

## Fine-bore nasogastric tube insertion marking criteria

Assessment criteria	
1	Introduces self.
2	Cleans hands with alcohol hand rub, or washes with soap and water and dries with paper towels following WHO guidelines.
3	Assembles the equipment required and dons a disposable plastic apron and non-sterile gloves.
4	Arranges a signal with the patient so that they can communicate if they wish to halt/stop, e.g. raising hand.
5	Assists the patient to sit in a semi-upright position in chair/bed, supporting head with pillows to ensure no head tilt forward or backwards.
6	Performs a NEX measurement by measuring the distance from the patient's nose to their earlobe plus the distance from the earlobe to the bottom of the xiphisternum, adding 5-10cm (if candidate does not add 5-10cm, this is not a fail), taking note of the measurement marks on the tube.
7	Checks that the nostrils are patent by asking the patient to sniff with one nostril closed. Repeats with other nostril.
8	Lubricates approx 15-20cm of the tube with warm water.
9	Ensures a reciever is to hand, in case the patient vomits. Ensure there is working oxygen and suction at the bedside.
10	Inserts the proximal end of the tube into the nostril, and slides backwards and inwards along the floor of the nose to the nasopharynx. Stops if encounters any obstruction and tries again in a slightly different direction or uses other nostril.
11	Asks the patient to start swallowing if they are able to, as tube passes down nasopharynx into the oesophagus.
12	Advances the tube through the pharynx as patient swallows until the measured indicator on the tube reaches the entrance of the nostril.
13	Recognises any signs of distress such as coughing or breathlessness, when the tube would should be removed immediately.
14	Uses adherent dressing tape to secure the tube to nostril and cheek.

15	Aspirates a small amount of the stomach contents using a 50ml or 60ml syringe, confirming that the tube is in position by using a pH indicator strip to confirm the presence of acid (the pH should be equal to or less than 5.5). Uses integral cap to cap the tube.
16	Disposes of equipment including apron and gloves appropriately – verbalisation accepted.
17	Cleans hands with alcohol hand rub, or washes with soap and water and dries with paper towels following WHO guidelines – verbalisation accepted.
18	Ensures that the patient is comfortable post procedure.
19	States the additional checks that may be undertaken to check tube positioning before commencing feeding (i.e. further checking with pH indicator strip immediately prior to each feed/in very specific circumstances radiologically).
20	Acts professionally throughout the procedure in accordance with NMC (2018) 'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates'.

Red flags:

	Candidate does not recognise the significance of a displaced tube, i.e is not able to state what the pH should be to confirm the correct tube positioning.
	Candidate does not recognise the significance of additional checks prior to commencing feeding.
	Another Red Flag issue (leading DIRECTLY to patient harm) identified by assessor.