Adult Patients Receiving Enteral Feeding via a Naso-gastric or a Naso-jejunal feeding Tube

Nasogastric (NG) tube feeding is common practice and thousands of tubes are inserted daily without incident. There is a risk that the tube can become misplaced into the lungs during insertion, or move out of the stomach at a later stage. **The Trust protocol has been updated to comply with NPSA recommendations and enhance the safety of patients receiving enteral feeding via these tubes.**

**Important changes:**

- Detailed checklists have been introduced
- Stickers confirming details of initial tube placement must be inserted in patient’s medical notes
- Separate guidance is given for 1. initial placement and 2. subsequent position checks
- Measurement of the external length has been introduced for cases where a pH of <5.5 cannot be obtained. If in doubt following these measurements, a chest Xray should be obtained. Please ensure you are recording information about the current NG tube, patients often have several during an admission.

**The latest version of the protocol should be ordered through Oracle, PS00143**

Please ensure that all previous versions are removed from wards

The protocol can be viewed on StaffRoom: [policies and procedures > clinical > nutrition and dietetics](https://staffroom.yorkhospitals.nhs.uk)

E-learning packages are available on the LearningHub;

**All nurses involved with NG or NJ feeding** should complete ‘Training for nurses: NG placement and on-going care’: [https://learninghub.yorkhospitals.nhs.uk/](https://learninghub.yorkhospitals.nhs.uk/)

**All doctors** should complete, ‘Nasogastric Tube (NGT) Xray Placement’, which includes safe x-ray interpretation: [https://learninghub.yorkhospitals.nhs.uk/](https://learninghub.yorkhospitals.nhs.uk/)

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