



Safety Alert 001/07

3 May 2007

Fine Bore Nasogastric Feeding Tubes

Pre and post insertion care of **adult** patients

Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Directors of Clinical Operations

Action required by:

- Directors of Clinical Governance

For response by:

- Directors of Clinical Governance

We recommend you also inform:

- Area Directors of Nursing and Midwifery
- Area Directors of Medical Services
- Nurses
- Medical staff

Deadline for completion of action

29 June 2007

Quality and Safety Branch

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www.health.nsw.gov.au/quality/sabs/register.html

Background

A recent SAC 1 incident involved the insertion of a fine bore nasogastric tube in a neurosurgical patient who was having difficulty swallowing fluids. Following the insertion a chest X-ray showed the nasogastric tube to be in the right lung. This nasogastric tube was removed.

Another nasogastric tube was inserted and a chest X-ray taken. The chest X-ray showed a right tension pneumothorax.

The patient subsequently arrested and died.

There was no documented evidence in the patient's health care record of an order for the insertion of the fine bore nasogastric feeding tube or the rationale for its insertion. In addition, the clinical assessment of the patient pre- and post-insertion of the nasogastric tube was not documented in the patient's record.

Actions by Area Health Services

Health services should have in place **risk management strategies** in relation to fine bore nasogastric feeding tubes.

Strategies to consider when inserting a fine bore nasogastric feeding tube in an adult include:

- Medical officer to order the insertion of the nasogastric tube and to document the order and the rationale in the patient's health care record.
- Routine patient observations to be undertaken and documented in the patient's health care record pre- and post-insertion of the nasogastric tube, eg. pulse, blood pressure, respirations, oxygen saturations.
- Nasogastric tube to be inserted by an approved clinician.
- Position of the nasogastric tube to be confirmed post-insertion eg. chest X-ray is considered the gold standard method for confirming nasogastric tube placement.
- DO NOT commence feeds until the position of the nasogastric tube has been confirmed.
- Critically ill patients are at increased risk of nasogastric tube misplacement or complications eg. patients with altered mental status, patients who are mechanically ventilated.
- Note that the management of nasogastric tubes in **children** requires special care and attention.

Action at a statewide level

The Health Service Directors of Clinical Governance are working with the Quality and Safety Branch to develop a policy in relation to fine bore nasogastric feeding tubes.

Action required by Area Health Services

1. Develop local risk management strategies in relation to fine bore nasogastric feeding tubes.