**Nasogastric Tube Placement Checklist**

**Appendix 8**

This checklist should be completed for all patients requiring nasogastric tube placement, on insertion and on all subsequent insertions, before administration of water, artificial nutrition or medication via the nasogastric tube. Within the Coburn Unit this should be kept at the patient’s bedside notes.

|  |  |
| --- | --- |
| **Patient Name:** |  |
| **NHS Number:** |  |
| **DOB:**  |  |
| **Clinical setting:**  |  |

**Nasogastric tube insertion/reinsertion**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date and time of insertion |  |  |  |  |  |  |
| Type of tube *(brand &**Long or short term* ***LT/ST*** |  |  |  |  |  |  |
| Size NGT (Fr) |  |  |  |  |  |  |
| NEX measurement |  |  |  |  |  |  |
| External length once secured |  |  |  |  |  |  |
| Nostril used **L/R** |  |  |  |  |  |  |
| Aspirate obtained **Y/N** |  |  |  |  |  |  |
| pH of aspirate (if obtained) |  |  |  |  |  |  |
| x-ray required **Y/N** |  |  |  |  |  |  |
| Inserted by: |  |  |  |  |  |  |

**X-ray interpretation (if applicable):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date and time of x-ray interpretation |  |  |  |  |  |
| Is this the most current x-ray? **Y/N** |  |  |  |  |  |
| Is the x-ray for the correct patient? |  |  |  |  |  |
| X-ray results. *E.g. “NG has passed down the midline past level of diaphragm and deviates to the left, it is safe to feed via the NGT”* |  |  |  |  |  |
| X-ray interpreted by:  |  |  |  |  |  |