



UHNS/2011

079

8th August
2011

Safety Alert



Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants (NPSA/2011/PSA002)

Introduction:

Nasogastric tube (NGT) feeding is common practice and thousands of tubes are inserted daily without incident. However, there is a risk that the tube can be misplaced in the lungs during insertion, or move out of the stomach at a later stage.

During 2009/10, there were 41 Never Events reported to the NPSA where a misplaced naso or orogastric tube was not detected prior to use. Evidence from the Never Event reports suggests there are issues with x-ray interpretation and there may be increased risks from nasogastric placement or x-ray checking at night.

Action required:

Second line test method: X-ray confirmation

X-ray is used only as a second line test when no aspirate can be obtained or pH indicator paper has failed to confirm the location of the nasogastric tube. When x-ray confirmation is required:

- I. The request form must clearly state that the purpose of the x-ray is to establish the position of the nasogastric tube for feeding.
- II. It is the radiographer's responsibility to ensure that the nasogastric tube can be clearly seen on the x-ray to be used to confirm tube position.
- III. X-rays must only be interpreted and nasogastric tube position confirmed by someone assessed as competent to do so.

Healthcare professionals are reminded that PACS windows can be manipulated to improve contrast and visualisation.

X-ray for confirmation of NGT position for feeding should be avoided out of hours where at all possible. If there is any difficulty in interpretation the advice of a radiologist should be sought. Contact can be made via the Radiology SpR reporting room on 3547/3549.

Any nasogastric tubes identified to be in the lung should be removed immediately, whether in the x-ray department or clinical area.

Documentation following X-ray should include:

- Who authorised the x-ray;
- Who confirmed the position of the nasogastric tube? This person must be evidenced as competent to do so;
- Confirmation that any x-ray viewed was the most current x-ray for the correct patient.
- The rationale for the confirmation of position of the nasogastric tube, i.e. how placement was interpreted, and clear instructions as to required actions.

Deadline for action: 12 September 2011

Contact details:

For further information or advice regarding this alert, please contact:
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