| **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
   - Oropharyngeal 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?**
   - Risk assessment as per NPSA advice?
     - Yes | No
   - Nostril in which the tube was inserted into
     - Yes | No
   - Length of tube
     - Yes | No
   - Date and time (if provided, record time here: …………………)
     - Yes | No
   - 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.)
    - 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):** …………………