

This **ALERT** applies to-

## Healthcare professionals involved in the management of patients with Nasogastric feeding tubes

### Learnings-

Between the period 2004 - 2009, thirteen patient safety incidents resulting from misplaced nasogastric feeding tubes were notified to the CIS. The Incidents can be categorised as follows: 4 near miss events, 4 mild adverse events, 3 moderate events, 1 severe event and one catastrophic event resulting in death. Caution is advised when placing NG tubes as there is a risk of misplacement during insertion particularly with fine bore NG tubes that can present the risk of migration from the stomach. **Note- this alert does not replace the clinical judgement of the Healthcare professional**

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### SAFETY

- ☑ **Recommended Practice**
- ☑ Individual risk assessment is required prior to insertion of a nasogastric tube.
- ☑ Fully radio-opaque tubes with markings are required to enable accurate measurement, identification and documentation of tube position.
- ☑ Radiography is recommended but should not be used routinely. Development of local policies is recommended. Specific groups of patients will require an abdominal X-ray to ensure that the nasogastric tube is in the correct position e.g. patients such as those in intensive care units, neonates, comatose, semi-comatose patients.
- ☑ Measuring the pH of aspirate using appropriate pH indicator strips/paper is recommended at least once per nursing shift.
- ☑ If the pH is < 5.5 gastric placement of tube is confirmed. If the pH >5.5 do not feed. Seek advice.
- ☑ Note the pH will be affected by anti-secretory agents e.g. H2 Blockers and Proton Pump Inhibitors

### DANGER

- The “whoosh” test( auscultation of air insufflated through the feeding tube) should not be used – this method has proven to be unreliable in determining the correct position.
- Do not test acidity/alkalinity using blue litmus paper. Blue litmus paper has been deemed not sensitive enough to distinguish between bronchial and gastric secretions.
- The absence of respiratory distress should not be misinterpreted as an indicator of correct positioning.
- If there are concerns regarding tube position, no aspirate obtained and/or the clarity of the colour change on the pH strips, feeding should not commence. Seek medical advice. Consider replacement of tube and /or checking by X-ray.