

NG Tube Placement Re-verification in the Pediatric Population

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NG Tube Placement Re-verification in the Pediatric Population

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BACKGROUND

- Due to frequent use of NG tubes in the Pediatric population there is a high risk of the patients accidentally manipulating the placement of the tube causing potential complications.
- A more accurate form of placement verification is recommended than what the current LVHN policy requires.
- Current policy states “Prior to every feeding or administration of medication, reassess position of tube by evaluating appearance of fluid.”

PICO QUESTION

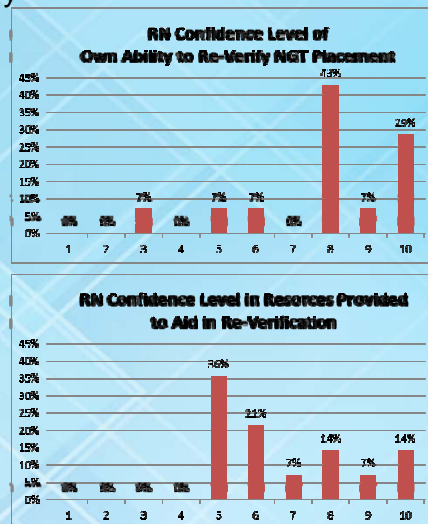
- After initial x-ray verification of NG tube placement in Pediatric patients, is pH strip testing the most accurate re-verification method compared to air insufflation or aspirate characteristics.

METHODS

- Prior to initial use, X-ray must be done to verify accurate placement of NG tube.
- For all subsequent uses, placement should be re-verified using pH strips:
 - Prior to every feeding
 - Prior to administration of medication
 - Reassessing position of tube following manipulation by patient
 - As needed per RN judgment

RESULTS

- Results from our April/May pre-intervention survey



- What we found was:
 - There was confidence among staff members in their ability to assess NG tube placement
 - A lower confidence level of nurses in the resources available to reassess NG tube placement
 - A lack of knowledge related to current policy
 - Out of those surveyed, 0 RNs answered correctly regarding how the policy states to re-verify placement
 - Major differences were noted between how, in their own practice, RNs re-verify placement compared to what they believed policy stated

OUTCOMES

- Project still in process due to limitations of cost effectiveness of approved pH strips.
- Working with product acquisition team to secure cost effective product.
- Previous efforts to acquire appropriate pH strips failed due to inability to QC product.

CONCLUSIONS

- Once product is approved, we will be implementing the use of pH strips to test subsequent uses of NG tube in patients on the Pediatric med/surg units, PICU, and in the CHER. We will no longer be using solely aspirate characteristics as the per policy technique.
- Before implementation, we will disseminate education to RNs working on the affected units. Recurrent annual re-education will be used as follow-up to ensure competency.

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