Additional File 1 – Nasogastric tube audit tool example

Nasogastric tube audit

NHS number:	Ward Location:	Date ……
Patient age:	Name of staff carrying out assessment: ……..	

SECTION 1: Insertion

1) What was the relevant diagnosis? (circle **one** as appropriate)

Stroke	Oropharangeal cancers	Motor disturbance	Decreased GCS	Other (specify): ……

2) What was the indication for the tube? (circle **one** as appropriate)

Feeding only	Feeding and medication	Medication	Decompression	Other (specify): ……

3) Has the new care plan been used?	Yes	No
4) Was the following information documented?	**Circle as appropriate**	
a) Risk assessment as per NPSA advice?	Yes	No
b) Nostril in which the tube was inserted into	Yes	No
c) Length of tube	Yes	No
d) Date and time (if provided, record time here: ……)	Yes	No
e) Entry signed appropriately (i.e., in line with GMC guidance)	Yes	No

5) Who inserted tube? (circle **one** as appropriate)

Doctor (specify grade): ……	Nurse (specify grade): ……	Other (please specify): ……	Not documented

SECTION 2: Confirming tube position

6) What was the **first line test method** to confirm position? (circle **one** as appropriate)

pH paper	X-ray*	N/A (i.e., placed in radiology)*	Not documented

*If pH paper method **was not used** as the first line test method, what was the reason given?

……

7) If pH paper method **was used**, what was the outcome? (circle **one** as appropriate)

Successfully confirmed pH < 5.5	Failed/unable to aspirate	pH indeterminate	Other (specify)……..

8) Was the patient sent for an X-ray? **(*if no, please go to Section 3: Maintenance of tube)**	Yes	*No	
9) Was the purpose of the X-ray clearly documented on the request card?	Yes	No	ND

10) Was the following documented? (circle **all** that are appropriate)

X-ray result	Time and date of X-ray reviewed	Confirms correct patient and most current X-ray	Plan (i.e., safe to feed, etc.)

10) Was quality of the X-ray sufficient to determine tube location? **(*if 'No' please circle reason below)**	Yes	No*	
Over/underexposed	Patient rotated	Tip of tube missing off X-ray	
11) Was the position of the tube correct?	Yes	No	

SECTION 3: Maintenance of tube

12) Was the NG tube position confirmed before each use (or at least once daily if continuous feeds)?	Yes	No
	Not documented	
13) Please state the length of time patient was treated using NG tubes ……	Not documented	
14) How many times was the tube replaced? ……	Not documented	
15) Was care pathway/bedside documentation complete? (*Please state what was missing*): ……	Yes	No*
16) Any evidence that the patient suffered an adverse event as a result of the NG tube? ……	Yes	No
17) If patient now deceased, what was cause of death? ……		

General comments about the notes you have seen (either positive/negative):

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