

NSW HEALTH

Safety Alert 001/07

3 May 2007

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

NSW Department of Health Tel. 02 9391 9200 Fax. 02 9391 9556 Email

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

Fine Bore Nasogastric Feeding Tubes

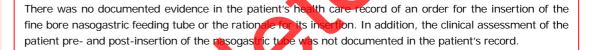
Pre and post insertion care of adult patients

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.



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.