



Date:		Unit:	
Nurse/Doctor assessed:			
Non-Compliant:	<80% compliance		
Compliant:	80-100% Compliance		

Equipment required:			
1. Live baby/ suitable mannequin	2. Sticker/Tape to label	3. 6 Fg nasogastric tube	
4. 2ml syringe	5. Non-sterile gloves	6. Sterile water ampoule	
7. pH indicator (litmus) paper	8. Hydrocolloid dressing (extra thin)	9. Opsite / micropore/ hypofix tape	
10. Receiver	11. TB Co/skin prep wipe		

Scenario

State: "A 1.56 kg baby boy was born at 32 weeks gestation. He was clinically stable. IV antibiotics were administered. He was commenced on NNL and NGT EBM feeds were to be commenced. Demonstrate the insertion of an NGT tube"

NO.	INDICATOR	NC	C	Comment
1.	Communicates with mother			
2.	Identifies baby-checks ID band information			
Prepares equipment and baby				
3.	Ensures the baby is kept warm			
4.	Ensures good light source available			
5.	Cleans hands with ABHR (hand spray) until dry			
6.	Removes NG tube and measures the distance from the nostril to the ear lobe and then to the halfway point between xiphisternum and umbilicus			
7.	Marks the depth with a felt tip pen or narrow strip of plastic tape			
8.	Flushes NG tube with water to check patency			
9.	Places NG tube and litmus in receiver			
10.	Swaddles baby			
Prepares for surgically clean technique				
11.	Performs full antiseptic wash			
12.	Dons non-sterile gloves			
<i>State: "How would you decide whether to place an oro-gastric or naso-gastric tube?"</i>				
13.	If baby has moderate/severe respiratory distress or is on nCPAP place orally. Otherwise place nasally.			
Inserts the NG tube				
14.	Lubricates the tube with water or in baby's mouth			
15.	Flexes the baby's neck slightly and gently passes the NGT into one nostril			
16.	Angles the NG tube down to the posterior pharyngeal wall and advances until the mark is at the nostril			
17.	Works quickly but gently (does not force tube down)			
Checks position and secures NG tube				
18.	Aspirates stomach contents and checks with pH strips (or litmus). (pH 1-5.5/ Litmus turns pink) NB Litmus no longer recommended			
19.	Prepares skin with skin prep or TB Co			
20.	Applies hydrocolloid strip to cheek			
21.	Secures NG tube to cheek according to unit policy with as small a piece of tape as possible			
Records procedure				
22.	Attaches date to end of NG tube (preferably plastic covered eg sticky tape)			
23.	Records in clinical record			
A. Totals:				

Knowledge check		NC	C	
<i>State: "What should you do if you cannot obtain any aspirate?"</i>				
24.	Inject 1-5ml of air to remove blockage and aspirate again after 15-30 min (Auscultation of air is no longer acceptable)			
25.	Adjust by 1-2cm up or down			
26.	Confirm with a CXR (CXR not routine for tube placement confirmation)			
<i>State: "If the tube does not pass through both the nostrils, what clinical condition would you suspect & what would you do? "</i>				
27.	Choanal Atresia			
28.	Pass orogastric tube			
29.	Report to MO			
<i>State: "How frequently should the tube be changed?"</i>				
30.	Every week			
<i>State: "Please tell me 2 complications of NG insertion?"</i>				
31.	Malposition: lung/oesophagus/intestine; vasovagal response causing apnoea and bradycardia; trauma-perforation of oesophagus/stomach; aspiration			
B. Total				
A. Total brought forward				
Combined Totals				
Compliant total / 31				
Final Percentage X100 =				%

In Discussion with the Individual:	
Gaps Identified:	
Action Plan:	

Assessed by:			
Sign:		Print:	
		Desig:	