

Student Name:		Medical School:	Year:			
Please can you insert a nasogastric tube into this manikin/patient? I will ask some questions before and during the procedure.			Self	Peer	Peer/ Tutor	Tutor
Explains clinical indications	<ul style="list-style-type: none"> <li>● Impaired swallowing e.g. following CVA, certain neurological conditions, obstruction due to malignancy.</li> <li>● Unconscious patients e.g. intensive care patients</li> <li>● Patients who are unable to meet their nutritional requirements solely from oral diet and fluids</li> <li>● Patients who are malnourished or are at risk of malnutrition.</li> <li>● To facilitate the drainage of stomach contents</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discusses types of tube available	<ul style="list-style-type: none"> <li>● Wide bore tube for removal of gastric content</li> <li>● Fine bore tube inserted with a guide wire for nutrition</li> <li>● Understands when tube placed for nutritional support the decision to feed is made by two clinicians (GEH)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describes basic anatomy	<ul style="list-style-type: none"> <li>● Able to explain the basic anatomy of the path of the tube including nasopharynx, oropharynx, laryngopharynx, oesophagus</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Explains the cautions and contraindications	<p><b>Relative</b></p> <ul style="list-style-type: none"> <li>● Fracture of the base of skull</li> <li>● Patients who have undergone major upper gastrointestinal surgery with an anastomosis</li> <li>● Patients who have or are receiving systemic anticoagulation</li> <li>● Varices</li> <li>● Any trauma or surgery to the nasopharynx, oropharynx or laryngopharynx</li> </ul> <p><b>Absolute</b></p> <ul style="list-style-type: none"> <li>● Gastrointestinal obstruction</li> <li>● Nasal obstruction</li> <li>● Patient refusal</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Explains the main complications	<ul style="list-style-type: none"> <li>● Risk of misplaced tube e.g. into trachea or lungs</li> <li>● Feeding into misplaced tube</li> <li>● Risk of trauma/bleeding (epistaxis)</li> <li>● Perforation of oesophagus or pharyngeal pouch</li> <li>● Overfeeding patients who have undergone weight loss surgery (gastric band or slipper gastrectomy)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Washes hands	<ul style="list-style-type: none"> <li>● Hand wash with water and soap using the Ayliffe technique</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates communication skills and obtaining informed consent	<ul style="list-style-type: none"> <li>● Introduces themselves</li> <li>● Gains informed consent</li> <li>● Clear explanation of the procedure e.g. "I am going to pass this tube into your nose, down your throat and into your stomach so that we can give you food/relieve your vomiting.</li> <li>● Assessment throughout the procedure and encourages patient to ask questions</li> <li>● Establishes patients expectations or worries</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prepares equipment	<ul style="list-style-type: none"> <li>● Collects all appropriate equipment, including: <ul style="list-style-type: none"> <li>▪ Alcohol hand gel</li> <li>▪ Correct size and type of nasogastric tube</li> <li>▪ Drainage bag (if using wide bore tube)</li> <li>▪ Water to lubricate</li> <li>▪ 60 ml purple enteral syringe</li> <li>▪ pH testing strips</li> <li>▪ Tape or plaster to secure NG tube</li> <li>▪ Vomit bowl</li> <li>▪ Glass of water if patient is able to swallow with straw</li> <li>▪ Tissues</li> <li>▪ Non sterile gloves and apron, ? visor currently</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p><b>Demonstrates Procedure</b></p>	<ul style="list-style-type: none"> <li>● Washes hands</li> <li>● Applies apron and gloves</li> <li>● Measures approximate length of tube by using the “NEX” measurement – takes proximal end of tube from nose to the ear and then the Xiphisternum plus 5cm and makes a mental note of the length as marked on tube.</li> <li>● Asks patient to blow their nose to ensure patency.</li> <li>● Sits patient at 45 degree angle or upright with chin slightly forward and in line with the sternum.</li> <li>● Explains to the patient that they will need to swallow when they feel the tube at the back of their throat and when asked, to aid the tube going down the oesophagus.</li> <li>● Lubricates the tube with water and inserts it into the patient’s nostril.</li> <li>● Advances the tube gently into the nostril guiding it backwards and downwards over the nasopharynx.</li> <li>● Asks the patient to swallow when they feel the tube at the back of their throat.</li> <li>● Only advances the tube during the swallow.</li> <li>● Inserts the tube to the point measured at the start of the procedure and secures.</li> <li>● Checks the tube position by aspirating 0.5 – 1ml of gastric content and checking with pH testing strip (pH as per Trust)</li> <li>● If no aspirate obtained insert tube a further 5 cm, still no aspirate inject 10mls of air, still no aspirate – turn patient onto left side, still no aspirate CXR</li> <li>● ALWAYS ADHERE TO LOCAL TRUST POLICY WITH CHECKS</li> <li>● Once aspirate has been obtained and checked, removes guide wire attaches drainage bag, enteral feed or spigot</li> <li>● Ensure tube is secured to nose and cheek.</li> <li>● Washes hands and thanks patient</li> <li>● Checks patient is comfortable</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Discusses post-procedure management</b></p>	<ul style="list-style-type: none"> <li>● Documents procedure in the patients’ health care records including pH, length of tube inserted, type of dressing applied and size of tube used.</li> <li>● Explains that checks that should be carried out e.g. tube length check on daily basis, pH at least daily and always before administering feed or medications</li> <li>● Aware a check X-ray may be ordered and performed to confirm placement and this is usually requested and checked by a Doctor/ACP who has had training and is competent to do so as per local Trust policy</li> <li>● Checks CXR and records date, time of x-ray, name, designation, bleep. NGT seen down the midline deviates to the left below the level of the diaphragm, tip seen in stomach therefore safe to feed.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Demonstrates professionalism</b></p>	<ul style="list-style-type: none"> <li>● Recognises the need for further assistance if first 2 attempts are unsuccessful</li> <li>● Communicates to team members</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Overall ability to perform procedure</b></p>	<ul style="list-style-type: none"> <li>● Assess globally, would you be happy for this student to be supervised to perform nasogastric tube insertion?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Self-assessed as at least pass:</b></p>	<p>Signature: _____ Date: _____</p>				
<p><b>Peer-assessed ready for tutor assessment:</b></p>	<p>Signature: _____ Date: _____</p>				
<p><b>Tutor assessed:</b></p>	<p>Signature: _____ Date: _____</p>				

**Notes:**

F = Fail

B = Borderline

S = Satisfactory

G = Good

E= Excellent

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