

Appendix 5: Nasogastric tube checklist for discharge planning

Multi-disciplinary Team	Action Required	Action Completed	Comments	Date Completed	Completed by (Name of staff)
Medical Team					
	Parent/carer informed of ongoing need and expected length of time required for NGT feeding	<input type="checkbox"/>			
	Assessment of risk factors undertaken	<input type="checkbox"/>		/ /	
	Parent/carer understand risk and consent provided	<input type="checkbox"/>		/ /	
	Sighted and approved feeding plan	<input type="checkbox"/>		/ /	
	Documented in eMR:			/ /	
	- the reason for ongoing need of NGT feeding & expected length of time required	<input type="checkbox"/>			
	- Follow-up arrangements for review of feeding plan and weight	<input type="checkbox"/>			
Dietetics					
	Nutritional assessment undertaken	<input type="checkbox"/>		/ /	
	Feeding plan documented in eMR	<input type="checkbox"/>		/ /	
	Feeding plan provided to parent/carer in printed form	<input type="checkbox"/>		/ /	
	Registration for HEN (Home Enteral Nutrition) with formula company	<input type="checkbox"/>		/ /	
	Registration for ongoing formula supply and longer-term home community pump (if required)	<input type="checkbox"/>		/ /	
	Follow-up plan established, including referral to community or appropriate LHD Dietician (if required)	<input type="checkbox"/>		/ /	
Education					
Parent/carer needs to be able to demonstrate competence and confidence in the below education BEFORE discharge					
Education can be delivered by any member of Nursing staff					
	How to assemble equipment i.e: feed bag, pump, patient	<input type="checkbox"/>		/ /	
	Explain what a safe pH level is and the importance of checking prior to EACH use	<input type="checkbox"/>			
	How to check position of NGT and deem NGT safe prior to EACH use	<input type="checkbox"/>		/ /	
	How to troubleshoot and perform techniques if unable to aspirate NGT	<input type="checkbox"/>			
	How to use/troubleshoot feeding pump i.e: prime and adjust feeding rate	<input type="checkbox"/>		/ /	
	How to calculate feeding rates (if required)	<input type="checkbox"/>		/ /	
	Awareness that feeds are not to hang for longer than 4hrs to reduce the risk of bacterial growth	<input type="checkbox"/>			
	How and when to flush NGT	<input type="checkbox"/>		/ /	



	How to re-tape NGT ensuring it is secure	<input type="checkbox"/>		/ /	
	Aware of need to monitor and maintain skin integrity	<input type="checkbox"/>		/ /	
	How to clean feeding equipment in a home environment	<input type="checkbox"/>		/ /	
	How to seek NGT support if required	<input type="checkbox"/>		/ /	
	How to obtain consumables from Appliance Centre (CHW) or HELP (SCH)	<input type="checkbox"/>		/ /	
Carer/Parent					
	Guideline has been provided - Guideline: Insertion & Care of a Feeding Tube at Home	<input type="checkbox"/>		/ /	
	Kids GPS NGT Management Plan provided, or linked with local health services for NG support & supplies	<input type="checkbox"/>		/ /	
	Aware of follow-up arrangements for review of feeding plan and weight & appropriate contact details provided	<input type="checkbox"/>		/ /	
	Aware of registration for ongoing formula supply and longer-term home community pump (if required), including contact details for Company	<input type="checkbox"/>		/ /	
	Carer/Parent accept that all actions have been completed prior to discharge	<input type="checkbox"/>		/ /	