**Appendix 2**

*Patient label here or*

Patient name

Patient date of birth

Hospital no.

**Nasogastric Tube Placement Checklist**

Complete for all the patients requiring nasogastric tube placement.

First line method of confirming nasogastric tube position is pH testing, X-ray confirmation only to be used if no aspirate obtained. No other tests are validated to check NG placement.

Initial placement or replacement of NG tubes should not occur overnight (between 20.00-08.00) unless considered

essential by patient’s Consultant

Guidance on ICID see: **Insertion and Care of Nasogastric Tubes in Adults**

**Reason for insertion:** Decompression  Nutrition  Medication 

|  |  |
| --- | --- |
| Date and time of insertion | Make and gauge of tube |
| Nostril used on insertion Circle **Left Right** | External tube length once secured (tube depth pen marked at nose) ---------- cms |
| Note: Medication may increase gastric pH and affect your decision making. Tick any medication currently prescribed |  Antacids – magnesium trisilicate, gaviscon H2 Antagonists – ranitidine, cimetidine Proton pump inhibitors – omeprazole, lansoprazoleIf on any of the above NPSA 2005 recommendchecking aspirate 1 hour after the medication dose toallow the stomach to empty and the pH to fall (NPSA 2005) or consider checking aspirate prior to administering drug. |
| Tube inserted by:Signature: | Printed name:Band: |
| **First line test method – gastric aspirate** |
| **First attempt to aspirate**Amount of aspirate obtained for testing ----------- mls | Aspirate pH =**If pH is 5.5 or above re-test after 1 hour** |
| Signature 1:Printed name:Band: Date and time: | Is it safe to commence feeding or administer medication? Please circle:**Yes No**( pH 5 or below it is safe to commence feeding or administer medication) |
|  |
| **Problems obtaining aspirate**?See Protocol for Insertion and care of nasogastric tubes on ICID | * Turn patient on right side
* Inject 10 -20mls air and wait 30 mins
* Advance NG tube 10 to 20 cms
 |
| **Second attempt to aspirate**Amount of aspirate obtained for testing ----------- mls | Aspirate pH = **If pH is 5.5 or above re-test after 1 hour** |
| Signature 1:Printed name:Band: Date and time: | Is it safe to commence feeding or administer medication? Please circle:**Yes No** |

Second line test method: chest x-ray To be used when aspirate failed

All X-ray requests for confirming position of NG tubes must clearly indicate purpose of X-ray on X-ray request form. The Nasogastric tube placement checklist must be sent with the patient for completion in Radiology to ensure confirmation is recorded appropriately on this sheet which is then to be filed in the patient notes. If x-ray required overnight because the risk of delay in feeding or administering medication outweigh the risk of interpretation of tube position, then this decision and its rationale must be clearly documented in the patient’s notes. Where this has not been documented by the responsible consultant, a discussion must be held with the Medical SPR on call.

|  |  |
| --- | --- |
| Patient details | Consultant Ward |
| Date and time of CXR interpretation  |  |
| 1. Is this the most current x-ray?
 | Yes 🞏 |
| 1. Is the x-ray for the correct patient?
 | Yes 🞏 |
| 1. Does the tube follow the oesophagus/avoid the contours of the bronchi?
 | Yes 🞏 |
| 1. Does the tube clearly bisect the carina on the main bronchi?
 | Yes 🞏 |
| 1. Does it cross the diaphragm in the midline?
 | Yes 🞏 |
| 1. Is the tip clearly visible below the left hemi diaphragm?
 | Yes 🞏 |
| 1. Verified safe position to feed at the time of the x-ray was taken

(sections a, b, c, d, e and f must be answered “yes” before confirming) | Yes 🞏No 🞏 |
| Signature |  |
| Printed name |  |
| Grade |  |
| Bleep number |  |