

ADULT RECORD OF INSERTION OF NASOGASTRIC TUBE

Please *complete and insert* in patients current **medical notes** prior to use.

Reason for NG placement :-

- Feeding Medication
 Drainage

Patient Name:
NHS No.....
Hospital No.....
DOB.....
Ward.....

(Fix Addressograph label)

NG tube details and size

- Fine Bore Ryles Drainage/Feed Tube Size..... (fr)

Length to which tube inserted at nostril even if under direct vision in cms.....

- R L Nostril Lot num.....

Insertor: Print name..... Sign.....Date:.....Time:.....

1st line test 2-5mls (5mls for critical care pts) of aspirate from NGT

pH result No aspirate **If pH 5.5 or below NG tube can be used**

If pH > 5.5 or no aspirate repeat after 30 minutes (refer to NGT policy)

pH result No aspirate

Checker: Print name.....Sign.....Date.....Time

If no aspirate or pH >5.5 after 2 tests then a CXR is required to confirm NGT position. It should be requested before 4pm.

2nd line test Most recent CXR used Y/N, Confirmed correct position on PACS Y/N

Position confirmed by Radiologist on CXR using :-

- Follows oesophagus, avoids contours of bronchi
- Clearly bisects the carina/bronchi
- Crosses the diaphragm in the midline
- Tip visible below left hemi-diaphragm

Does Radiologist report indicate the tube can be used safely for feeding/meds/drainage? **Yes / No**

Report checked by a competent practitioner :-

Time.....Date.....

Print name:.....Sign:..... Bleep.....