

Standard Operating Procedure (SOP)

Insertion of nasogastric tubes in paediatrics

Date of Issue

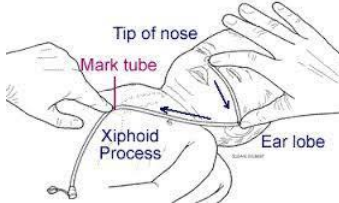


University Hospitals
of North Midlands
NHS Trust

The purpose of this SOP is to ensure safe and appropriate use of nasogastric tubes in paediatrics

This SOP links to Trust Policy C20 (Nutrition policy).

Part A: Insertion of naso gastric tube

No.	Description of Procedural Steps
1	<p>Ensure use of NG tube has been agreed by the medical team (Gastro team if long term use planned) and there are no contra-indications.</p> <ul style="list-style-type: none">• Cranio-facial and upper airway deformities• Maxillo-facial trauma• Recent oral/nasal or oesophageal surgery• Severe gastro/oesophageal reflux• Basal skull fracture• Low platelets/clotting disorders <p>The rationale for use should be clearly documented in the patient's notes.</p>
2	Prepare Child and family for procedure and gain verbal consent
3	Gather equipment (NG tube, sterile water, pH strips, 20 or 60ml syringe, gloves, hydrocolloid dressing, zinc oxide tape or film dressing, tape measure and drink or dummy if appropriate)
4	Get the child/ young person into a comfortable position with support if required.
5	<p>Measure NEX measurement using a single patient use tape measure.</p> 
6	Prepare to complete the procedure using ANTT
7	Apply hydrocolloid dressing to the cheek on the side of nostril selected.
8	Lubricate tip of NG tube with sterile water.
9.	Gently pass tube into the child's nostril. Advancing it along the floor of the nasopharynx to the oropharynx.
10.	Encourage child/ infant to suck or swallow to assist tube to pass down the oesophagus.
11.	Advance tube until NEX measurement is reached.
12.	Lightly secure tube with tape.
13.	Remove guide wire if present (can be before or after aspiration)
14.	Aspirate tube with a 20 or 60ml enteral syringe.



Standard Operating Procedure (SOP)

Insertion of nasogastric tubes in paediatrics

Date of Issue



University Hospitals
of North Midlands

NHS Trust

No.	Description of Procedural Steps
15.	Confirm tube has reached the stomach using the NPSA decision tree.
16.	Secure NG to face well (cut trouser legs into the tape to reduce NG peeling it off)
17.	Record all information in the patient's notes using the locSIP.

FOI REF 264-2223

