

**Appendix 6**

Decision tree for nasogastric tube placement checks in CHILDREN and INFANTS (NOT NEONATES)



Estimate NEX measurement (Place exit port of tube at tip of nose. Extend tube to earlobe, and then to xiphisternum)

Insert fully radio-opaque nasogastric tube for feeding (follow manufacturer’s instructions for insertion) Confirm and document secured NEX measurement

Aspirate with a syringe using gentle suction

**Aspirate obtained?**

# YES NO

**Try each of these techniques to help gain aspirate:**

If possible, turn child/infant onto left side Inject 1- 5ml air into the tube using a syringe

Wait for 15-30 minutes before aspirating again Advance or withdraw tube by 1-2cm.

Give mouth care to patients who are nil by mouth (stimulates gastric secretion of acid)

Do not use water to flush

Test aspirate on CE marked pH indicator paper for use on human gastric aspirate

# YES

**Aspirate obtained?**

**NO**

**pH between 1 and 5.5**

**pH NOT between**

**1 and 5.5**

Proceed to x-ray: ensure reason for x-ray documented on request form

# PROCEED TO FEED or USE TUBE

Record result in notes and subsequently on bedside documentation before each feed/medication/flush.

# YES

Competent clinician (with evidence of training) to document confirmation of nasogastric tube position in stomach

# NO DO NOT FEED or USE TUBE

Consider re-siting tube or call for senior advice

**A pH of between 1 and 5.5 is reliable confirmation that the tube is not in the lung, however it does not confirm gastric placement as there is a small chance the tube tip may sit in the oesophagus where it carries a higher risk of aspiration. If this is any concern, the patient should proceed to x-ray in order to confirm tube position.**

**Where pH readings fall between 5 and 6 it is recommended that a second competent person checks the reading or retests.**

[www.npsa.nhs.uk/alerts](http://www.npsa.nhs.uk/alerts)