** Risk Assessment for Continuous Overnight Nasogastric Tube Feeding**

**Appendix 2**

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| --- | --- | --- | --- | --- |
| **Risk type** | | **Tick as appropriate** | **Description of service delivery:** | |
| Premises | |  | **The delivery of continuous overnight feeding via nasogastric tube in the community setting.** | |
| Hazardous substance (chemical or biological | |  |
| Process/activity | |  |
| Fire | |  |
| Equipment | |  |
| Service delivery | |  |
| Other (please specify) | |  |
| **Directorate & Service:** | Specialist Children and Young People’s Service (SCPYS).  Community Children’s Nursing Service | | **Location** | Appleby Health Centre, Joyce Campbell Clinic (Newham) |
| **Assessor:** | Bianca Gardiner (Practice Development Facilitator) | | **Assessment date:** | May 2022 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazards/risks** | **Current control measures** | **Additional controls (if column 3 inadequate)** | **Risk Rating:**  **(remaining risk when all controls are implemented – i.e. columns 3 & 4) – Refer to Trust Management Strategy re risk rating)** | **Risk priority**  **(Low, Medium or High)** |
| Child becomes entangled in feeding tubes.  Risks:  Injury  Strangulation | This method of feeding is discouraged/avoided where possible.  Where NGT is required for >6 months, referral for gastrostomy insertion is made | Identify risk and share with nurse development steering group and clinical governance group.  Policy to restrict the use of continuous overnight feeding via nasogastric tube unless there are exceptional circumstances.  Consultant paediatrician to write a letter of responsibility for child who is discharged home on overnight nasogastric tube feeds. Child will not be accepted by CCNS unless this has been received.  Where NGT is required for >3 months, referral for gastrostomy insertion is made | 5 | High |
| Nasogastric tube becomes displaced  Risks:  Aspiration  Chest infection  Death | This method of feeding is discouraged/avoided where possible  Where NGT is required for >6 months, referral for gastrostomy insertion is made | Identify risk and share with nurse development steering group and clinical governance group.  Policy to restrict the use of continuous overnight feeding via nasogastric tube unless there are exceptional circumstances.  Consultant paediatrician to write a letter of responsibility for child who is discharged home on overnight nasogastric tube feeds. Child will not be accepted by CCNS unless this has been received.  Where NGT is required for >3 months, referral for gastrostomy insertion is made | 5 | High |
| NGT removed entirely overnight  Risks:  Dehydration  Hypoglyceamia | This method of feeding is discouraged/avoided where possible  Where NGT is required for >6 months, referral for gastrostomy insertion is made | Identify risk and share with nurse development steering group and clinical governance group.  Policy to restrict the use of continuous overnight feeding via nasogastric tube unless there are exceptional circumstances.  Consultant paediatrician to write a letter of responsibility for child who is discharged home on overnight nasogastric tube feeds. Child will not be accepted by CCNS unless this has been received.  Where NGT is required for >3 months, referral for gastrostomy insertion is made | 5 | High |