

Local Guideline



Discharge of patients with nasogastric and nasojejunal tubes from JHCH

Sites where Local Guideline applies	John Hunter Children's Hospital –Wards, NICU, Hospital in the Home
This Local Guideline applies to:	
Adults	No
Children up to 16 years	Yes
Neonates – less than 29 days	Yes
Target audience	All clinical staff, who provide care to children and young people with nasogastric and nasojejunal tubes.

[Hyperlink to Guideline](#)

National Standards V2	1, 2, 5 & 6
Keywords	Nasogastric tube, nasojejunal tube,
Document registration number	JHCH 19.1
Replaces existing document?	No

Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:

[NSW Hospital in the Home \(HITH\) guideline](#)

[Infants and Children Insertion and Confirmation of Placement of Nasogastric and Orogastric Tubes](#)

NSW Health Policy Directive PD2017_032 [Clinical Procedure Safety](#)

NSW Health Policy PD 2005_406 [Consent to Medical Treatment](#)

NSW Health Policy Directive PD 2017_013 [Infection Prevention and Control Policy](#)

NSW Health Policy Directive PD2012_069 [Health Care Records – Documentation and Management](#)

Local Guideline note	This document reflects what is currently regarded as safe and appropriate practice. The guideline section does not replace the need for the application of clinical judgment in respect to each individual patient but the procedure/s require mandatory compliance. If staff believe that the procedure/s should not apply in a particular clinical situation they must seek advice from their unit manager/delegate and document the variance in the patients' health record.
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Date authorized	
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Note: Over time links in this document may cease working. Where this occurs please source the document in the PPG Directory at: <http://ppg.hne.health.nsw.gov.au/>

PURPOSE AND RISKS STATEMENT

This local guideline has been developed to ensure that children with NGTs and NJTs are discharged safely home with a plan in place to ensure replacement of the NGT / NJT when needed.

Any unplanned event resulting in, or with the potential for injury, damage or other loss to infants/staff/family as a result of this management must be reported through the Incident Information management System and managed in accordance with the Ministry of Health Policy Directive: Incident managaemtnPD2007_061. This would include unintended injury that results in disability, death or prolonged hospital stay.

Risk Category: *Clinical Care & Patient Safety*

ABBREVIATIONS & GLOSSARY

Abbreviation/Word	Definition
CPG	Clinical Practice Guideline
NGT	Nasogastric tube
NJT	Nasojejunal tube
HITH	Hospital in the Home

OUTCOMES

1	Families of infants, children and young people with an NGT / NJT will be able to safely manage this care at home.
2	Infants, children and young people will be discharged from JHCH with a clear management plan for the care and replacement of NGT / NJT.
3	Family unit will be supported within the home environment

PREAMBLE

Families and carers are increasingly being required to look after infants, children and young people with NGTs and NJTs requiring enteral feeding at home. The management of these patients within the community is not without risk. It is vital that these patients are discharged home with NGTs / NJTs in place, have families that have been educated and are competent to provide the necessary care, have support systems in place, documented management plans and that ongoing follow up is provided for safe long term outcomes.

GUIDELINE

This CPG does not replace the need for the application of clinical judgment in respect to each individual patient.

This CPG is not intended to guide health professionals within healthcare facilities in the insertion and confirmation of placement of gastric tubes. This may be accessed at:

http://www.hnekidshealth.nsw.gov.au/site/content.cfm?page_id=356531¤t_category_code=8337

CLINICAL PROCEDURE SAFETY – LEVEL 1

Insertion of a NGT/NJT requires level 1 checking procedures. It is best practice to document that you have performed these checks in the patient's health care record:

Pre-procedure:

1. Verify the patient's identity against the request form / referral / treatment or management plan
2. Gain verbal consent from the patient, parent or carer including procedure verification.
3. Check for allergies or adverse reactions

Post procedure: Document in the patient's health care record:

1. Name of the person inserting the tube
2. Procedure that was performed
3. Testing that was conducted to check the position & result
4. Depth of the tube i.e. tube is at XXcm at the tip of the right/ left nare

DISCHARGE PLANNING

- Patients are regularly discharged home with enteral feeding tubes in place. There must be the opportunity to discuss with parents / carers and assess their capacity to care for their child at home.
- Parents / carers may feel uncomfortable about taking a child home with an enteral feeding tube, however families will develop greater confidence when supported by experienced nursing and allied health staff to provide the relevant care and education.
- Parents / carers do not have to learn to insert a feeding tube prior to discharge, this can be discussed when and if the parent / carer is ready to do so.

Discharge planning checklist

Parents / carers will need to demonstrate their competence in caring for the feeding tube prior to discharge. A discharge planning checklist is available which can be used to determine competence and readiness for discharge. (Appendix 1). The checklist should be used by staff to ensure information and self-management education requirements for family and patients are met.

EDUCATION OF PARENTS/ CARERS

There is no formal competency for families / carers to complete to demonstrate competency in providing care to a patients with an NGT / NJT requiring enteral feeding. Families should be provided education about and be able to demonstrate safe practice of the following:

- How to ensure the feeding tube is in the correct position
- What to do if the tube is unable to be aspirated or position checked.

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- How to administer feeds according to their plan (bolus or continuous feeds via pump)

Note: Discharge home on continuous nasogastric feeds (if clinically indicated) carries increased risks including increased risk of aspiration as parents and carers are unable to closely monitor and supervise overnight feeding in the home environment whilst sleeping. Enteral feeding pumps do not have an in-built alarm to alert a parent / carer to a displaced tube. A thorough assessment must be performed to ensure that the family is safely able to manage continuous feeding.

If the family is to replace the nasogastric they should be able to demonstrate:

- How to accurately measure the feeding tube prior to insertion
- Provide a safe and secure environment when inserting the tube
- How to insert the feeding tube, ensure the feeding tube is in the correct position and secure safely.

REFERRAL TO PAEDIATRIC HOSPITAL IN THE HOME

Patients who are to be discharged home with an NGT or NJT should have a referral made to the Paediatric Hospital in the Home prior to final discharge to support transition to the home environment, ensure a documented NGT/ NJT management plan is completed and that the family is able to safely provide care within the home setting. Referral forms may be obtained by contacting the Paediatric Hospital in the Home on 0439247895.

NGT / NJT MANAGEMENT PLAN

A documented management plan is to be completed for each patient discharged from JHCH with a NGT / NJT. This management plan should clearly identify:

- Type and size of NGT / NJT, reason for insertion
- Plan and contact service for the routine replacement of the NGT/ NJT
- Plan and contact service for the emergency replacement of NGT / NJT if dislodged or blocked.

This plan may be completed by staff of the primary team or the Hospital in the Home service in consultation with medical and allied health staff as needed. This plan will form part of the patient file and the family will be provided with a copy. (APPENDIX 2)

Management plans may not be required for the following groups of patients who are managed by the individual treating team:

- Oncology patients: These children and young people may contact the Paediatric Oncology service 7 days, 24hrs for any concerns with or if the NGT / NJT needs replacing
- Eating Disorders: These children and young people may contact Ward J2 for any concerns with or if the NGT needs to be replaced
- Premature infants / infants discharged from NICU. These infants may contact NICU Liaison Nurse / NICU staff for concerns with NGT/ NJT

FEEDING PLAN

A feeding plan and follow up arrangements will be provided by the dietitian / medical staff and discussed with the family.

REPLACEMENT OF NGT / NJT

At times NGTs/ NJTs will require replacement. This may be as a routine change or as an emergency situation if the NGT / NJT is accidentally dislodged or problems arise eg blockage, breakage of tube. There must be a clearly documented plan outlining who is responsible for replacement of the NGT / NJT and how the family / carer can contact this service.

ROUTINE REPLACEMENT OF NGT

Short term: (e.g. Pennine Feeding Tube)

- These tubes are single use tubes and should be replaced monthly.

Long term (e.g. Convidien Polyurethane Feeding tube)

- These tubes may be left in place for up to 10 weeks.
- If the tube is accidentally removed it may be reinserted. It is important to keep the guide wire in case the tube is reused.
- If a tube is being reused, the tube must be sterilised for babies less than 12 months. Any brand of sterilising solution eg Milton is suitable and should be diluted according to the manufacturer's instructions. For children over 12 months of age a reinserted tube must be cleaned prior with soapy water and be in good condition.

Routine replacement of NGTs may be made by contacting staff of the primary treating team or the Paediatric Hospital in the Home service (according to NGT management plan) to arrange an appointment for replacement.

EMERGENCY REPLACEMENT OF NGT

Emergency replacement of NGTs / NJTs will be arranged through the Paediatric Hospital in the Home service and according to the NGT / NJT management plan developed for each individual child / young person.

The primary treating team or the PHITH service will take primary responsibility for replacement of NGTs during normal working hours but will liaise with other services if unable to attend replacement.

REPLACEMENT OF NJT

Replacement of an NJT is requested by the medical officer and placement is always performed in the radiology department under fluoroscopy.

Family and carers are to contact the service identified on the NJT management plan to arrange replacement as required.

REPLACEMENT OF NGT / NJT IN THE JHCH EMERGENCY DEPARTMENT

For any patient who may require urgent replacement of an NGT/ NJT to be performed within the emergency department an ED management plan must be completed and forwarded to ED for approval. This form may highlight any concerns which may need to be addressed e.g. risk of low blood sugar level. This form will be available through CAP for any patient who attends ED.

OUTSIDE OF LOCAL AREA

For patients discharged from JHCH with an NGT / NJT who reside outside of the local area of John Hunter Children's Hospital a plan should be in place prior to discharge home which identifies a local service to take responsibility for routine and emergency replacement of NGT/ NJTs.

MONITORING AND DOCUMENTATION

When replacement of the NGT is required an appointment is entered into CAP and a clinical note is entered into DMR.

PARENT / CARER INFORMATION

The parent / carer should be provided with the following information and factsheets as appropriate:

- Tube feeding-Trans-gastric Jejunal feeding device
- Looking after your child's feeding equipment
- Tube feeding: Caring for your child's Nasogastric tube
- Common tolerance problems your child may experience while tube feeding

These facts sheets may be obtained online at <http://www.hnekidshealth.nsw.gov.au/site/fact-sheets>

SCHOOL SUPPORT

Children and young people may return to school / pre-school with an NGT / NJT in place if considered safe to do so. Some schools and childcare facilities may have restrictions around enrolling or having children return to school who may require tube feeds due to lack of trained staff and facilities or experience in managing chronic and complex children. This may be important to discuss with families when considering long term feeding tube use.

FOLLOW-UP

- Regular follow up of patients is required to ensure that the NGT does not remain in longer than is necessary. This may require referral to a feeding clinic or service / speech pathologist so that weaning can be instituted at the appropriate time.
- Infants discharged from NICU with an NGT/ NJT will be referred to the JHCH feeding clinic.
- Surgical referral for a gastrostomy should be considered in patients requiring an NGT for longer than 12 weeks.

OUTCOMES

- Families are supported to care for their children with an NGT / NJT in the community.
- Families are able to safely care for their children with NGT / NJT.
- There is a clearly documented management plan for infants, children and young people with NGTs.

IMPLEMENTATION PLAN

- Awareness of this guideline will be promoted through the CE Newsletter
- The guideline and procedure will be communicated via email to JHCH Staff Specialists, JHCH Nursing Unit Managers, Clinical Nurse Consultants and Educators.
- The guideline and procedure is posted on the HNE Policy, Procedure and Guideline Directory

MONITORING AND AUDITING PLAN

Incidents relating to the use of this guideline will be reviewed to determine if staff are complying with the Clinical Practice Guideline. Appendix 3

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APPROVAL

CPGAG –	September 2018
JHCH NICU –	February 2019
JHCH Clinical Quality & Patient Care Committee –	February 2019

APPENDIX 1 - NASOGASTRIC / NASOJEJUNAL TUBE DISCHARGE PLANNING CHECKLIST

This checklist is to be completed for children and young people when a nasogastric or nasojejunal tube is inserted to ensure that families and carers are able to provide the necessary care at home.

Initial insertion date:		Sticker	
Type of tube:			
Size:	Insertion length:		
Assessment	Yes	Comments	Date / Signature
PRIOR TO TRANSFER TO HOSPITAL IN THE HOME			
Have the family / carer been educated on the care of the nasogastric or nasojejunal tube?			
Have the family and / or carers been given information on how to identify tube placement and what to do if they are unable to confirm tube placement?			
Have the family and / or carers been given a copy of relevant guidelines or FACT sheets			
Has the infant / child / young person had a nutritional assessment by a Dietitian?			
Have the family and /or carer had equipment organised for discharge.			
Have the family and / or carer had feeds organised for discharge including ongoing supply by dietitian.			
Has a referral been made to the Paediatric Hospital in the Home service?			
PAEDIATRIC HOSPITAL IN THE HOME			
Do the family and / or carers know who and how to contact if they require information or information?			
Does the family and/or carer feel confident and comfortable when managing tube feeds at home?			
Is there an NGT / NJT Management plan in place?			
Have the family been provided with a copy of this plan?			
Do the family understand this management plan?			
Have follow up appointments been made?			

APPENDIX 2 - NASOGASTRIC TUBE / NASOJEJUNAL TUBE MANAGEMENT PLAN

Nasogastric tube/ Nasojejunal tube (please delete one) Management Plan				
Name:	D.O.B	MRN:	Initial Plan Date:	
Carers :	Telephone: Email:	CONSULTANT :	DIETITIAN:	
Date of initial insertion:	Type: Size:	Placement and taping measure :	Placement indicator test used:	
REASON FOR INSERTION: MEDICATIONS GIVEN VIA THIS NGT: FEEDING SCHEDULE:		ROUTINE CHANGE: COMMENTS RE INSERTION:		
EMERGENCY CHANGE PLAN 8AM-4PM : 4PM-8AM:				
LONG TERM PLAN AND FOLLOW UP- Contact Paediatric Hospital in the Home (0439247895 / 0438141930) for any queries regarding this management plan.				
FAMILY HAVE BEEN PROVIDED WITH PLAN Yes <input type="checkbox"/> No <input type="checkbox"/> (please provide)	PLAN COMPLETED BY And	SIGNATURE	CONSULTANT AWARE OF PLAN Yes <input type="checkbox"/>	DATE

APPENDIX 3 CLINICAL AUDIT TOOL – (NATIONAL STANDARD 1: 1.7.2 THE USE OF AGREED CLINICAL GUIDELINES BY THE CLINICAL WORKFORCE IS MONITORED)

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data source	Frequency	Position Responsible
1	Monitoring and surveillance of any incidents which may arise as a result of the processes and compliance of this PCP	none	Monitoring of incidents to improve the quality and safety of service	Information Incident Management system	6 Monthly	Manager