

INSERTION OF NASOGASTRIC TUBE (NGT) CHECKLIST

SIGN IN <i>To be completed by the individual inserting the NGT</i>	TIME OUT / INSERTER SIGN-OUT <i>To be completed by the individual inserting the NGT</i>	POSITION CHECK <i>To be completed before use by the individual/s confirming NGT position</i>
<p>NGT insertion location:</p> <input type="checkbox"/> Non-theatre <input type="checkbox"/> Theatre or Resus – move to TIME OUT <p><input type="checkbox"/> Confirm all individuals have introduced themselves.</p> <p><input type="checkbox"/> Patient identity and procedure has been confirmed.</p> <p><input type="checkbox"/> Risks and benefits considered and documented.</p> <p>Consent:</p> <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Unable, ensure rationale (e.g. best interest) documented. <p>Confirm operator appropriately:</p> <input type="checkbox"/> Trained OR <input type="checkbox"/> Supervised <p>Allergy relevant to procedure (e.g. adhesive tape)?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: <p>Rationale for insertion explained to patient/carer?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No, justify: <p>NGT being inserted within core hours?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No, justify: <p>Any concerns expressed by the patient or operator?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: <p>Confirm:</p> <p>Patient conscious and free of head injury: <input type="checkbox"/> N/A <input type="checkbox"/> Yes</p> <p>Over 1-hour since food/medication taken: <input type="checkbox"/> N/A <input type="checkbox"/> Yes</p> <p>Patient is in an upright position: <input type="checkbox"/> N/A <input type="checkbox"/> Yes</p> <p>A 'STOP' sign is agreed with the patient: <input type="checkbox"/> N/A <input type="checkbox"/> Yes</p> <p>Maximum of 3 attempts will be made: <input type="checkbox"/> N/A <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> Correct type and size of NGT chosen which meets the patient's needs:</p> <p style="margin-left: 20px;">NGT size: <input style="width: 50px;" type="text"/> FG and make: <input style="width: 100px;" type="text"/></p> <p><input type="checkbox"/> All equipment fit-for-purpose and within reach.</p> <p><input type="checkbox"/> NGT is not kinked and the guidewire (if present) is locked onto the end port.</p> <p><input type="checkbox"/> Hands have been washed and gloves are worn.</p> <p><input type="checkbox"/> Nose examined and best nostril selected.</p> <p><input type="checkbox"/> CE marked pH indicator strips available.</p> <p><input type="checkbox"/> Contra-indications to insertion considered (see policy).</p> <p>Nose-Ear-Xiphisternum (NEX) distance measured?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes: <input style="width: 50px;" type="text"/> cm <p>Following insertion record:</p> <p>Number of attempts taken: <input style="width: 50px;" type="text"/></p> <p>NGT marked at entry to nose: <input style="width: 50px;" type="text"/> cm</p> <p>Nostril used: <input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p>Fixator used: <input type="checkbox"/> Nasal tube retention system</p> <p style="margin-left: 20px;"><input type="checkbox"/> Tape or dressing</p>	<p>Aspirate obtained from NGT using a 50 ml syringe?</p> <p><input type="checkbox"/> No, the NGT is NOT SAFE to use for fluids, drugs or feed until correct position has been radiologically (CXR) confirmed.</p> <p><input type="checkbox"/> Yes, record pH: <input style="width: 50px;" type="text"/>, name: <input style="width: 100px;" type="text"/>*</p> <p style="margin-left: 20px;">If pH<5.5, the NGT is SAFE to use.</p> <p style="margin-left: 20px;">If pH is between 5-6, get a second opinion on value.</p> <p style="margin-left: 40px;">Name of second opinion: <input style="width: 100px;" type="text"/></p> <p style="margin-left: 20px;">If pH>6, the NGT is NOT SAFE to use, see over page.</p> <p>Chest X-ray (CXR) required?</p> <input type="checkbox"/> No, as NGT is to be removed before use. <input type="checkbox"/> No, as aspirate obtained and documented pH<5.5. <input type="checkbox"/> Yes, confirm ordered by: <input style="width: 100px;" type="text"/> <p style="margin-left: 20px;"><input type="checkbox"/> NGT follows path of oesophagus and bisects carina.</p> <p style="margin-left: 20px;"><input type="checkbox"/> NGT crosses diaphragm in midline.</p> <p style="margin-left: 20px;"><input type="checkbox"/> NGT seen on left side below diaphragm.</p> <p style="margin-left: 40px;">Name of individual reviewing CXR/report: <input style="width: 100px;" type="text"/>*</p> <p>Method ultimately used to confirm NGT is safe to use:</p> <input type="checkbox"/> One person confirming NGT aspirate pH<5.5. <input type="checkbox"/> Two individuals confirming NGT aspirate pH<5.5. <input type="checkbox"/> Correct position confirmed on CXR. <p><input type="checkbox"/> Guidewire removed, NGT secure and any complication clearly documented and safeguarded if appropriate.</p>
AFFIX BAR CODED PATIENT LABEL HERE	<p>Signature, printed name, designation and GMC/NMC number:</p> <p>Individual inserting NGT: _____ Date: _____</p> <p>Clinical Supervisor (if present): _____ Time: _____</p> <p>*Individual confirming NGT is safe-to-use: _____ Location: _____</p>	Specialty Documents

INSERTION OF NASOGASTRIC TUBE (NGT) CHECKLIST

This LocSSIP applies to all NGTs inserted in adult/paediatric patients within CDDFT acute/community sites. The decision to insert a NGT for the purpose of feeding **must** be made following careful assessment of risks and benefits by at least two competent health care professionals including the senior doctor responsible for the patient's care. It may not be possible to complete all checks for patients during general anaesthesia or resuscitation and under such circumstances the checklist should be started at the **TIME OUT** and the **SIGN IN** 'struck through' to ensure it is clear non-completion was intentional. The **TIME OUT must always** be completed (even retrospectively) as it is essential the LocSSIP remains with the patient and the **POSITION CHECK** completed before use. 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 post-operatively however, the LocSSIP **must** be retrospectively completed from the **TIME OUT** before the patient leaves theatre to ensure the **POSITION CHECK** occurs 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. Other checklists/stickers provided with equipment **must not** be used.
 - b. The operator **must** be a competent individual (see NGT policy) or supervised during insertion.
 - c. All Nurses **must** meet the WASP Competency Framework for the Insertion and Management of NGTs and **must** have completed a face-to-face training session every 3 years.
 - d. Medical staff **must** comply with the content of this procedural LocSSIP and NGT Policy for confirmation of NGT position.
 - e. The correct type and size of Trust-approved, fully radio-opaque, 'ENFit' 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 and 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 within the **INSERTER SIGN-OUT** section.
 - c. The NGT **must** be secured with the appropriate fixator and **must never** be flushed before gastric aspirate pH is checked and position confirmed.
4. **It is only safe to administer drugs, water or feed down an NGT following confirmation of 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 medical practitioner before the NGT is used (see NGT policy).
 - b. Before a CXR is ordered, the individual attempting to confirm NGT position **must** follow all steps described in the NGT Policy to gain aspirate.
 - c. The individual/s confirming the NGT is safe-to-use **must** always enter their name, designation, professional registration number and sign where indicated.
 - d. For CXRs reported by a radiologist (CDDFT/external), the individual signing to confirm NGT position is the doctor who has reviewed the radiology report.

Associated guidelines:

- Guideline for the Insertion and Management of Nasogastric Tubes in Adults and Children GUID/CSS/0014.
- Reducing the Risk of Feeding Through a Misplaced Feeding Tube (CDDFT Lifelong Learning Directory).