## Appendix 1

### Nasogastric tube confirmation record (not for gastric drainage tubes)

This form needs to be completed by the allocated named nurse (daily) and is an ongoing record of safe care and management of the nasogastric tube.

**The position of the nasogastric tube (NG) needs to be confirmed prior to:**

- Starting daily feed regimen or once daily during continuous feeds
- Following episodes of vomiting or retching
- Giving medication if feed is not running and if there are any concerns about NG tube position.
- Unexplained respiratory symptoms
- Suspected tube displacement

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>External tube length - document marker</th>
<th>Document gastric pH - if pH 5 or below safe to feed</th>
<th>Is it safe to commence feeding or administer medication?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □</td>
</tr>
</tbody>
</table>

- **If pH is 5.5 or above re-test after** 1 hour or go to second line testing - see ICID guidance Insertion and Care of Nasogastric Tubes

**Daily checks** - Please check at least once daily.
- Tube fixation clean and intact
- Nasal area checked for erosion
- Correct patient position maintained >=30°
- Mouth care administered

<table>
<thead>
<tr>
<th>Signature</th>
<th>Printed name</th>
<th>Band</th>
</tr>
</thead>
</table>

### Guidance on verification:

1. pH≤5 from gastric aspirate
2. Tube depth the same and no regurgitation
3. No evidence of respiratory distress
4. pH confirmation fails but gastric position previously confirmed and no evidence of misplacement
5. **No evidence of respiratory distress**

If on acid –inhibiting medication such as proton pump inhibitors the NPSA 2005 recommends checking aspirate 1 hour after the medication dose to allow the stomach to empty and the pH to fall (NPSA 2005) or consider checking aspirate prior to administering drug.