Confirmation of correct NG tube position

Obtain aspirate from tube – if ≤5.5 proceed with feeding.
If pH >5.5, or unable to obtain aspirate, refer to Confirmation of position of NG Tube Flow Chart.

Document centimetre mark at patient's nostril on observation chart.
Tube position requires to be reconfirmed after:

- Vomiting, excessive coughing or extubation
- If centimetre mark at nostril has changes
- After any gaps in feeding
- After oropharyngeal suction

Always check and document centimetre mark at nostril prior to recommencing feeding if tube permits.

Considerations :

- Ensure patient position during feeding is at 30-40º angle (head up), whether supine or prone

- 12 fr Merck feeding tube to be used as standard unless consultant states otherwise. In this instance, wide bore NG tubes will be used.

- Nepro/Two Cal – do not exceed 30 ml/hr until nutritional assessment completed by dietitian

- Gastric residual volumes should be used in conjunction with clinical parameters to assess tolerance of enteral nutrition, eg abdo distension, regurgitation, nausea, vomiting.

- Feed should not be stopped after a single large aspirate (250-500ml); trends of increasing gastric residual volumes provide a better indication of poor absorption

- Up to 250ml of the gastric residual should be returned, allowing for return of feed and gastric secretions and minimising possible disturbances in acid base balance.

References :
1. Canadian Clinical Guidelines for Nutrition Support in Mechanically ventilated, Critically Ill Adult Patients (2003).
2. ESPEN Guidelines on Enteral Nutrition : Intensive Care (2006)
3. The Parenteral and Enteral Nutrition Group of the British Dietetic Association, A Pocket Guide to Clinical Nutrition (2004)

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