1. Check for signs of tube displacement (if not initial insertion)
2. Reposition or repass tube, if not initial insertion
3. Aspirate using a syringe and gentle pressure

DO NOT FEED
1. If possible, turn baby onto his/her side
2. Re-aspirate
3. Check pH level

Aspirate obtained (0.2 – 1ml)

DO NOT FEED
1. Inject 1-2ml of air into the tube using syringe
2. Re-aspirate
3. Check pH level

Aspirate obtained (0.2 – 1ml)

DO NOT FEED
1. Advance or retract the tube 1-2cms, if initial insertion, any resistance, STOP
2. Re-aspirate
3. Check pH level

Aspirate not obtained

Aspirate not obtained

CAUTION DO NOT FEED AND:
1. If initial insertion, consider replacing or re-passing tube
2. If tube in situ, seek senior advice,
3. Only consider chest and abdominal x-ray if timely
4. Document decisions and rationale

pH 6 or above

CAUTION: DO NOT FEED AND:
1. Consider waiting 15-30 minutes then re-aspirate
2. Consider replacing or re-passing tube and re-aspirating
3. If still pH 6 or above, seek senior advice ask about:
   - Medication
   - The tube – is it the same as that documented on last x-ray and is the length the same.
   - The feeding history
   - Balancing risks
4. Only consider x-ray if timely
5. Document decisions and rationale

pH 5.5 or below

Test on pH test strip

Aspirate obtained (0.2 – 1ml)

Aspirate not obtained

DOCUMENT
1. measure length of tube and document, if initial insertion
2. pH of aspirate
3. length of tube advancement/ retraction, if done

Proceed to feed

Appendix B