**Decision Tree for nasogastric tube placement checks in ADULTS**

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### Does the patient need an NGT?
- Ensure there is enough expertise available to insert and interpret findings of both pH and CXR (if needed)
- Using a fully radio-opaque tube with visible external markings following the Trust guidelines
- Estimate NEX measurement (tube tip from Nose – around the Ear - Xiphisternum)
- Aspirate using a purple enteral syringe and gentle suction. Confirm and document secured NEX measurement

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**Test aspirate on 2-5mls (5mls for Critical Care pts) using CE marked pH indicator paper for use on human aspirate.**

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**Aspirate obtained?**

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**DO NOT USE** - try each of these techniques to help gain an aspirate:
- Check length tube inserted to NEX measurement advance/withdraw tube by 5-20cms
- If able to drink, give a small drink
- Give mouth care to pts who are nil by mouth (stimulates gastric secretion)
- Inject 10-20mls air down tube
- Move patient onto their left side and retry
- Wait for 20-60 minutes and try aspirating again

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**Is pH aspirate now 0 - 5.5?**

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**DO NOT USE THE TUBE** If aspirate cannot be obtained or is still above pH 5.5
Consult medical staff. Document the medical decision and strategy for that individual patient in the medical notes. Document all techniques tried to obtain aspirate before request for CXR is made.

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**Subsequent checks**
- pH recordings and length tube inserted at nostril in cms (NEX measurement) **MUST** be made and recorded on bedside documentation before each use e.g. aspiration feed/medication/flush or if cause for concern.
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**If the CXR shows the NGT to be in the lungs the tube must be removed immediately and a new tube passed**