

Lothian Enteral Tube Feeding Best Practice Statement

<b>NASOGASTRIC / OROGASTRIC TUBE CARE</b>		
<b>ISSUE</b>	<b>STATEMENT</b>	<b>EVIDENCE / REFERENCE</b>
How to check correct Nasogastric / Orogastric tube placement	<p><u>General information</u></p> <ul style="list-style-type: none"> <li>Fully radio-opaque tubes with markings to enable accurate measurement, identification and documentation of their position should be used.</li> </ul> <p><u>Routine method for checking nasogastric tube placement</u></p> <ul style="list-style-type: none"> <li>Aspiration is the routine method for checking placement of nasogastric / orogastric tubes.</li> <li><b>Radiography is recommended but should not be used 'routinely'</b>. It is the most reliable method it is not always possible or practical.</li> </ul> <p><u>Aspiration</u></p> <ul style="list-style-type: none"> <li>Test aspiration with pH paper: pH 5.5 or less</li> <li>The pH paper should have 0.5 graduations and be CE marked</li> <li>If the aspirate has a pH of 6 or more, this indicates that it may possibly be bronchial secretions. <b>Do not feed</b>, leave for an hour and try again.</li> <li>Medication which could elevate the pH level are antacids, H2 antagonists and proton pump inhibitors. An individual risk assessment should be completed for patients taking such medications and this should include testing and documenting the pH of the initial aspirate.</li> <li>If there is difficulty obtaining an aspirate: <ul style="list-style-type: none"> <li>Turn the patient on their side</li> <li>Inject air (1-5mls for infants and children, 10-20mls for adults) using a 20 or 50ml syringe. Wait 15-30 minutes and try again. Injecting air will dispel any residual fluid in the tube and may also dislodge the exit port of the nasogastric tube / orogastric from the gastric mucosa. <b>Do not carry out auscultation.</b></li> <li>If the patient is alert, has an intact swallow and is perhaps only on supplementary feeding and is thus eating and drinking. Ask them to sip a coloured drink and aspirate the tube. If coloured fluid is obtained then the tube is in the stomach.</li> </ul> </li> </ul> <p>Refer to Appendix 1 Decision tree for checking Nasogastric tube placement in Adults</p> <p>Methods which must <b>not</b> be used to check tube placement</p> <ul style="list-style-type: none"> <li>Auscultation of air insufflated through the nasogastric / orogastric tube</li> <li>Testing aspirate using blue litmus paper</li> <li>Interpreting the absence of respiratory distress as an indicator of correct position</li> <li>Monitoring bubbling at the end of the tube</li> <li>Observing the appearance of the aspirate</li> </ul>	<p>National Patient Safety Agency (2011) Patient Safety Alert: Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants. NPSA/2011/PSA002</p> <p><a href="http://www.nrls.npsa.nhs.uk/resources/?entryid45=129640&amp;p=2">http://www.nrls.npsa.nhs.uk/resources/?entryid45=129640&amp;p=2</a></p> <p>Refer to Insertion and Care of Nasogastric Feeding Tubes (Adult) Initial Competency:</p> <p><a href="http://intranet.lothian.scot.nhs.uk/NHSLothian/Corporate/A-Z/Clinical%20and%20Corporate%20Learning/ClinEducationTrain/Clinical%20Skills/PreCourse%20Workbooks%20and%20Competencies/IC%20-%20Insertion%20and%20Care%20of%20Nasogastric%20Feeding%20Tubes%20-%20Adult%20v2%20May%202012.pdf">http://intranet.lothian.scot.nhs.uk/NHSLothian/Corporate/A-Z/Clinical%20and%20Corporate%20Learning/ClinEducationTrain/Clinical%20Skills/PreCourse%20Workbooks%20and%20Competencies/IC%20-%20Insertion%20and%20Care%20of%20Nasogastric%20Feeding%20Tubes%20-%20Adult%20v2%20May%202012.pdf</a></p> <p>Refer to the Procedure for the Insertion and Care of Nasogastric (NG) Feeding Tubes in Adults Clinical Policy:</p> <p><a href="http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/ClinicalGuidance/General/Nasogastric%20feeding%20tube%20insertion.pdf">http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/ClinicalGuidance/General/Nasogastric%20feeding%20tube%20insertion.pdf</a></p> <p>NICE (2006) Nutrition support in adults – Oral nutrition support, enteral tube feeding and parenteral nutrition</p> <p><a href="http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/ChildrensServices/PoliciesGuidelines/TeachingGuidelines/Documents/ngfeeds.pdf">http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/ChildrensServices/PoliciesGuidelines/TeachingGuidelines/Documents/ngfeeds.pdf</a></p> <p><a href="http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/ChildrensServices/PoliciesGuidelines/TeachingGuidelines/Documents/ngpassing.pdf">http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/ChildrensServices/PoliciesGuidelines/TeachingGuidelines/Documents/ngpassing.pdf</a></p>

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ISSUE	STATEMENT	EVIDENCE / REFERENCE
Frequency of checking Nasogastric / Orogastric tube placement	Check Nasogastric / Orogastric tube position: <ul style="list-style-type: none"> <li>▪ Following initial tube insertion</li> <li>▪ Before commencement of each feed</li> <li>▪ Before medications are administered</li> <li>▪ Following evidence of tube displacement, e.g. loose tape or the visible tube appears longer</li> <li>▪ Following episodes of vomiting, retching or coughing</li> </ul>	National Patient Safety Agency (2011) Patient Safety Alert: Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants. NPSA/2011/PSA002  <a href="http://www.nrls.npsa.nhs.uk/resources/?entryid45=129640&amp;p=2">http://www.nrls.npsa.nhs.uk/resources/?entryid45=129640&amp;p=2</a>
Frequency of changing Nasogastric / Orogastric tube	Follow manufacturer's guidance.  Nasogastric / orogastric tubes should not be re-used, except if it is a 'single patient use' tube which may be reused, if considered appropriate. Only Nasogastric tubes licensed for feeding should be used	



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	Jejunal feeding may cause looser stools – check feed composition, osmolality, osmolarity and feeding rate if symptoms worsen.	
Frequency of changing Nasojejunal tube	Refer to manufacturer's recommendations	

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**Decision tree for Checking Naso-Gastric tube placement in ADULTS**

