

New best practices recommended for feeding tube location verification in pediatric patients

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Penn Nursing's Sharon Y. Irving, PhD, CRNP, FCCM, FAAN, Assistant Professor of Pediatric Nursing in the Department of Family and Community Health, and a Nurse Practitioner in the Pediatric Intensive Care Unit at Children's Hospital of Philadelphia Credit: Copyright 2014 Ed Cunicelli Photo

Placement of nasogastric (NG) tubes (feeding tubes) in pediatric patients is a common practice, however, the insertion procedure carries risk of serious or even potentially lethal complications. While there are numerous methods of verifying an NG tube has been placed correctly, none of those methods are considered universally standard.

Based on the available evidence and endorsed by the American Society for Parental and Enteral Nutrition (A.S.P.E.N.) best [practice](#) recommendations related to NG tube location verification in [pediatric patients](#) are now available online as a special report in the journal *Nutrition in Clinical Practice*. These recommendations are meant to supplement professional training and include:

- Education including competence validation for NG tube placement, pH measurement, , documentation of tube proper tube placement and location, patient tolerance of the procedure and decision making to determine need for radiographic evaluation and interpretation if used to verify placement.
- Use of appropriate NGT depth measurement technique to determine NGT insertion length and documentation of NGT centimeter marking where it exits the nose or mouth.
- Proper frequency of gastric pH measurement.
- Use of a radiograph when clinically necessary to confirm proper placement when there is difficulty placing the NGT, if the patient is at high risk of misplacement and in any patient whose condition deteriorates shortly after NGT placement.
- Improved standards of communication for radiograph requisition and reporting.

"These recommendations are a necessary first step in establishing best practice related to NG tube [placement](#) and verification in the pediatric patient in order to improve patient safety," said Penn Nursing's Sharon Y. Irving, Ph.D., CRNP, FCCM, FAAN, Assistant Professor of

Pediatric Nursing in the Department of Family and Community Health, and a Nurse Practitioner in the Pediatric Intensive Care Unit at Children's Hospital of Philadelphia. Irving is the lead author on these recommendations.

More information: Sharon Y. Irving et al, Pediatric Nasogastric Tube Placement and Verification: Best Practice Recommendations From the NOVEL Project, *Nutrition in Clinical Practice* (2018). [DOI: 10.1002/ncp.10189](https://doi.org/10.1002/ncp.10189)

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