


# INSERTION OF A PAEDIATRIC NASOJEJUNAL TUBE (NJT) CHECKLIST

SIGN IN <i>To be completed by the individual inserting the NJT before commencing procedure</i>		SIGN OUT <i>To be commenced after the procedure is finished and completed fully <u>before</u> NJT use</i>
<input type="checkbox"/> Confirm all individuals have introduced themselves. <input type="checkbox"/> Patient identity and procedure has been confirmed. <input type="checkbox"/> Risks and benefits considered/documented.	<input type="checkbox"/> Nose-ear-xiphisternum-right iliac fossa distance measured and appropriate NJT length selected/marked.	<p><b>Individual <u>inserting NJT</u> to confirm:</b></p> <input type="checkbox"/> Gastric pH<5 or interim CXR obtained during insertion. <input type="checkbox"/> Guidewire removed and disposed of correctly. <input type="checkbox"/> Marked at the entry to the nose with a permanent mark. <input type="checkbox"/> Secured by an appropriate fixator/dressing. <input type="checkbox"/> Chest x-ray (CXR) has been ordered by: <p><b>Individual <u>inserting NJT</u> to record:</b></p> Size of NJT inserted (FG): <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 Length of NJT (cm at nose): <p><b>*Individual <u>confirming NJT position (ST3<sup>+</sup>)</u> to complete:</b></p> <input type="checkbox"/> CXR confirms the NJT is in correct position. <input type="checkbox"/> CXR confirms the NJT is NOT in the correct position. <p style="color: red;"><b><i>The NJT is <u>NOT SAFE</u> to use until the correct position has been radiologically confirmed and the responsible individual has signed below*.</i></b></p>
<b>Confirm operator appropriately:</b> <input type="checkbox"/> Trained <b>OR</b> <input type="checkbox"/> Supervised	<input type="checkbox"/> CORFLO® (polyurethane) <u>non-weighted</u> enteral feeding tube of the correct size being used.	
<b>Consent:</b> <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Unable, ensure rationale (e.g. best interest) documented.	<input type="checkbox"/> NJT has been flushed with 5 ml sterile water, is not kinked and the guidewire is locked onto the end port.	
<b>Allergy relevant to procedure (e.g. adhesive tape)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	<input type="checkbox"/> CE marked pH indicator strips for human aspirate available to confirm interim gastric placement.	
<b>Rationale for insertion explained to patient/carer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, justify:	<input type="checkbox"/> Hands have been washed and gloves are worn.	
<b>NJT being inserted within core hours?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, justify:	<input type="checkbox"/> Nose examined and best nostril selected.	
<b>Any concerns expressed by the patient or operator?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	<input type="checkbox"/> There are no contra-indications to NJT insertion.	
<b>Confirm:</b> Over 1-hour since food/medication taken: <input type="checkbox"/> N/A <input type="checkbox"/> Yes Patient is in the optimum position: <input type="checkbox"/> N/A <input type="checkbox"/> Yes Agree a 'STOP' sign with the patient: <input type="checkbox"/> N/A <input type="checkbox"/> Yes	<input type="checkbox"/> It is understood that an <u>interim</u> CXR <u>may</u> be required to confirm position when the NJT is thought to be in the stomach but no gastric aspirate is obtained or the pH≥5.	
<b>AFFIX BAR CODED PATIENT LABEL HERE</b>	<b>Signature and printed name:</b> Individual inserting NJT: _____ Date: _____ *Individual confirming NJT position: _____ Time: _____ Supervisor (if present): _____ Location: _____	Specialty Documents 

# INSERTION OF A PAEDIATRIC NASOJEJUNAL TUBE (NJT) CHECKLIST

This LocSSIP applies to all paediatric nasojejunal tubes inserted within CDDFT. It is designed for use by a single operator inserting an NJT where after drugs, water or feed are to be administered and therefore risk being misplaced. The SIGN OUT is divided into two sections to be completed by the INSERTER and position CONFIRMER respectively although in practice, this may be the same person. **Must-do procedural steps:**

1. To ensure compliance with best practice:
  - a. CDDFT's nasojejunal tube procedural checklist **must** be used.
  - b. CORFLO® (polyurethane) **non-weighted** enteral feeding tubes **must** only be used.
  - c. The operator **must** be a competent individual or supervised during insertion.
  - d. Registered Nurses **must** meet the WASP Competency Framework for the Insertion and Management of Nasojejunal 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.
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 insertion process is carried out to the maximum level of safety:
  - a. An NJT **must never** be inserted into an unstable child and the inserter **must stop** advancing immediately a child becomes unwell during insertion (consider perforation).
  - b. Following confirmation of gastric placement, the guidewire **must** be removed and disposed of correctly.
  - c. Following confirmation of gastric placement, the NJT should be advanced by 2 cm every 30 minutes until the correct insertion length is reached.
  - d. The NJT **must never** be advanced forcefully if air cannot easily be flushed during insertion.
4. To ensure the NJT is inserted to the correct distance and movement of the NJT is restricted/can be detected visually:
  - a. The operator **must** measure the nose-ear-xiphisternum-right iliac fossa distance and use this measurement to guide the length of NJT insertion.
  - b. Following insertion, the NJT **must** be marked at the point it enters the nasal passage and the centimetre marking documented.
  - c. The NJT **must** be secured with the appropriate fixator/dressing.
5. **It is only safe to administer drugs, water or feed down an NJT following confirmation of its correct position in the jejunum (USE OF A MISPLACED NJT = A NEVER EVENT):**
  - a. The individual inserting the NJT **must** ensure the gastric aspirate pH is <5 before proceeding to advance into the jejunum. If gastric aspirate cannot be obtained or the pH ≥5 then a CXR **must** be ordered at this stage before the NJT is advanced further.
  - b. A CXR **must** always be obtained at the end of the procedure and confirmation of correct NJT placement documented by a competent individual (ST3 or above).
  - c. The NJT length **must** be checked prior to commencement of feed to ensure displacement has not occurred. If in doubt, a further CXR **must** be obtained before feeding.

Associated guidelines:

- Care Group Area LocSSIP describing all NatSSIP principals which apply to this invasive procedure and checklist.