

# Emergency Department NG TUBE CHECKLIST

AGH	
WRH	

<Name>	<Age>	<DoB>	<Hosp number>	<NHS Number>	<ED episode number>
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**BEFORE THE PROCEDURE Indication:**

	Yes	No		Yes	No
Patient Identity checked as correct?			Any drug Allergies (eg. plaster)?		
Appropriate Consent completed?			Is suitable Drain and Equipment available?		
Any contra-indications ? Coagulopathy / Base of Skull # / Previous sphenoidal surgery			Are there any concerns about this procedure for the patient or its timing?		
Agree 'STOP' signal with patient if applicable			NG Tube is radio-opaque		

**NEX Measurement** (bridge of nose to ear lobe to bottom of Xiphisternum)

**TIME OUT**

	Yes	No		Yes	No
Patient is adequately Oxygenated ?			Anaesthetist aware if patient ventilated		
Patient position is optimal			Team members identified & roles assigned		
Record any concerns in 'Notes' section			Base of skull # ruled out		

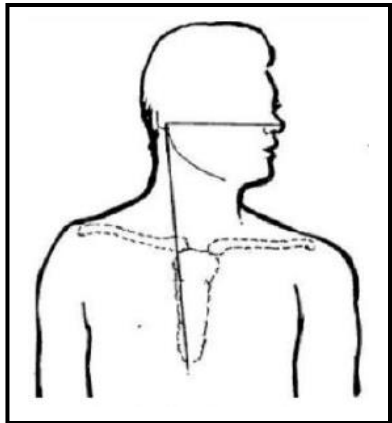
**DURING PROCEDURE**

**\*Nothing should be placed down the NG Tube till placement confirmed\***  
**\*Any signs of distress, for example gasping or cyanosis, remove the tube immediately\***

Hands Washed and Gloves & Apron worn

Nostril	<input type="checkbox"/> Right <input type="checkbox"/> Left
External length once secured	
Aspirate Obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No
pH of Aspirate	

**If an X-ray is required it shows.....**  
 NG has passed down midline past level of diaphragm and deviates to left.  
 Yes  No



**SIGN OUT**

	Yes	No		Yes	No
NG Tube secured & length documented			Is aspirate below pH 5.5 ?		
Chest X-ray to confirmed position ?			Verbal handover to Nursing staff		

<b>X-Ray interpreted by:</b>	<b>PROCEDURE</b> Date  Time (24hr)	<b>STAFF</b> (print & sign) Operator  Assistant  Equip/ Trolley Prep
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