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!

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

- **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

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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

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* 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

<table>
<thead>
<tr>
<th>Tube may be above fluid level</th>
<th>Tube may be in the small bowel</th>
<th>Tube may be occluded in Mucosa</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASPIRATE</strong></td>
<td><strong>ASPIRATE</strong></td>
<td><strong>ASPIRATE</strong></td>
</tr>
<tr>
<td>Turn patient onto their side</td>
<td>pH will normally be 6-8 and</td>
<td>Advance or withdraw tube 5cm</td>
</tr>
<tr>
<td>This may allow the tip of the</td>
<td>bile will usually be present.</td>
<td>or aspirate with smaller</td>
</tr>
<tr>
<td>nasogastric tube to enter the</td>
<td>Withdraw tube in 2-3cm</td>
<td>syringe. Change patients</td>
</tr>
<tr>
<td>gastric fluid pool.¹</td>
<td>increments testing at each</td>
<td>position to alternative side.</td>
</tr>
<tr>
<td></td>
<td>increments up to 20cm.</td>
<td>Refer to local policy!</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tube may be in Oesophagus</th>
<th>There may be no fluid in the stomach</th>
<th>Tube may be occluded</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASPIRATE</strong></td>
<td><strong>ASPIRATE</strong></td>
<td><strong>ASPIRATE</strong></td>
</tr>
<tr>
<td>Advance the tube by 1-2cm</td>
<td>Having injected air and tried</td>
<td>Tube may be kinked</td>
</tr>
<tr>
<td>for infants and children or</td>
<td>smaller syringe wait 15-30</td>
<td>or occluded with debris.</td>
</tr>
<tr>
<td>10-20cm for adults advancing</td>
<td>minutes, change patients</td>
<td>Inject air (1-5ml for children,</td>
</tr>
<tr>
<td>the tube may allow it to pass</td>
<td>position to alternative side.</td>
<td>10-20ml for adults) using</td>
</tr>
<tr>
<td>into the stomach if it is in</td>
<td></td>
<td>a 20ml or 50ml syringe and</td>
</tr>
<tr>
<td>the oesophagus. Refer to local</td>
<td></td>
<td>try again. Refer to local</td>
</tr>
<tr>
<td>policy!¹</td>
<td></td>
<td>policy!¹</td>
</tr>
</tbody>
</table>

¹ 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!