

# Appendix 1

## NHS Ayrshire & Arran Finebore Nasogastric Tubes Confirmation of position record

**USE A NEW FORM FOR EACH**

**Write or attach label**

HCR No: .....

CHI No: .....

Surname: .....

Forename: ..... Sex: .....

Hospital      UHA            UHC        
                     ACH            Biggart        
Ward

**INITIAL PLACEMENT (refer to Placement Instructions)**

**Tube size                      Tube type                      Batch No.**

Date tube inserted	Nostril	Tube marked with indelible pen	pH	Position confirmed by pH	Position confirmed by x-ray when indicated	Comment	Signature
__ / __ / __ Review Date (28days - adults) __ / __ / __	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Limit mark</b> _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes		

**If the pH is greater than 5.5 or there is no aspirate, it should always be assumed that the NG feeding tube is in the wrong place and that a chest X-ray is required to determine the tubes position.**

Chest x-rays to check tube placement must be requested by a qualified professional (doctor or ANP).

Chest X-ray confirmation of the position of tube must be made by a consultant radiologist. This should be done within **an hour** of x-ray being carried out (9 - 5pm Monday-Sunday).

The Chest X-ray confirmation should then be documented below by patient's medical team.

I confirm that the chest x-ray undertaken on the \_\_ / \_\_ / \_\_ at \_\_: \_\_ hours confirms the nasogastric tube tip is in the stomach and safe to be used for feeding.

Doctor's Signature ..... Print Name ..... Page No .....

Date \_\_ / \_\_ / \_\_ Time \_\_ / \_\_.

**\*\*\*\*WHEN USING A NEW TUBE**

**REMEMBER TO USE A NEW FORM\*\*\*\***

Prior to pH testing, flush NG tube with 5ml of air to remove any residual water.

**SUBSEQUENT USAGE**

**Nasogastric tubes can become displaced.** It is essential that the position of the tube is confirmed and the pH of gastric aspirate is recorded at **EVERY** occurrence of the circumstances listed. **Use the following codes when completing the continuation information on this page.**

Codes (one code only please):

1. Prior to commencing every feed or water given.
2. Prior to administration of medicine
3. After an episode of retching/coughing/vomiting
4. After each episode of oropharyngeal suctioning
5. New or unexplained respiratory symptoms or if oxygen saturation decreases
6. If displacement of tube is suspected i.e. limit mark has moved or external length has changed
7. At least once daily during continuous feeds.
  - **If pH is less than or equal to 5.5 then commence use of the NG tube**
  - **If pH is greater than 5.5 then feeding should not commence until the following have been eliminated:**

- Has the patient had an episode of retching / coughing / vomiting?      **Yes  No**
- Has the patient had an episode of oropharyngeal suctioning?              **Yes  No**
- Has the limit mark and length of tube at the patients nostril changed? **Yes  No**

If the answer to **ALL OF** the above is **NO** it is unlikely that the tube has moved, **BUT**

Is the patient on a proton pump inhibitor, H<sub>2</sub> antagonist or antacid?              **Yes  No**

If **YES** to above then **this pH result must be discussed with multi-professional team regarding appropriate action to be taken. Outcome & rationale for decision must be documented within patient's records.**

Reason for checking pH of aspirate <b>Use one code only</b>	Date	Time (24 hr format)	Limit mark checked Record tube length	pH	Comments	Signature
			Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>			

**WHEN USING A NEW TUBE** 1. Use a new form. 2. Enter the information in the table overleaf.

**STOP FEED & SEEK MEDICAL ADVICE IMMEDIATELY FOR ANY NEW OR UNEXPLAINED RESPIRATORY SYMPTOMS**