

# NURSING MANAGEMENT OF NASOGASTRIC TUBE (NGT) IN ADULT PATIENTS

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## SAFETY ALERT:



Consider factors such as patient's clinical condition, indications and contraindications for NGT before determining if a person should be placed on NGT feeding. While nasogastric tube insertion and feeding are common nursing practices, they are considered complex procedures which require adequately trained, skilled and competent nurses to carry out.

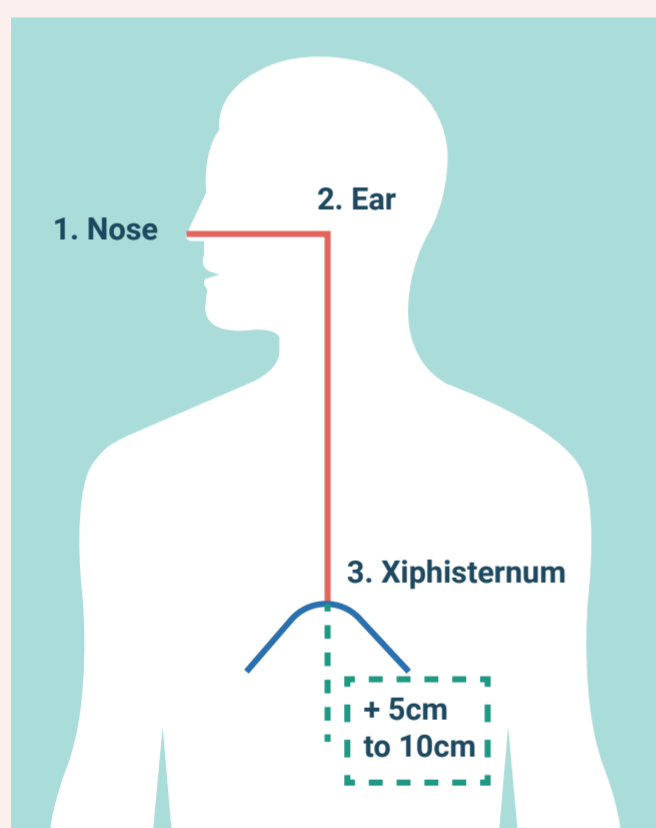
## Focus Points



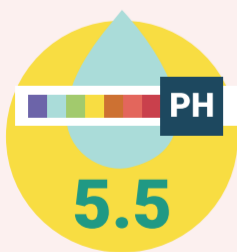
**Patient Assessment and Monitoring is key**



**Location of NGT placement is at NEX + 5cm to 10cm**



**At least 1ml of NGT Aspirate for pH Testing**

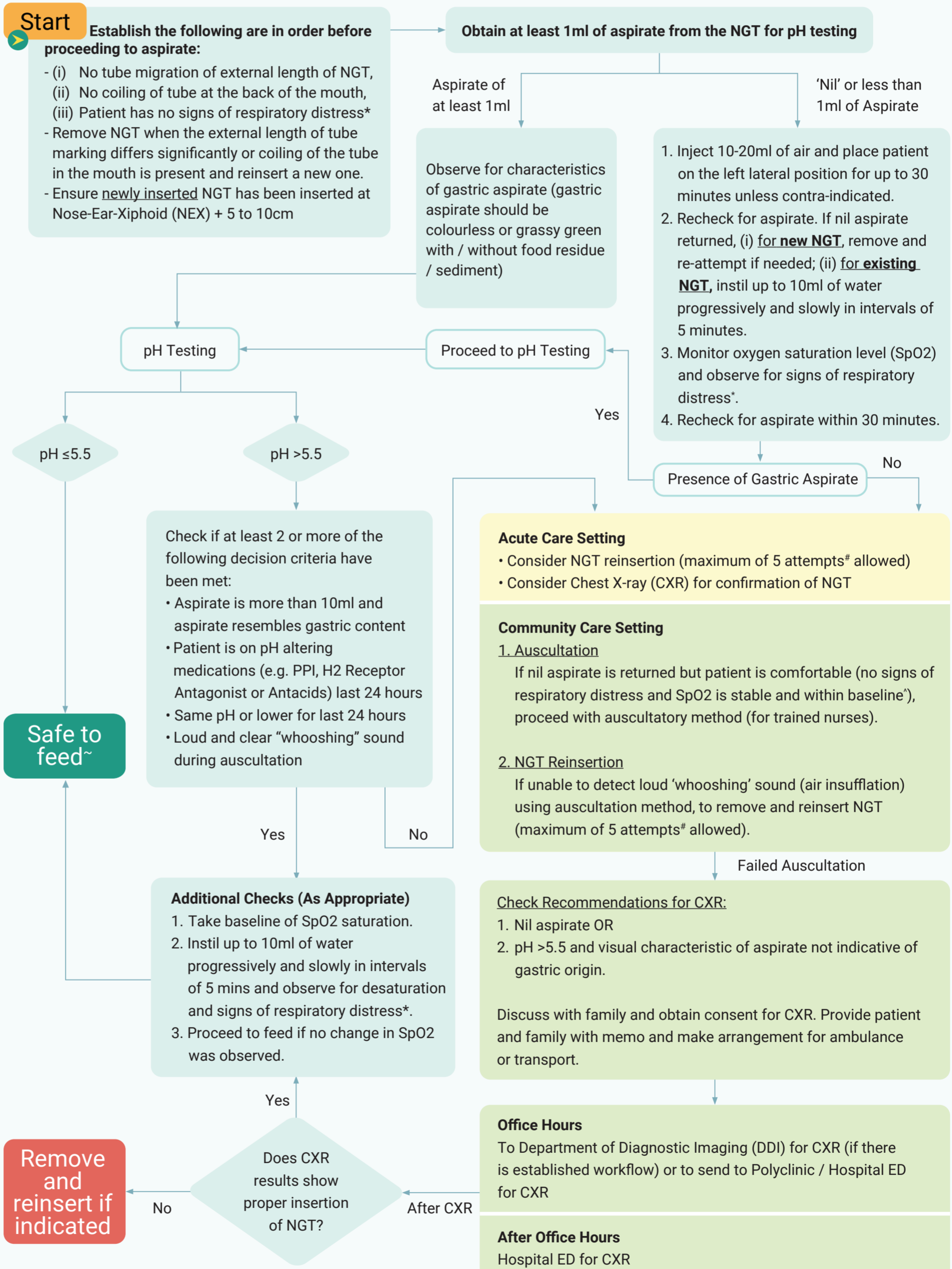


**Cut-off at pH ≤ 5.5 as safe to feed**



**Safe to feed only when pH > 5.5 + pass at least 2 Decision Criteria**

## Flowchart for Checking of Correct NGT Placement



\* Signs of respiratory distress include cough, increased respiratory rate, throat secretions and breathlessness.

# Nurse A to escalate to a more experienced Nurse B (or medical expert) after 3 attempts. Attempts to reinsert by both Nurse A and B (or medical expert) should not exceed 5 times. To include a resting period of 30 minutes between Nurse A and Nurse B.

^ In cases where oxygen saturation level is less than 95%, especially for elderly patients, check that the saturation level is within the usual baseline recorded for the patient.

~ Exercise caution and continue monitoring patient after feeding to ensure there is no post-feeding distress.



## ACKNOWLEDGEMENTS:

The Ministry of Health would like to thank the Nasogastric Tube Review Workgroup 2021 for developing the National Guidelines on Nursing Management of Nasogastric Tube in Adult Patients.



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