medication such as PPI which may alter pH. Try to aspirate as long as possible after giving medication. Feed, if feed is running continuously, stop feed for up to 60 minutes and try again.  
\*A second checker is used as an extra safety precaution when pH is 5.0-5.5. Minimising misinterpretation of pH strip colour values.

**NG/NJ/OROGASTRIC TUBE POSITION CHECKS**

Date and Time	pH of aspirate (Not NJ)	LOT no. of pH Universal Indicator paper	X-ray check if applicable	Marking at nose (cm)	Tube tape checked?	Nasal/oral mucosa intact?	Nasal Bridle In use?	Name and Signature of 1st checker	Name and Signature of 2nd checker (if applicable)
Date tube due for removal or replacement:									

Tube position must be documented:

- Prior to administration of feed / medications
- Following coughing / retching / respiratory distress / loose fixation tape.

Or

**NG/NJ/OROGASTRIC TUBE POSITION CHECKS**

Date and Time	pH of aspirate (Not NJ)	LOT no. of pH Universal Indicator paper	X-ray check if applicable	Marking at nose (cm)	Tube tape checked?	Nasal/oral mucosa intact?	Nasal Bridle In use?	Name and Signature of 1st checker	Name and Signature of 2nd checker (if applicable)
Date tube due for removal or replacement:									