

## INITIAL PLACEMENT NG TUBE

SAFETY  
PACK

### Step 1. Placing NG tube

1. Obtain Informed Consent or best interest decision made
2. Prepare Equipment
3. Prepare Patient
4. Take NEX Measurement  
*(as seen on Diagram 01)*
5. Insert NGT
6. Aspirate and follow traffic light
7. Remove Guidewire *(If NG tubes is Radio-opaque guidewire not needed for X-ray confirmation. Refer to local policy)*

**NB: Placement and on-going checks MUST be recorded in patients notes as per local policy!**

### Rapid Response Report NPSA/2012/RRR001 states;

- **NOTHING** should be introduced down the tube before gastric placement has been confirmed
- **DO NOT FLUSH** the tube before gastric placement has been confirmed
- Internal guidewires/stylets should **NOT** be lubricated before gastric placement has been confirmed

#### Enteral UK

Blackwood Hall Business Park,  
North Duffield, Selby, North Yorkshire, YO8 5DD

T: +44 (0)1757 282 945

F: +44 (0)1757 600 545

Designed in collaboration with Leeds Teaching Hospitals and Yorkshire Quality and Safety Research Group (YQSRG)

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### Step 2. How To Check NG Tube Position At Initial Placement

Confirmation on method according to patient safety alert NPSA/2011/PSA002

✓ NEX Measurement  
Correct

As per Diagram 01

## CHECK ASPIRATE

✓ pH value obtained indicates safe  
to feed as per local policy\*

**IT IS SAFE  
TO FEED**

## NO ASPIRATE

- No coiling in mouth
- Change patient position
- Perform mouth care
- Flush NGT with AIR
- Offer drink if patient has a safe swallow
- Wait at least 15-30 minutes
- Advance or withdraw NGT

Problem solving solutions as per Diagram 02

## RE-ASPIRATE AFTER EACH TECHNIQUE

## DO NOT FEED IF:

1. NO aspirate or
2. pH value GREATER than  
pH level agreed for safe  
feeding in local policy\*

## REQUEST AN X-RAY

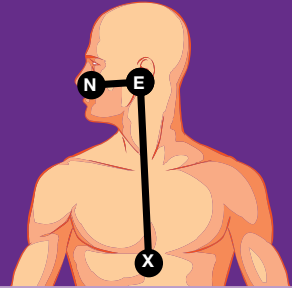
X-ray position must be confirmed  
by someone trained and assessed  
to do so

\* NPSA Alert NPSA/2011/PSA002 States pH 5 or less is safe to feed, between pH value 5-5.5 a check is require by second competent person.

## Diagram 01

### HOW TO TAKE NEX MEASUREMENT

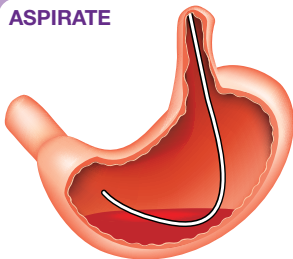
**N:** NOSE  
**E:** EARLOBE  
**X:** XYPHOID



## Diagram 02. TIPS if Aspirate is difficult to obtain

Tube may be above fluid level

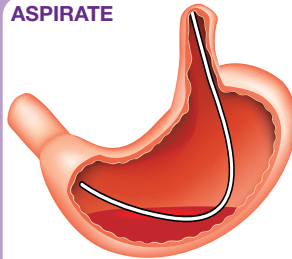
### ASPIRATE



Turn patient onto their side  
This may allow the tip of the nasogastric tube to enter the gastric fluid pool.<sup>1</sup>

Tube may be in the small bowel

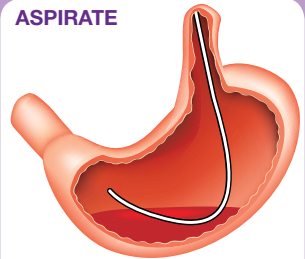
### ASPIRATE



pH will normally be 6-8 and  
bile will usually be present.  
Withdraw tube in 2-3cm  
increments testing at each  
increments up to 20cm.

Tube may be occluded in Mucosa

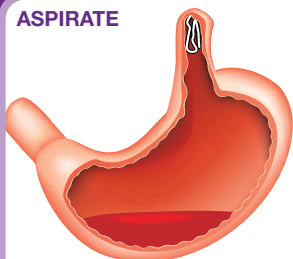
### ASPIRATE



Advance or withdraw tube  
5cm or aspirate with smaller  
syringe. Change patients  
position to alternative side.  
Refer to local policy!

Tube may be in Oesophagus

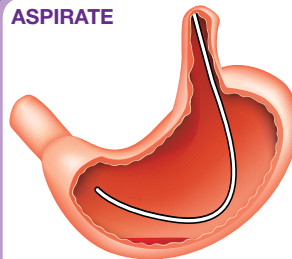
### ASPIRATE



Advance the tube by 1-2cm  
for infants and children or  
10-20cm for adults advancing  
the tube may allow it to pass  
into the stomach if it is in the  
oesophagus. Refer to local  
policy!<sup>1</sup>

There may be no fluid in the stomach

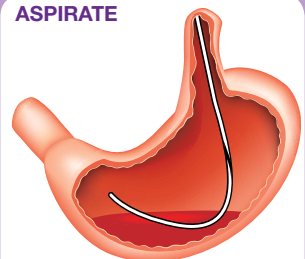
### ASPIRATE



Having injected air and tried  
smaller syringe wait 15-30  
minutes, change patients  
position to alternative side.

Tube may be occluded

### ASPIRATE



Tube may be kinked  
or occluded with debris.  
Inject air (1-5ml for children,  
10-20ml for adults) using  
a 20ml or 50ml syringe and  
try again. Refer to local  
policy!<sup>1</sup>

<sup>1</sup> This is NOT a testing procedure: DO NOT carry out auscultation of air ('whoosh' test) to test tube position. Advice does not replace local policy's!