

Nasogastric Tube Insertion Form

*(Manufacturer's sticker may be completed instead of this form, but this form **must** be used if x-ray is required to confirm tube placement)*

1. Date and time NG tube inserted	Date: _____ Time: _____
2. Rationale/ reason for inserting NG tube	
3. Inserted by	Name (block capitals): _____ Job Title: _____ Signature: _____
4. Number of attempts	
5. Tube details	Tube manufacturer: _____ Short or long term: _____ Length and French size of tube: _____ LOT no: _____ Expiry date: _____
6. NEX measurement in centimetres	
7. Aspirate obtained?	<input type="checkbox"/> Yes (proceed to step 9.) <input type="checkbox"/> No (attempt manoeuvres in Appendix 8 If still no aspirate, go to step 8 below.)
8. Chest x-ray confirmation	Date/time on x-ray: _____ X-ray interpreted by: _____ Signature: _____ Job title: _____ Is the whole NGT clearly visible on chest x-ray? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the tube pass vertically through the oesophagus in the midline? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the NGT cross the diaphragm in the midline and bisect the carina? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the tip of the tube clearly visible below the left hemidiaphragm? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Check pH reading of aspirate	<input type="checkbox"/> pH 5.5 or less (proceed to 10) <input type="checkbox"/> pH 6 or more (attempt manoeuvres in Appendix 8, if still outside range, insert new tube or request chest x-ray and return to q8.)
10.. Is the NG tube safe to use at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No