# INSERTION OF NASOGASTRIC TUBE (NGT) CHECKLIST

## SIGN IN
*To be completed by the individual who is inserting the NGT*

- [ ] Confirm all individuals have introduced themselves.
- [ ] Patient identity and procedure has been confirmed.
- [ ] Risks and benefits considered/documentated.

Confirm operator appropriately:
- [ ] Trained  **OR**  [ ] Supervised

Consent:
- [ ] Verbal  [ ] Non-verbal
- [ ] Unable, ensure rationale (e.g. best interest) documented.

Allergy relevant to procedure (e.g. adhesive tape)?
- [ ] No  [ ] Yes, specify:

NGT insertion location:
- [ ] Non-theatre  [ ] Theatre under GA – move to **TIME OUT**

Rationale for insertion explained to patient/carer:
- [ ] Yes  [ ] No, justify:

NGT being inserted within core hours?
- [ ] Yes  [ ] No, justify:

Any concerns expressed by the patient or operator?
- [ ] No  [ ] Yes, specify:

Confirm:
- [ ] Over 1-hour since food/medication taken:  [ ] N/A  [ ] Yes
- [ ] Patient is in an upright position:  [ ] N/A  [ ] Yes
- [ ] Agree a ‘STOP’ sign with the patient:  [ ] N/A  [ ] Yes

## TIME OUT
*To be completed by the individual inserting the NGT before procedure is commenced*

- [ ] Correct type and size of nasogastric tube chosen which meets the patient’s needs.
- [ ] All equipment fit-for-purpose and within reach.
- [ ] NGT is not kinked and the guidewire (if present) is locked onto the end port.
- [ ] Hands have been washed and gloves are worn.
- [ ] Nose examined, and best nostril selected.

CE marked pH indicator strips for human aspirate available?
- [ ] Yes  [ ] No, justify:

Nose-ear-xiphisternum (NEX) distance measured and appropriate NGT length selected/marked:
- [ ] Yes  [ ] No, justify:

## SIGN OUT
*To be commenced after the procedure is finished and completed fully before NGT use*

Individual inserting NGT to confirm:
- [ ] Inserted to the correct insertion point.
- [ ] Marked at the entry to the nose with a permanent mark.
- [ ] Secured by an appropriate fixator/dressing.
- [ ] NGT care pathway *commenced*.

Aspirate obtained from NGT?
- [ ] No, the NGT is **NOT SAFE** to use for fluids, drugs or feed.
- [ ] Yes:
  - If pH is between 5-6, get a second opinion on value.
  - If pH<5.5, the NGT is **SAFE** to use.
  - If pH>6, the NGT is **NOT SAFE** to use, see over page.

Chest x-ray (CXR) required?
- [ ] No, as aspirate obtained and documented pH<5.5.
- [ ] No, as NGT is to be removed.
- [ ] Yes, confirm ordered by:
  - If CXR required, NGT is **NOT SAFE** to use until correct position radiologically confirmed and documented on NGT pathway.

- [ ] NGT care pathway *updated*.

Signatures and printed names:
- Individual inserting NGT:  [ ] Date:
- *Individual confirming NGT position:*  [ ] Time:
- Supervisor (if present):  [ ] Location:

**Specialty Documents**

CDDFT Local Safety Standard for Invasive Procedures v2 3-6-18 (review date December 2019)
INSERTION OF NASOGASTRIC TUBE (NGT) CHECKLIST

This LocSSIP applies to all nasogastric tubes inserted in adult and paediatric patients within CDDFT acute and community sites. It is primarily designed for use by a single operator inserting an NGT where after products (drugs, water or feed) are to be administered and therefore risk being misplaced. It is acknowledged that it is not possible to complete all checks for patients under general anaesthesia and under such circumstances, the SIGN IN should be commenced but at the point indicated, the operator should move to the TIME OUT. The SIGN OUT is divided into two sections to be completed by the INERTER and position CONFIRMER independently although in practice, this may be the same person.

This LocSSIP does not specifically apply to patients under general anaesthesia who receive an orogastric or nasogastric tube temporarily in theatre where the intention is to remove the tube prior to the patient being woken. If the NGT is retained however, then this LocSSIP must be commenced (in retrospect if necessary) prior to the patient leaving theatre and the appropriate checks to confirm NGT position must occur before use.

**Must-do procedural steps**

1. **To ensure compliance with best practice:**
   a. CDDFT’s nasogastric tube procedural checklist and pathway must be used.
   b. The operator must be a competent individual or supervised during insertion.
   c. Registered Nurses must meet the WASP Competency Framework for the Insertion and Management of Nasogastric Tubes. Paediatric nurses must have completed a face-to-face training session every 3 years. Medical staff must comply with the content of this procedural LocSSIP.
   d. The correct type and size of NGT must be chosen which meets the patient’s needs.

2. **To ensure the comfort of a conscious patient during the insertion process:**
   a. The operator must explain and document the rationale for insertion to the patient/parent/carer.
   b. If possible, the patient must be placed in a comfortable position and a ‘STOP’ sign agreed before commencing insertion.

3. **To ensure the NGT is inserted to the correct distance and movement of the NGT is restricted/can be detected visually:**
   a. If possible, the operator must measure the nose-ear-xiphisternum (NEX) distance and use this measurement to guide the length of NGT insertion.
   b. Following insertion, the NGT must be marked at the point it enters the nasal passage and the centimetre marking documented on the NGT pathway.
   c. The NGT must be secured with the appropriate fixator/dressing.

4. **It is only safe to administer drugs, water or feed down an NGT following confirmation of its correct position in the stomach (USE OF A MISPLACED NGT = A NEVER EVENT):**
   a. The individual confirming position must ensure that pH testing indicates the aspirate to be of a pH<5.5. In the absence of clear evidence of the NGT aspirate showing a pH<5.5, a chest x-ray (CXR) must be ordered and the correct position must be confirmed and documented by a competent individual before the NGT is used.

Associated guidelines:

- Guideline for the Insertion and Management of Nasogastric Tubes in Adults and Children GUID/CSS/0014.
- CORPAKU Nasogastric Placement and Certification (CDDFT Lifelong Learning Directory).
- Clinical Specialist Services Area LocSSIP describing all NatSSIP principals which apply to this invasive procedure and checklist.

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